

Strathmore Care Fairview House

Inspection report

14 Fairview Drive
Westcliff on Sea
Essex
SS0 0NY

Tel: 01702 437555

Website: www.strathmorecare.com

Date of inspection visit: 21 October 2014

Date of publication: 30/03/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 21 October 2014.

Fairview House provides care and accommodation for up to 55 older people who may also have care needs associated with living with dementia. When we inspected 51 people were living at the service.

The service did not have a registered manager in post. There had been no registered manager in post since June 2014. An application was in the process of being assessed by us at the time of our inspection and the manager was subsequently registered in December 2014. 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.

People who used the service told us they felt safe. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse happening through ensuring staff had a good understanding of the issues and had access to information and training.

Summary of findings

People said that they were treated with kindness, compassion and respect by the staff and were happy with the care they received. The home had an open and friendly atmosphere and staff told us that the teamwork was good, helping them to ensure that people's needs were met.

Staff worked well with people and demonstrated knowledge and skills in carrying out their role. There were however shortfalls in the expected level of staff training and staff were not supported through effective supervision. Improvements were being made in these areas.

Throughout the inspection we observed staff interacting with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff were skilled at responding to people's non-verbal requests promptly and had a good understanding of people's individual care and support needs. Care tasks were carried out in ways that respected people's privacy and dignity.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that the manager had knowledge of most aspects of the MCA 2005 and DoLS legislation. They knew how to make a referral for an authorisation. However, the needs of people using the service needed to be re-assessed in the light of new guidance to ensure that their rights were being fully protected.

People's medication was being managed well but some improvements to practice were needed to ensure that all aspects of medication administration were robust and effective in ensuring people's safe care.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us

they liked the food and were provided with a variety of meals. We found that lunchtime arrangements needed to be reviewed to ensure that people had a proper choice about where they ate their meal and that this was not dictated by the space and furniture available.

People's care needs were assessed and planned for. Care plans and risk assessments were in place so that staff would have information and understand how to care for people safely and in ways that they preferred. People's healthcare needs were monitored, and assistance was sought from other professionals so that they were supported to maintain their health and wellbeing.

People had opportunities to participate in activities to suit their individual needs and interests. We found that the level of activity had improved since our previous visit to the service and an enthusiastic member of staff was being instrumental in providing engagement and stimulation for people.

Systems were in place to assess and monitor the quality of the service, but this needed to be improved by seeking and including the views of people who used the service, their relatives, staff employed at the service and visiting health and social care professionals.

We found that the provider was not meeting the requirements of Regulations. The service was not keeping people safe through ensuring that staff were properly recruited with thorough checks being undertaken to ensure that they were safe to work with people.

You can see what action we told the provider to take at the back of the full version of the report.

The service had a complaints procedure in place and people told us that they would feel confident in raising any concerns that they had. However, the service did not have robust systems in place to ensure that complaints were well recorded and that any issues raised could be learnt from. This meant that issues might reoccur.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

There were sufficient numbers of staff to meet people's care needs, but staff had not been recruited in a safe manner to protect people using the service.

People who used the service told us they felt safe and secure.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

Requires Improvement



Is the service effective?

The service was not effective.

Staff demonstrated skill and understanding in supporting people, but there were shortfalls in the training and support that they received. This meant that their skills may not be based on good knowledge and current practice in order to provide consistent care.

People were happy with the care and support they received and liked the staff team.

Requires Improvement



Is the service caring?

The service was caring

People told us that the staff at the service were kind and caring. We saw that staff worked in ways that protected people's privacy and dignity.

The service needed to do more to involve people in their care and seek their views about their ongoing care and treatment.

Good



Is the service responsive?

The service was not responsive

People felt able to make a complaint about the service, but complaints made were not well recorded to show how the service learnt from issues raised.

Staff were responsive to people's needs and supported them well. Staff were knowledgeable about people's individual needs and preferences.

People using the service had opportunities for activity and occupation.

Requires Improvement



Is the service well-led?

The service was not well led.

There was not a registered manager in post at the service at the time of our inspection but the manager became registered following our visit.

Requires Improvement



Summary of findings

Although there were systems in place to monitor the safety and quality of the service there were no clear and robust systems in place to consult with people using the service. This meant that people may not have a voice in the development of the service.

Fairview House

Detailed findings

Background to this inspection

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

This inspection took place on 21 October 2014 and was unannounced.

This inspection was undertaken by two inspectors, a pharmacy 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.

Before the inspection we asked the provider to a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvement they plan to make. They did not return the PIR because it had not been received by the new manager due to an administrative issue. We took this into account when we made the judgements in this report.

