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Furzeham Lodge Care Home

Inspection report

Furzeham Lodge
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Furzeham Lodge is a residential care home that provides accommodation and support for up to 22 older people, some of whom may be living with dementia or physical frailty. At the time of the inspection there were 19 people living at the service.

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

People were treated with kindness, compassion and relatives had confidence in the registered manager and told us the service was well managed.

People's needs, and choices were assessed, and their care and support delivered to achieve effective outcomes. Care plans provided staff with information and guidance about how to meet people's needs in the way they preferred.

Risks associated with people's care needs and the environment had been appropriately assessed and staff had been provided with information on how to support people safely. We have made a recommendation about window restriction.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

People's medicines were managed safely and stored securely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We were assured the service were following safe infection prevention and control procedures to keep people safe. The service had ongoing monitoring arrangements to ensure all aspects of infection control followed best practice guidance.

The provider had systems and procedures to monitor and assess the quality and safety of the home. The registered manager had increased their level of oversight and lessons had been learnt from past inspections. Relatives, staff and healthcare professionals had confidence in the registered manager and told us the service was well led.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 April 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Furzeham Lodge Care Home on our website at www.cqc.org.uk.

Follow up

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

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.

Is the service well-led?

Good ●

The service was well-led.

Furzeham Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one adult social care inspector.

Service and service type

Furzeham Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at 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 took place on 27 August 2020 and was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to the Covid 19 pandemic.

What we did before the inspection

Before the inspection we reviewed information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is

information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection

We visited several areas of the service and observed people and staff in those areas. We spoke with two members of staff, and the registered manager. We asked the local authority, who commission care services from the service, for their views on the care and support provided.

To help us assess and understand how people's care needs were being met we reviewed people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training, medicine records and records associated with the provider's quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and received feedback from two health and social care professionals, six relatives, and three staff members.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found people's medicines were not being managed safely which placed them at an increased risk of harm. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection whilst we found improvements had been made and the provider was no longer in breach of regulation 12, some improvements were still needed.

- Medicines were managed and stored safely.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused.
- Staff confirmed they had received training in the safe administration of medicines and were having their competency assessed.
- Two people were prescribed variable dose or medicines they only needed to take occasionally, records did not always contain clear guidance for staff as to when these should be used. Whilst we did not find that people had not received their medicines as prescribed, this information is necessary as it provides staff with information to help ensure those medicines are administered in a consistent way. Following the inspection, the manager confirmed that guidance was in place.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm and there continued to be good systems in place to safeguard people from abuse. Without exception, all relatives we spoke with told us their loved ones were safe and well cared for.
- Staff confirmed they had attended safeguarding training and demonstrated a good awareness of safeguarding procedures. They knew who to inform and what action to take if they suspected someone was being abused, mistreated or neglected. One staff member said, "If I had any concerns, I would raise it immediately, but I don't."
- The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues, and where concerns had been raised, we saw these had been managed well.

Assessing risk, safety monitoring and management

- People continued to be protected from risks associated with their health, safety and welfare.
- The registered manager confirmed that people's needs were assessed prior to moving into the service. Risk management plans guided staff on how to support and protect people whilst minimising any restrictions placed upon them. For example, people who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, such as air mattresses and cushions. Care records showed staff were vigilant in checking people's skin; using prescribed skin creams

when needed and helping people to change position regularly or maintain their mobility.

- Specialist advice from healthcare professionals was sought where necessary and acted upon. One healthcare professional said, "Staff have always worked with our team well, they seek advice and follow instruction and people's basic healthcare needs have always been well met. For example, in relation to their personal care, nutrition and hydration."
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness.
- The premises and equipment were well maintained to help ensure people were kept safe. For example, the service had invested in additional lighting to improve safety and security and the front of the building had been resurfaced to reduce potential trips and falls. However, we noted that some windows above ground level that had been assessed as placing people at risk of falls from height whilst restricted, the restrictor in place was not tamper proof.

