Silver Healthcare Limited

Fulwood Lodge Care 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?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

Fulwood Lodge is a care home providing personal and nursing care for up to 42 older people with a range of support needs, including people living with dementia. It is located in the Ranmoor suburb of Sheffield.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at Fulwood Lodge took place on 29 January 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

Summary of findings

This inspection took place on 9 November 2015 and was unannounced. This meant the staff who worked at Fulwood Lodge did not know we were coming. On the day of our inspection there were 35 people living at Fulwood Lodge.

We found some people's medicines were not managed safely, so they were not protected against the risks associated with the unsafe use and management of medicines.

People told us they felt safe living in the home and relatives we spoke with told us they thought their family members were safe.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

We found the home was clean, with no obvious hazards noticeable, such as the unsafe storage of chemicals or fire safety risks.

Staff were provided with relevant training and support to make sure they had the right skills and knowledge for their role.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so their health was promoted and choices could be respected.

We found there was a risk that people who required wound care and/or assessment may not receive appropriate care and support to meet their needs.

People living at the home, and their relatives said they could speak with staff, the registered manager and provider if they had any worries or concerns and they would be listened to.

We saw people participated in some daily activities both in and outside of the home although people and their relatives said these had been somewhat limited recently.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines management and Person-centred care. You can see what action we told the provider to take at the back of the full version of this 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?

Requires improvement

Improvements were required to make the service safe.

The service did not have appropriate arrangements in place to manage medicines to ensure people were protected from the risks associated with medicines.

There were effective recruitment and selection procedures in place.

Staffing levels were suitable to meet people's needs.

People expressed no concerns and told us they felt safe.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Is the service caring?

Good

The service was caring

People told us staff were kind and treated them well.

We observed good staff interactions where people were treated with dignity and respect.

Is the service responsive?

Requires improvement

Improvements were required to the responsiveness of the service.

People who required wound care and/or assessment may not receive appropriate care and support to meet their needs.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and provider and felt they would be listened to.

Is the service well-led?

Good

The service was well led.

Staff we spoke with told us they felt valued and supported by the registered manager.

There were quality assurance and audit processes in place.

Summary of findings

The service had a range of policies and procedures available to staff.	

Fulwood Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 9 November 2015 and was unannounced. This meant the people who lived at Fulwood Lodge and the staff who worked there did not know we were coming. The inspection team consisted of two adult social care inspectors and a specialist advisor who was a registered nurse with experience of nursing care of older people.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete 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 improvements they plan to make. The PIR was returned as requested.

We contacted Sheffield local authority and Sheffield Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Healthwatch, Sheffield local authority commissioners and the local authority safeguarding team. This information was reviewed and used to assist with our inspection.

During the inspection we spoke with 15 people who used the service, seven people's relatives and a GP who was visiting people at the home during the afternoon of the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Throughout the inspection we also spent time in the communal areas of the home observing how staff interacted with people and supported them.

We spoke with nine members of staff, which included the registered manager, deputy manager, a Registered General Nurse, three care staff, administrator, and ancillary staff such as catering and domestic staff.

We spent time looking at records, which included three people's care records, four staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Requires improvement

Is the service safe?

Our findings

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines.

We observed a qualified nurse giving medicines in the morning and at lunch time, explaining to people what the medicine was for, offering people a drink to help them take their medicines and supervising where appropriate.

The registered manager showed us training records to confirm staff had the necessary skills to administer medicines safely. Observational competency checks were also undertaken. We saw records which confirmed these arrangements.

We found that some medicines were not stored safely and some people were not receiving their medication in a safe way or at the correct times or intervals. For example, the medicines refrigerator temperature records showed that when the daily temperature was recorded this was within acceptable range. However, there were a number of missing records and the temperature had not been recorded ten times in the last six weeks.

One of the medicines in the refrigerator was Latanoprost eye drops, which had not been dated when opened. It is important to date the opening of the bottle as this product has a short shelf life of 28 days once opened.

One person was prescribed a Fentanyl patch for pain relief every 72 hours. The prescription was dated the 2 November 2015, but the first patch was not applied until the following day. The Medication Administration Record (MAR) chart was incorrectly marked by nursing staff to indicate weekly application rather than the prescription direction of 72 hours. The person therefore had missed a dose as the patch should have been applied on the 6 November 2015. This was brought to the attention of the nurse in charge and registered manager and the chart was amended and a new patch immediately applied. We found the same error for another person, but fortunately this person had not missed any of their medicine.