We reviewed other information that we hold about the service such as notifications, which are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with 18 people who used the service, five relatives, 9 members of care staff two housekeeping staff and the manager and a senior manager at the service. We also spoke with two visiting healthcare professionals.

Not everyone who used the service was able to communicate verbally with us so we used observations, speaking with staff, reviewing care records and other information to help us assess how their care needs were being met.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not to talk with us.

As part of this inspection we reviewed five people's care records. This included their care plans and risk assessments. We looked at the induction and training records for four members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance records.

Is the service safe?

Our findings

We found that the service was not maintaining robust recruitment practices to ensure that people were safeguarded. The service was not following its own recruitment procedures. For example, it was company policy that staff did not commence employment until a satisfactory check had been received from the Disclosure and Barring Service (DBS). Yet three staff files viewed did not contain such checks. We found other shortfalls such as gaps in employment history not being explored and shortfalls in references obtained. Files seen had been 'audited' and signed off without the shortfalls being identified and addressed. These issues could leave people using the service at risk from being cared for by unsuitable staff who had not been safely recruited. The manager had no explanation for these shortfalls.

This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

People living in Fairview house told us that they felt safe because staff were available to help them when they needed it and staff were kind to them. They told us, "I feel as safe as I can be. The staff are all very good", and, "I feel safe and secure knowing that help is at hand." A relative told us, "I feel that this home is a safe place for my [relative]."

Staff we spoke with confirmed that they had undertaken safeguarding training and were clear about how to recognise and report any suspicions of abuse. We saw staff training records which showed that staff had received training in how to protect people using the service from abuse. The service had policies and procedures in place to guide practice and understanding. They were also aware of the whistleblowing policy which meant they could take any concerns to appropriate agencies outside of the service and organisation.

Care and treatment was planned and delivered in way that ensured people's safety and welfare. People told us that they felt cared for safely, for example one person told us, "The staff always make sure that I sit on my cushion so that I don't get sore." Records were reviewed and updated to inform and guide staff about changes to people's care. Risks specific to people's individual needs were assessed.

For example, assessment had been undertaken and plans were in place to reduce the risk where people were at high risk of falls, displayed behaviours that challenged or where they were nutritionally at risk. We saw that people were assisted with their mobility where needed to ensure their safety. One person told us, "The staff stay with me and make sure that I don't fall."

There were sufficient staff available to meet people's needs. People were being well supported. For example, we saw two people living at the service starting to become agitated; staff were quickly on hand to address the situation. Another person who became anxious was supported with kindness and patience. People told us that staff were available when they needed them. One person told us, "I never have to wait very long when I press my buzzer."

There was a system in place to monitor dependency levels and help to assess the number of staff needed. The manager told us that staffing levels could be flexible to provide additional support when needed, for example to support hospital visits or end of life care. A member of staff told us, "The home is better now, staffing levels are more consistent and there is better teamwork."

Arrangements for the management of medicines were safe. Medicines were stored safely and effectively, for the protection of people who used the service. Staff were trained in the management of medicines so that they had the knowledge and skills needed to manage this aspect of people's care. We saw that when staff administered medicines to people that this was done in a way that showed respect for people's dignity and their right to make choices in their daily lives.

There were however areas where improvements to medication practices were needed. For example, where medicines were prescribed to be given on an 'as required' basis there was not always sufficient guidance for staff on the circumstances when these medicines should be used. Where people had their medicines in the form of a skin patch there was no record made of where the patches were applied on the person's body. This meant that was the possibility of damage to a person's skin if the same site was used repeatedly.

Is the service effective?

Our findings

People we spoke with told us staff met their needs and that they were happy with the care provided. One person said, “I am very happy here, the staff are good and know me well.” Another person told us, “I can’t complain and it suits me here. And the staff seem to know what they are doing.”

Staff told us that they had felt supported when they started to work at the service. A robust induction process was in place. Staff received initial training and got to know the home and the needs of people using the service.

Staff told us that they received good levels of training. One member of staff told us, “The training is very good, we have had a lot of refresher training recently and more is planned.” Throughout our inspection we saw that staff had the skills to meet people’s individual needs. Staff communicated and interacted well with people and we observed good practice. However, when we reviewed the training staff had completed we noted that some training had not been delivered to all staff, including areas such as dementia care. The manager confirmed that plans were in hand to ensure that all staff received the training they required.

Although staff told us that they felt well supported in their role they had not received regular formal supervision. One person told us, “We have team meetings and one to one supervision but these have not been held regularly. We do get very good day to day supervision from the seniors.” Plans were in place to address this. This was confirmed by a senior member of staff who told us, “I am going on supervision training soon, and then I will be allocated people who I will supervise every month.”

