

Approach Community Homes Limited

Fullwood House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fullwood House is a care home that offers care and support to 10 adults living with mental health needs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection 10 people were living at Fullwood House.

People's experience of using this service and what we found

People were happy living at Fullwood House. They told us they felt safe and secure. They liked the staff who looked after them. The premises were kept safe and were well maintained.

Staff understood how to protect people from the risk of harm and understood potential signs of abuse. People were involved in assessments of potential risks to their safety and in identifying measures to keep them safe. Care plans provided clear guidance for staff to follow. People received their medicines as prescribed and were protected from the risk of infections through staff working practices.

There were enough staff so that they could meet people's needs in a timely way. Staff went through a thorough recruitment process so that the provider knew they only employed suitable staff. Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew people well and had developed positive relationships with people which helped to ensure good communication and support. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People were at the centre of their care and support and were fully involved and consulted when making changes to how their care was provided. Staff were responsive to changes in people's needs to ensure people received timely intervention to maintain their well-being.

People were supported to develop new skills, maintain relationships and engage in meaningful activities and interests. Staff forged links with the local services to enable people to be a part of their local community. People and relatives knew how to raise a concern or complaint. The provider's complaints policy provided information about how these would be managed and responded to.

The registered manager was actively involved in the day to day provision of care and support and as such

had a good oversight into the quality of the service provided. They monitored the quality of care and support people experienced through robust quality assurance systems and processes and used outcomes of these to drive improvements within the service.

People, a relative and staff spoke positively about the management and leadership of the service, as being open and transparent. The manager listened to feedback and took action to make improvements to the service. Staff were encouraged to share ideas about how to develop the service. The service worked in partnership with external agencies to ensure people achieved the best possible outcomes from their care and support.

Rating at last inspection

Good, report was published on 1 October 2016.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Fullwood House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

This inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of mental health services.

Service and service type

Fullwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection visit was unannounced.

What we did

When planning our inspection, we looked at the information we held about the service, which included any notifications that the provider is required to send us by law. We also reviewed the information the provider had sent to us in the Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we met with five people and one relative to gain their views about the service. We also

spoke with the registered manager, two care staff and a visiting health professional. We reviewed care plans and records for three people and looked at records in relation to the management of the service. These included two staff recruitment and training records, key policies and procedures and quality assurance systems and processes.

Following our inspection visit, we asked the registered manager to provide evidence relating to revised key policies and protocols. They provided this information in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems and processes in place to protect people from the risk of abuse and from the risk of discrimination.
- Staff were trained in safeguarding procedures and demonstrated they understood potential signs and symptoms that may indicate abuse. One staff member told us, "It's about protecting people from obvious harm, whilst respecting their right to make decisions and choices and follow a lifestyle of their choosing."
- Staff told us they would report and document concerns and were confident these would be listened to and action taken to keep people safe.
- Staff understood how they could raise concerns with external agencies about potential malpractice in the service.
- Where safeguarding concerns had arisen, the provider had taken appropriate action by liaising with external agencies to ensure people were as safe as possible and maintained appropriate records and monitoring systems.

Assessing risk, safety monitoring and management

- People told us they felt safe using the service. Comments included, "I feel safe living here. I have known the staff for a while now and that makes me feel safe," and "I feel safe because of the staff and the building is secure."
- Risks associated with people's care and support were assessed and measures identified to keep people as safe as possible, whilst respecting their choices and wishes.
- Risk assessments were in place which identified risks associated with people's health conditions and with people's lifestyle choices. Records included guidance for staff to follow to keep people safe. For example, one person liked to go out into the community independently. Their risk assessment detailed occasions when they might prefer staff to accompany them to make them feel safer, such as managing their finances.
- The registered manager had liaised with other agencies, such as health professionals, to ensure the risk assessments were comprehensive and were in line with best practice.
- Staff showed a good understanding of how to manage risks to people's safety. They were able to describe how they supported people to prevent harm, such as monitoring and responding to fluctuations in people's moods.
- Some people using the service could demonstrate behaviours that challenged. Risk assessments included detailed guidance for staff to support them to recognise when a person was becoming agitated, possible triggers and suggested interventions to keep the person and others safe.
- The registered manager ensured risk assessments were regularly reviewed and updated following incidents and to ensure records reflected people's current needs and wishes.
- Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for

people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the event of a fire.