We found nine people were prescribed various medicines to be given when necessary for pain relief or if a person became agitated. There were no protocols for the use of these medicines which should include indications for use and maximum dosage in a 24 hour period.

One person was prescribed a medicine called thyroxine which needed to be taken in a specific way. This included the medicine should be given at least 30 minutes before breakfast and before drinks containing caffeine. The person should be upright and the medicine taken with a full glass of water. The reason for this is thyroxine dissolves very quickly in liquid and if not fully swallowed can have unpleasant effects. The actual time of administration was not recorded on the MAR so there was no evidence that staff in the home were observing these specific administration instructions.

Our findings meant medicines were not always being managed in a safe way and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The registered manager said they would undertake a full review of all people's medicines and involve the pharmacist and GP to ensure all people received their medication in a safe way.

We spoke with people who used the service and they all told us they felt safe living at the home. People said, "I cannot think of anything that worries me, it is pleasant here" and "I've not really thought whether I'm safe, so I guess that must mean I do feel safe."

Relatives we spoke with told us they had no concerns over people's safety at Fulwood Lodge.

All of the staff asked said that they would be happy for their relative to live at the home and felt they would be safe.

We looked at the number of staff on duty and checked the staff rosters to confirm the numbers were correct. At the time of this visit 35 people were living at Fulwood Lodge. We found four qualified nurses, including the registered and deputy manager, six care staff, a receptionist, an administrator and ancillary staff that included domestics and two cooks were on duty. The registered manager told us they used dependency assessment tools to assist with the calculation of staff needed to deliver care safely to people. We asked staff whether they felt staff levels were sufficient to meet people's needs during the day. All the staff spoken with said enough staff were provided to meet and support people with their needs although at times they were very busy.

Requires improvement

Is the service safe?

From our observations during the inspection we found staff did spend time with individuals although this tended to be whilst supporting them with care tasks. Staff did not rush people whilst supporting them.

Some people, their relatives, health professionals and some staff said they felt the staffing numbers, whilst safe, did not allow them enough time to spend one to one time with people chatting to them and supporting people in that way.

The registered manager said that the potential recruitment of a full time activity co-ordinator would help to provide more opportunities for people to spend time sitting and talking with staff. The registered manager confirmed the post of activity co-ordinator had been advertised and they were hopeful of recruiting a suitable person in the next couple of months.

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable, such as the unsafe storage of chemicals or fire safety risks.

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the nurse or registered manager. We saw that a policy on safeguarding vulnerable adults and a copy of the South Yorkshire joint agency safeguarding procedures were available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

The service had a policy and procedure on safeguarding people's finances. The administrator explained that each person had an individual ledger account kept at the home and that the majority of money was banked in a separate "residents account". We checked the financial records and receipts for three people and found the records and receipts tallied.

Risks to people's safety and welfare had been assessed. Care records showed assessments had been undertaken, to determine any risks people may be subject to when living in the home and receiving care. For example, assessments monitored risks associated with moving and handling people and the likelihood of them falling. Where a risk was identified, information was provided to staff about how to reduce the risk.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken. When we spoke with the registered manager they were aware of incidents that must be reported to various external organisations such as the local authority or CQC and they were knowledgeable about reporting systems and requirements under current legislation.

Robust recruitment processes were in place to determine staff were of good character before they started working within the home. We viewed personnel files for three care staff and two nurses. We saw all staff had been subject to two references, at least one of which was from a previous employer, and a Disclosure and Barring (DBS) check had been carried out before new staff started in their roles. A DBS check provides information about any criminal convictions a person may have. Nursing staff files showed their registration had been checked with the Nursing and Midwifery Council (NMC) to ensure their registration was up to date and that nurses were fit to practice.

Good

Is the service effective?

Our findings

We asked people if they thought staff were well trained and experienced enough to meet their needs. People we spoke with said, "The staff are very good, very attentive." Relatives said, "They know if mum was unwell, they call the doctor if needed."

People living at the home said their health was looked after and they were provided with the support they needed. One person said, "Staff are good, they are always available." Relatives said, "People have good access to the GP here, she comes every Monday and we talk to her as well."

All of the people and relatives we spoke with told us that the care provided was 'very good'.

We observed people being moved around the home safely in wheelchairs with footplates in place and staff used equipment such as hoists and turntables to move people safely.

We spoke with nurses and care staff and they were knowledgeable about how to meet people's needs.