We looked at how the service managed its responsibilities regarding the Mental Capacity Act 2005, (MCA) and Deprivation of Liberty Safeguards, (DoLS.) The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice.

The manager was able to demonstrate an understanding of the principles of MCA. They confirmed that no one living in the service was subject to a DoLS authorisation. However, neither the manager or a senior manager were aware of the recent Supreme Court ruling, which could mean that people who were not previously subject to a DoLS

authorisation may now be required to have one. During the inspection the manager obtained further information and undertook to review people’s needs and assessed whether a DoLS referral would be appropriate.

The service had policies and guidance available to guide practice. Staff we spoke with knew of the MCA and understood that they needed to respect people’s decisions if they had the capacity to make those decisions. The manager told us that there had not been much training in this area but that training was now planned to take place.

People told us that they were happy with the food provided at Fairview House and made comments such as, “They do everyday food here, just as I would have it at home” and, “The food is very good. I’m a pretty good eater and they give me extra, they are nice here.”

We observed that staff were aware of people’s likes and dislikes and offered them choices about what they wanted to eat and drink. People’s nutritional needs were assessed and monitored to ensure their wellbeing. The chef told us, and we saw records that demonstrated that they were kept informed of any changes to people’s nutritional or dietary needs so that they could provide any different or additional dietary support when needed. The chef also told us that they sought feedback from people about what they liked and did not like so that they could adjust the menu if needed. They told us, “I just want them to be happy.”

At lunchtime we saw that the staff were supportive and gave assistance to people where needed. Independence was also supported through the use of aids such as plate guards. From our observations we judged that the lunchtime experience could be improved for people. People were offered choices about where they wanted to sit. However, we saw that there were insufficient dining tables and chairs to accommodate the number of people living at Fairview House. This meant that a large number of people remained in their armchairs and ate their lunch there from over bed style tables. There were not enough of these to go round so in one case two people ended up trying to share which made it awkward for them to be in a good eating position. Although people spoken with seemed content with this arrangement it meant that they did not have the opportunity to move around, have a change of scene or engage with other people. We

Is the service effective?

discussed the lunchtime routines with the manager and asked them to review the arrangements to ensure that people had a realistic choice about where they had their meal.

People saw relevant healthcare professionals such as the dementia care team, physiotherapists, opticians and chiropodists to meet their needs. A visiting nurse told us that the service offered good care, made prompt and

appropriate referrals and that the staff were helpful. People's care records showed us that people's healthcare needs were recognised, assessed and monitored. Care plans were in place relating to people's skin care needs and other areas such as continence management. This showed us that the service sought to support people in maintaining good health.

Is the service caring?

Our findings

People we spoke with were positive about the care provided and complimentary about the staff. People made comments such as, “There are lovely carers here. They give me a cuddle when I need it.” And, “It’s all good here, good caring staff and the place is well run.”

Because not everyone using the service was able to tell us their views about the service we used a SOFI observation to help us to understand their experience. We saw that people looked well cared for and comfortable. People were well dressed wore clean glasses and had had their nails manicured. People were relaxed when staff were supporting them and smiled and engaged with staff.

During our inspection we saw that staff interactions with people were positive and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated warmth, compassion and kindness towards the people they supported.

Members of staff we spoke with were knowledgeable about the people they cared for. They told us about people’s individual needs and preferences. This meant that people received care that met their personal needs by staff that knew and understood them. We attended a staff handover session and this also demonstrated that staff were very aware of people and their individual circumstances.

People using the service felt that they were consulted with. We saw that staff offered people choices in day to day living such as where they wanted to go, what they wanted to do and what they wanted to eat or drink.

Although people were encouraged to make day to day choices they were not consistently involved in planning and reviewing their care and ongoing support needs. The

service had previously used tools such as monthly ‘Resident’s Listening forms.’ These had showed that people were consulted with and their views sought on their care and wellbeing. These were no longer being completed, so people were not being encouraged to be active participants in their care. Care plan reviews had not involved people or their families to give them the opportunity to express their views. One relative told us, “I’m not involved in [relatives] care plan at all.” Care records did however contain some evidence of where specific issues such as health care needs had been discussed with families and the outcome of the discussion had been recorded.

The service was aware of the need for advocacy for some people who used the service who may need this and sought their support when needed to ensure that people had an independent voice. The manager told us that lay advocacy services were involved in supporting three people.

Meetings for people using the service and those acting on their behalf were held on a periodic basis, the last one having taken place in May 2014 and the next one was planned for 30 October 2014. This provided a forum for people to express their views about the quality of the service provided and to share ideas and suggestions.