- Each person had a personal emergency evacuation plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency. Fire drills took place to ensure that staff were familiar with evacuation procedures.

Staffing and recruitment

- Staff recruitment files contained evidence of robust pre-employment checks to ensure only fit and proper staff were employed.
- Recruitment checks included evidence of employment history, proof of identify and a check with the Disclosure and Barring Service (DBS).
- The provider did not have a clear policy on refreshing DBS checks to ensure staff remained safe to work in the service. Following our inspection, the provider implemented a policy and procedure for this.
- People were supported by a team of consistent and reliable staff, in sufficient numbers to meet their needs.

Using medicines safely

- People's care plans included details of their prescribed medicines, how these supported people to manage their health conditions and how people preferred to take their medicines.
- Medicine plans were regularly reviewed to ensure medicines were meeting people's needs and people were happy to take their medicines.
- People were supported to manage their own medicines where they had been assessed as safe to do so.
- Medicines were in the main stored safely, however temperatures were not monitored in the room in which medicines were stored. The registered manager implemented daily temperature monitoring of this area following our inspection.
- Records were completed to confirm staff had administered medicines.
- The provider had an overarching protocol on the management and administration of medicines that were prescribed PRN, as and when required. Staff demonstrated they had a good understanding of people's individual PRN requirements, but this was not supported by records.
- Following our inspection, the registered manager implemented individual PRN protocols for people.
- Staff received training in the safe management of medicines and the registered manager undertook regular audits on medicines and medicine records. This helped to ensure people received their medicines as prescribed and records were completed accurately.

Preventing and controlling infection

- Staff had completed training in understanding their role in preventing and controlling the risk of infection for people.
- The provider ensured personal protective equipment, such as gloves and aprons, were available for staff when supporting people with tasks.
- The service was clean, tidy, well maintained and free from any malodours.

Learning lessons when things go wrong

- Staff completed records detailing accidents and incidents that had occurred in the service.
- These were analysed and reviewed by the staff and the registered manager to identify measures that may be required to reduce the risk of further incidents.
- For example, as a result of some incidents, staff had contacted mental health services to ensure people received timely support. This reduced the risk of the people experiencing crisis in their mental well-being.
- Where people had experienced falls, staff had referred to falls prevention team and identified measures to reduce the risk of further falls, such as changes in footwear.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began to use the service and expected outcomes identified to ensure people's needs and wishes were met.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.
- Where appropriate, relatives and advocates had been involved in the assessment process which helped to support a person-centred approach to care planning.

Staff support: induction, training, skills and experience

- Staff had completed a range of training to give them the skills and knowledge they required to meet people's needs. Staff demonstrated in-depth knowledge of people's needs and wishes.
- Staff spoke positively about the training provided. One staff member told us, "I have done loads of training which is a combination of face-to-face and distance learning. I have just completed training in learning disabilities. This has helped me to understand [name] needs better, why [name] responds in a certain way, so I can support them more effectively."
- The registered manager supported staff to undertake training and maintained records to ensure training was up to date.
- Staff told us they felt supported in their role and received regular supervision. They told us the registered manager was approachable and offered guidance when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the meals provided and told us there was enough choice on the menu and people were able to have an alternative or eat out if they chose to.
- We observed the lunchtime and evening meals and found people were encouraged to participate in making their lunch which was a light meal. Some people helped in serving the evening meal which was nutritious. People told us they enjoyed it.
- Staff ensured people had sufficient to eat and drink throughout the day. People were able to make their own drinks and had access to fresh fruit and light snacks.
- Where people were at risk of poor nutrition, staff monitored food and fluid intake and guidance was clearly documented in people's care plans, such as guidance from health professionals. We saw staff followed this guidance, for example cutting up food in bite sized pieces to reduce the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with health and social care professionals in the event of changes in people's needs or routine

reviews of their health condition.