We saw evidence of involvement from other professionals with people's care, including doctors, specialist nurses, opticians and dentists. This showed that people were supported with their health needs where required.

We spoke with a GP who was visiting Fulwood Lodge during our inspection. They said they had been the registered GP at the home for over six years and visited most days for one or two hours.

They said they had a programme that ensured all people had a full medical review annually and medicine reviews every six months. The GP said, "I'm proud to work here, they (staff) have people who are admitted very poorly, staff are totally responsive to residents fluctuations in health and end of life care has improved."

Local commissioners of services contacted us prior to this inspection, in response to our request for information. They said they had no particular concerns relating to the care provided by staff at Fulwood Lodge.

People told us they enjoyed the food provided, and they had choice. Comments included, "The staff know what food I like and they help me to eat" and "The food is good. Someone from the kitchen asks us each day what we want to eat and gives us an alternative."

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. There was a four week menu plan and people got to choose what they liked.

We saw a member of kitchen staff asking people and offering them a choice of what they wanted for lunch about an hour before the meal was served.

During mealtimes staff were attentive and considered people's individual needs. People were encouraged to be independent by staff. Where people did need help from staff with their meals, this was provided in a dignified way.

Overall the home was clean with no unpleasant odours noticeable. We saw the day to day maintenance in communal areas and people's bedrooms was well maintained.

The lounge/dining area had lots of natural light. Windows were of a height that when people were seated they could look out onto the garden areas.

There was a very pleasant balcony area accessed from the dining room.

The home was well sign posted to support orientation and promote independence of people moving around the home.

Staff told us the training was 'good' and they were provided with a range of training that included moving and handling, infection control, safeguarding and end of life care. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to the nurse in charge or the registered manager at any time. All the staff spoken with told us that they felt supported by the registered manager.

Good

Is the service effective?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed DoLS had been referred to the local authority in line with guidance. We saw evidence of these referrals.

Good

Is the service caring?

Our findings

We observed people had received good support with personal care and grooming. People were smartly dressed.

People we spoke with said they were happy living at Fulwood Lodge and thought staff were kind and caring. People said, “Staff are good to me,” “I have choices, I get up and go to bed when I want,” “I get help when I need it,” “Staff are amiable and approachable, very nice all of them,” ”Staff are lovely” and “It is very good here, don’t you worry.”

Relatives told us, “Staff are friendly, she [relative] is really well looked after,” “I like the staff, I have never had a reason not to” and “Staff are very good they know mum very well and are very attentive.”

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. Staff were attentive to people’s needs and staff talked to people at their pace and did not rush them in the conversation they were participating in. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people and their relatives when they passed them in a corridor or entered a communal room. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

People told us they were treated with respect. We saw staff knocking on doors prior to entering. All people we asked told us that when they were in their rooms staff knocked prior to entering.

People and their visitors told us there was no restriction on people visiting the home, and we observed there were large numbers of visitors on the day of the unannounced inspection.

One relative told us they once had visited late at night when their relative was unwell. The relative added that staff made them very welcome despite it being late at night and offered them reassurance.

All of the staff spoken with said they would be happy for their loved one to live at Fulwood Lodge.

We did not see or hear staff discussing any personal information openly or compromising privacy.

The three care plans we looked at contained information in relation to the individual person’s life history, needs, likes, dislikes and preferences.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this.

We heard and observed staff seek consent from people where people required support with personal care.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. The registered manager told us that some staff had attended end of life care training.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. Leaflets on advocacy services were on display in the reception area. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf.

Requires improvement

Is the service responsive?

Our findings

We saw that before people came to live at the home, an assessment of their needs had been completed. This helped ensure the service would be able to meet the needs of the individual.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw some involvement from relatives in the care plans we checked. Relatives we spoke with said they felt fully involved in the decisions about the care their relative received.

We checked three people's care plans. Two care plans contained enough information for staff to respond to the person's needs. However, in one person's care plan we checked we found people's needs were not adequately assessed and care and treatment was not planned and delivered in line with their individual care plan.

On 9 September 2015 the person was identified in the waterlow risk assessment carried out by staff as being at risk of developing a pressure ulcer. The waterlow risk assessment is a tool used by staff to assess the risk of a person developing a pressure sore. A score of 13 indicated the person was at risk of developing a pressure ulcer. When we looked more carefully, the score should have been 14. Whilst this inaccuracy did not mean that the person would have been in a different risk category at that time, it was the lack of attention to detail as part of the review process which is of concern.