All the people that we spoke with confirmed that the staff respected their privacy and dignity. One person told us, “I like it that I can do what I want, spend time in my room or downstairs as I feel like it.” Another person said, “They always knock on the doors and ask if they can come in.” We saw that staff respected people’s wishes and cared for them in ways that ensured their privacy and dignity. For example, we saw that when people were assisted using a hoist staff ensured that they were covered up and explained what they were doing at every stage.

Is the service responsive?

Our findings

The service had a complaints procedure in place and people told us that they would feel able to complain if they needed to. One person said, “I haven’t needed to make a complaint, but if I did I would go straight to [name of manager].” We looked at complaints records and saw that none had been recorded for 2014. Two had been recorded in December 2013. We were eventually able to find information and be assured that these had been responded to. However, the system in place to identify and track complaints required improvement. For example, record sheets were in place for each complaint to provide an overview. Neither had been completed. They did not identify who the complaint had been investigated by, what action had been taken or what the outcome was. The service did not keep an accurate record of complaints in line with their required duties when delivering a regulated activity

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

People spoken with felt that staff were responsive to their needs. One person told us, “They are a good crowd here; they do what you ask of them and always make sure that I am okay.” We noted that staff were attentive to people and approachable.

People’s needs had been assessed. The assessments were adequate and would enable staff to meet people’s individual needs. Staff spoken with told us that care plans gave them the information they needed to care for each person as an individual. Further work was being done by

the manager to ensure that people’s records were person centered. For example, one care plan viewed showed that additional information had been added to provide more detail for staff.

Care files contained elements such as ‘family history’ and ‘this is my life.’ We noted that these often had limited information about people’s personal histories and interests recorded. This meant that, particularly for people living with dementia, staff may not always have the information they need to interact in an individual way with people, or respond appropriately to any distress or anxieties people might display.

A person was employed to promote activities and engagement in the service. Since our previous visit to Fairview House in April 2014 we could see that this was an area that had been developing well. People spoken with were positive about the activities on offer but some felt that they wanted more opportunities to go out. The manager told us that some trips out had taken place to a local theatre and a dementia garden. There were photographs and evidence of projects on the walls such as ‘where have you been’ to encourage people to share stories about where they had lived or visited. A themed daily activity plan was in place such as ‘Tone up Thursdays’ and ‘Fruity Fridays’. This allowed for a range of different activities to take place within the theme to suit individual needs. We also saw that staff were engaging with activities and taking the lead, for example, in organising a karaoke session. The service had regular visits from Pets as Therapy (PAT) dog and a local horse sanctuary had recently visited the service. This showed us that the service was seeking to provide a range of occupation for people to engage with if they wished.

Is the service well-led?

Our findings

People told us that they were 'happy' with the service. One person told us that the service was, "Getting better." Another that the service was, "Very well managed."

The manager had not been in post for very long at the time of our inspection. Following our inspection they had successfully completed the registration process and have become the registered manager at the service.

Care staff told us that the manager and senior care staff were helpful, supportive, very easy to talk to and generally available when they needed support or advice. A senior care staff member told us, "The manager is very good; (manager) is very supportive and helps out on the floor when we need help. You can always ask to talk to (manager) and (manager) will find the time." Throughout the inspection we saw that people who used the service, their relatives and staff were comfortable and at ease with the manager and senior team.

Staff understood the management structure and knew how to raise concerns, and with whom, should they need to do so. Team meetings were held which gave staff the opportunity to talk through any issues and learn about best practice.

People told us that they felt comfortable at Fairview House and were able to express their views about the quality of

the service. There were periodic residents and relatives meetings. Quality surveys had been completed in January 2014. The results of this were fairly positive. However, the number of surveys given out and number of respondents was not identified so it was difficult to know how representative the survey was.

Systems were in place to manage and report incidents. Staff understood how to report accidents, incidents. Staff followed the provider's policy and written procedures. Outcomes were noted, assessments reviewed and actions taken to avoid further repeats. This showed that the staff and manager continually learnt from incidents and improved the service for people.

The manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvement. These audits included medication systems and health and safety checks. Audits however had not been effective in identifying and rectifying shortfalls relating to staff recruitment and the management of complaints.

In general information from audits was analysed and action points to be addressed identified. Checks on action plans were undertaken to ensure that improvements were made. This process sought to improve the quality of the service for the people who lived there.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers People who used the service were not protected by robust recruitment practices being in place. Proper recruitment checks were not being carried out. Regulation 21 (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints There was not a robust process in place for managing complaints. There was not system to ensure that the service learnt from issues raised and prevented their reoccurrence.