- People's care plans included health passports, which provided at a glance guidance in how people communicated, who was involved in their healthcare, medicines, etc. This information supported people to have equal access to healthcare services.
- Plans also included details of external agencies involved in people's care, such as consultants, specialists and dieticians and when and how they should be consulted.

Adapting service, design, decoration to meet people's needs

- The premises were spacious, well maintained, clean and designed to provide a homely feel.
- People had the choice of two communal lounges in which to listen to music or watch television. The dining area supported people to access drinks and snacks and be involved in tasks such as washing up.
- People were able to personalise their rooms with their own belongings and choose their colour scheme and décor.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals, records showed this was arranged and staff followed guidance provided by such professionals.
- People were supported to access regular, routine appointments to maintain their health and wellbeing, such as dentists, GP's and chiropody.
- Staff were vigilant about changes in people's health and wellbeing and ensured concerns were referred to health professionals in a timely manner.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff assumed people had the capacity to make decisions, unless they assessed otherwise.
- We observed staff consistently sought consent before providing people with care and support and ensured people were happy with how they had been supported.
- People's care plans included guidance in the support they needed to make day to day decisions and choices.
- Guidance included making staff aware that people's mental capacity could fluctuate dependent on their mental health well-being and how they should respond to this.
- People's care plans detailed who could support them to make more complex decisions, such as relatives or best interest processes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt respected and staff treated them well. Comments included, "Staff treat me with respect and help me a lot. I feel I can speak with staff if I feel unsettled," and "Staff know me pretty well and will always make time to chat with me."
- A relative told us, "The staff know [name] well and know how to look after [name]. After visiting, I leave knowing [name] is being well cared for."
- People were comfortable with staff and had developed positive, trusting relationships.
- Staff supported people to pursue lifestyle choices and relationships. Visitors were made to feel welcome and supported to visit people in private if they wished.
- Staff communicated with people appropriately and shared humour and banter with them, which people enjoyed.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans included detailed information about things and people that were important to them, likes, dislikes and preferences. These plans had been developed with people at the centre of discussions and consultations.
- Staff used this information to provide care and support in the way people wanted, thus ensuring care was provided using a personalised approach.
- The registered manager was able to put people in touch with advocacy services in the event they required support to make decisions and choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with and observed showed genuine concerns for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to confidentiality was respected; care and support records were kept securely with access only authorised people.
- Staff held discussions about people's care in private behind closed door to ensure their right to privacy and confidentiality was upheld.
- People were afforded choice and control in their day to day lives. Staff offered people opportunities to spend time as they chose and where they wanted.
- People's care plans detailed how staff should protect people's dignity whilst provided care and support. Staff encouraged people to maintain and develop their dignity and self-esteem through prompts and encouragement with their appearance and supporting them to socialise appropriately in the local community.

- Staff provided care and support with the emphasis on promoting people's independence and daily living skills. This involved aspects of daily living such as taking in turns to wash pots, cleaning around the service, menu planning and shopping.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support was personalised and providing flexibility to enable them to gain the best outcomes possible.

- People's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender.

- Care plans were personalised, providing detailed information about people's histories, what was important to each person and how they interacted with other people and the environment.

- For example, for one person it was important for them to go out into the community independently and maintain social contacts. Staff ensured the person had the support they needed to do this.

- Care plans were regularly reviewed and involved people, their relatives and representatives where appropriate.

- People told us they knew of their care plan and had been involved in developing it. One person told us, "I know my care plan and I have regular chats with staff about my care." Another person told us they had a copy of their care plan in their room.