We recommend the provider ensures windows above ground level are fitted with a suitably robust and tamper proof restrictor to ensure compliance with health and safety legislation.

Staffing and recruitment

- People continued to be protected by safe recruitment processes.
- Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service.
- Staff were employed in sufficient numbers to meet people's needs. Relatives we spoke with felt there were enough staff on duty to support people and keep them safe. One relative said, "I do not have any concerns about staffing levels, there always plenty around when I visit, and mum never has to wait very long if she needs assistance". However, some staff told us they felt under pressure at certain times of the day and this also impacted on their time/days off. None of the staff felt this compromised people's safety. We discussed what we had been told with the registered manager who explained they were aware of staff concerns and were in the process of recruiting.

Preventing and controlling infection

As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention measures in care homes, and we included the review in this inspection.

- People were protected against the risk of infection.
- The service was clean, tidy and fresh smelling and systems were in place to prevent and control the risk of infection.
- Personal protective equipment (PPE) was readily available and staff were seen to wear personal protective equipment, such as gloves, aprons and masks when needed in accordance with the government guidance.
- The service was actively reducing the risk of visitors catching and spreading infections. For example, hand gel, and face masks were readily available, and all visitors had to complete a risk assessment in relation to their health as well as any potential exposure to coronavirus prior to visiting the service.
- The provider's infection prevention and control policy was up to date and guidance was available to staff.
- Staff and people living at the service were participating in routine testing.

Learning lessons when things go wrong

- The registered manager told us they were keen to improve, develop and learn from events and this was evident from their practice.
- Accidents and incidents were recorded and reviewed by the registered manager to identify any learning which may help to prevent a reoccurrence.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found staff were using people's bedrooms to have their allocated breaks which showed a lack of respect for people's privacy and private space. This was a breach of regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 10.

- At the previous inspection we made a recommendation that the provider reviews all documentation relating to The Mental Capacity Act 2005 (MCA) and how they record best interests decisions. At this inspection we found this had been completed and people were supported to have maximum choice and control of their lives.
- Quality assurance processes, such as spot checks and audits, were in place which helped to ensure the registered manager had the information they needed to monitor the safety and quality of the care provided. For example, care planning, medication, infection control and environment. Outcomes of which were used to drive improvements. For example, Ongoing improvements were made to the environment to minimise risks and increase infection control measures in response to coronavirus. However, audits had not identified that some of the window restrictors in use were not in accordance with health and safety guidance or that two people's PRN guidance needed to be updated.
- The management and staff structure provided clear lines of accountability and staff were clear about their role and what was expected from them.
- The registered manager had good oversight of the service and was aware of their legal responsibilities and regulatory requirements to provide CQC with important information.

Promotion of person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Relatives and healthcare professionals had confidence in the registered manager and told us the service was well managed. One relative said, "My mother chose to live at Furzeham Lodge, and she is very happy. The registered manager is fantastic, and you can tell they really care about the people they support." Another said, "These last few months have been really scary for us all, but [registered managers name] and his team have been amazing and ensured that everyone has been kept safe." A healthcare professional said, "I visit a lot of care homes, but this is one of the best. They are very caring and kind and care about keeping people stimulated."

- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Relatives told us they were kept up to date if any changes occurred, and the registered manager had always been open and honest with them.
- Learning took place from accidents and incidents as well as other CQC inspections that had taken place across the group of homes.
- Concerns and complaints were listened to and acted upon to help improve the services provided.

Engaging and involving people using the service, the public and staff: Working in partnership with others

- The registered manager met regularly with other registered managers and senior managers within the group. This enabled them to share ideas and keep up to date with changes in practice.
- People and those important to them had opportunities to feedback their views about the quality of the service they received.
- The registered manager told us they had an 'open door' approach, meaning staff could raise any issues or questions at any time.
- Regular staff meetings and daily handovers took place to ensure important information was shared, staff told us they felt supported and valued.
- The service had developed positive working relationships with other health and social care professionals which meant advice and support could be accessed as required.