On 25 October 2015 the wound assessment in the person's records indicated that a pressure ulcer had been identified and it was documented that the person had commenced on two hourly turns (to relieve pressure off the sore) and photographs taken (to aid monitoring). The person was seen by the GP and prescribed anti-biotics on the 26 October and referred to the tissue viability specialist nurse (TVN) on the 28 October. This did not, as it should have, prompt a review of their waterlow risk assessment. The last review was two months old and the risk at the present time would be much higher.

Further examination of the daily care notes showed that a pressure ulcer had actually been identified on the 7 October 2015 but had not prompted a review of the person's care plan or risk assessment, seeking advice from an appropriate specialist or increasing fluid intake or taking any other action to reduce any further deterioration of the affected area. The area was not photographed to aid monitoring of the area and evaluate the effectiveness of any interventions implemented.

This showed that there was a lack of responsive action by staff and a risk that people who required wound care and/or assessment were not receiving appropriate care and support to meet their needs. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people said some activities took place, others weren't sure. One person said," I seem to think we have a singer, we enjoy that." One person said, "I don't think there is anything much but I wouldn't want to join in anyway."

There was no activities co-ordinator employed at the home. The registered manager confirmed the post of activity co-ordinator had been advertised and they were hopeful of recruiting a suitable person in the next couple of months. There was an activity advertised for the day after our inspection which was for a party and a singer to attend and entertain people.

A church service was taking place during the afternoon of our inspection and about six people were attending the service.

Staff said activities such as chair aerobics took place every week, a person visited twice a month to read poetry with people and the hairdresser visited twice weekly and also carried out manicures as well as hairdressing.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink or where they would like to sit.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

Requires improvement

Is the service responsive?

People spoken with told us they did not have any concerns or complaints and if they did they would speak with staff or a family member. The complaints process was on display at the service. We reviewed the service's complaints log. We found the registered manager had responded to people's and/or their representative's concerns, investigated them and taken action to address their concerns. A 'suggestions box' and feedback forms were also placed in the entrance area so that people had the opportunity to use this if they wished.

We saw the registered manager also kept a "consultation folder" which evidenced meetings with relatives and "what we did" to respond to any issues of concern raised, such as problems with laundry or the temperatures of warm drinks served at the home.

Relatives said, "Any little niggle and the manager is good, he will sort them out" and "The manager and staff are very good at keeping us informed what is going on."

Good

Is the service well-led?

Our findings

The manager was registered with CQC.

People and relatives we spoke with told us they knew who the registered manager was and said they were approachable and would deal with any concerns they might have. They said they saw the registered manager and registered provider around the home on a regular basis.

People and relatives felt the registered manager of the home would listen and act on any concerns they had.

During our inspection we saw good interactions between the staff on duty, visitors and people who lived in the home. We observed the registered and deputy manager around the home and it was clear that they both knew the people living at the home and their visitors very well. We saw that people living at the home, visitors and staff freely approached the registered and deputy manager to speak with them.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw the registered manager completed a variety of audits in areas of medication, infection control, equipment and care plan audits. Where shortfalls had been identified, we saw actions in place to address these.

We found that surveys had been recently sent to people living at the home, their relatives and professional visitors. We saw results of the 2015 survey had been audited and where needed the registered manager had developed an action plan to identify plans to improve the service. We saw evidence the results of the surveys had been shared with people, relatives and staff and had been posted on the notice board of the home.

We spoke with people, staff and relatives and viewed survey results about the management of the home and who they would speak to if they had a problem or complaint. Everyone said the staff were responsive to their needs; they were happy and had no complaints. Comments included,

“Staff treat people with dignity and respect,” “The home is clean,” “The management team is supportive, “Extremely welcoming home” and “Staff very helpful and caring.”

When we asked people what could be improved, most people told us they could not think of anything.

We saw that regular staff meetings took place, usually every three months, and staff confirmed they had these regularly. Minutes of the meetings covered a number of areas which included discussions around training, documentation, medicines and complaints. We also saw that staff were acknowledged and recognised for good practice and when they had completing training. The registered manager operated an ‘Employee of the month’ system which was also displayed in reception.

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and felt listened to. They told us they enjoyed their jobs and the management was approachable and supportive.

The registered manager was aware of the home’s obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People were not protected against the risks of receiving care or treatment that was inappropriate or unsafe, because the planning and delivery of care did not meet people's needs and ensure the welfare and safety of service users.