- Staff completed regular reviews of people's mental health well-being. This enabled them to respond to subtle changes in people's moods and behaviours to ensure people had the support they needed to avoid a crisis.

- Weekly activity plans showed people undertook a range of meaningful activities, such as attending local centres, going out into the local community, day trips and household tasks.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure supported people and relatives to raise concerns and complaints and was available in standard and easy read format.

- The policy did not include a reference to the Local Government Ombudsman, where people could escalate their complaints as the last stage of the complaints process, if they felt it had not been resolved to their satisfaction.

- The registered manager updated this policy following our inspection.

- People told us they felt comfortable to speak to staff or the registered manager if they were not happy about something and were confident action would be taken to resolve their concerns.

- Staff knew how to respond to complaints.

- The service had not received any complaints at the time of our inspection.

End of life care and support

- People's care plans included information about their wishes and preferences regarding end of life care, including will and funeral arrangements.

- At the time of our inspection, no one was receiving end of life care. The provider was committed to meeting these needs through staff training and working with other agencies if people required this care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's care was planned, monitored and reviewed regularly. The manager had developed care plans and records so these provided comprehensive guidance and information for staff to provide personalised care.
- The manager was supported by the provider. They regularly worked alongside support staff providing care and support. This simple management structure supported an open and transparent culture, with clear management and leadership.
- The provider had displayed their current CQC ratings and made their latest inspection report available for people, visitors and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and staff were positive about the management and leadership of the service. Comments from people included, "I know who the manager is; I see them every day. We have weekly resident meetings," and "I know who the manager is, [name] is alright, I can speak to [name]."
- Staff were also positive. One staff member told us, "[Name of registered manager] is a good manager, very approachable and supportive. [Name] has encouraged really strong, positive teamwork; we all work well together."
- Staff were clear in their roles and what was expected of them.
- The registered manager worked alongside staff to provide care and support on a regular basis. This enabled them to observe staff working practices and monitor and review all aspects of the care provided.
- The registered manager completed regular, comprehensive audits and checks on all aspects of the service to help ensure people were receiving good care.
- Outcomes of audits were used to drive improvements and develop the service. For example, following audits of medicines records where errors in stock records were identified, the registered manager had increased audits and raised staff awareness in this area. This had resulted in an improvement in medicine records.
- The registered manager was clear about their legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had opportunities to share their views about the service informally, directly with the

staff or the manager, and through weekly meetings.

- Minutes of recent meetings with people and relatives showed they had been consulted about ideas for menu planning, holidays and activities and upgrading furniture and décor.
- The last satisfaction surveys had been sent out in 2018. These showed people were happy with their care. Where an individual concern had been raised, this had been resolved to the person's satisfaction.
- Relative comments about their family member's care were also positive, with comments such as 'the care is second to none' recorded on surveys.
- Staff were supported to share their views about people's care directly with the registered manager and in staff meetings. They told us they were confident and felt encouraged to do this by the registered manager.
- The registered manager promoted positive team working and this was embedded in the staff team who spoke of respect and support for each other. This helped to ensure positive, effective communication between staff and consistency in the care and support provided.

Continuous learning and improving care

- The registered manager was constantly making improvements to the care and support provided, to achieve the best possible outcomes for people.
- This ranged from new opportunities for people, to enabling them to access new equipment and aids to improve the quality of their life.
- This included regular reviews of people's needs to ensure the care provided was appropriate, and reviews of all aspects of the service, from activities to environment, to ensure people had the best care possible.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals to ensure people achieved the best possible outcome and were enabled to live as independently as possible.
- A visiting health professional was able to describe how they worked in partnership with staff to support a person to develop skills to access the local community independently. They told us, "Staff follow guidance and respond to any changes in [name] needs in a timely manner. Their input has had a positive impact on [name] well-being, they are more responsive and feel this is their home." They told us staff were good at sharing appropriate information which was critical to establishing an effective working partnership with other agencies.
- People were supported to use local services and be a part of their local community.