

TC Carehome Limited

# Fosse House Nursing Homes

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Fosse House Nursing Home is a care home. It provides accommodation and personal care for up to 37 older people. At the time of the inspection there were 33 people living at the service.

People's experience of using this service: The service has on two previous occasions been rated as requires improvement. Some improvements were made in ensuring people who were not able to make a choice were assessed and treated in their best interest. Medicine management had also improved.

- People were supported by a consistent staff team who were kind and caring. Staff had good relationships with people and knew them well. People were encouraged and supported to maintain their independence.
- People received their medicines safely and as prescribed except for prescribed creams which required more direction for staff to follow. Medicine management practices were safe. However, medicine policies did not effectively cover the administration of concealed covert medicines and PRN protocols were not always in place. Handwritten medicine administration records had not been signed by two staff.
- Care plans and risk assessments did not always contain accurate and complete information, particularly in relations to people's specific health conditions. There was a lack of guidance in how risks should be managed safely.
- Recruitment procedures ensured all relevant checks were completed before new staff began work.
- Audits had not always identified shortfalls we identified.
- An activities time-table was provided to all. An activities coordinator was in post and people were engaged if they wished.
- People spoke positively about the food provided at the service.
- Relationships were supported both within and outside the service. Visitors were welcomed. The service was clean and tidy.
- Feedback was sought from people through direct contact with people and their relatives and staff through meetings and questionnaires. Relatives said the service communicated well with them. People felt comfortable in raising any concerns or issues.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Requires Improvement (19 December 2017 and 9 January 2018). This service has been rated as requires improvement at the previous two inspections (November 2016 and March 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we made one recommendation into guidance for specific health conditions. Please see the 'action we have told the provider to take' section towards the end of the report

Follow up: We will review the report on actions the provider intends to take following the inspection. We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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 always safe

Details are in our Safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

**Requires Improvement** ●

# Fosse House Nursing Homes

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, a Specialist Advisor 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. The expert by experience's area of expertise was older people.

#### Service and service type:

Fosse House Care Home 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 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:

The inspection was unannounced on the first day and announced on the second day.

#### What we did:

We reviewed information we had received about the service since the last inspection in March 2018. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

We used a number of different methods such as undertaking observations to help us understand people's experiences of the service. As part of our observations we used a pathway tracking. This is a method of reviewing people's care and the associated records to check their health and social care needs are met.

During the inspection we spoke with eight people living at the service and four relatives. We spoke with five members of staff, including the registered manager. After the inspection we received feedback from one relative. We reviewed nine people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

### Using medicines safely

- Topical medicines were not consistently administered safely. There were no clear written and visual information around administration. Some application charts had not been signed as having been applied.
- Medicine Administration Records (MAR) were completed to document people received their medicines as prescribed. However handwritten entries on MARs lacked countersignatures and some did not have peoples photographs in place.
- Temperatures of medicine storage areas were regularly taken and reviewed. These were all within the correct range.
- Other medicines were managed safely and people received their medicines as prescribed. Only staff who had been trained in the safe management of medicines, and had been assessed by the registered manager as competent, administered medicines to people.

### Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Referrals had been made to the local safeguarding authority when appropriate. Actions had been taken to safeguard people.

### Assessing risk, safety monitoring and management

- Plans in relation to people's health needs were not always accurate or had limited information. • Assessments identified risks, for example, in relation to mobility, skin care and nutrition. For example, one person had a skin condition which stated they are at high risk. However, there were no details on how to support them. For example, how frequently their position was being changed during the day. Records we reviewed showed staff were repositioning people at irregular intervals.
- Staff told us how they supported people in a way that reduced risks. However, people's care plans did not always contain this level of information.
- Risk assessments were in place for people. However, we highlighted that risk assessments did not identify emollient creams that may present an increased risk of fire hazards. There was a lack of detail around risks relating to people's health conditions and how these should be managed.
- People who were at risk of skin damage had pressure relief mattresses to reduce the risk of damage to their skin. Records showed people were re-positioned at irregular intervals. Care plans lacked consistent information on when people should be repositioned to reduce pressure on vulnerable areas. In addition, mattresses were not checked to ensure they were on the right setting to provide effective pressure relief. Some mattresses we checked were on the wrong setting. By the second day of the inspection the registered manager had implemented a system to check the mattresses were all on the correct settings.
- Equipment and the environment were regularly checked and assessed. However, we saw windows on the lower floor without window restrictors. There were no risk assessments. On the second day of the inspection the windows were being fixed.

The above shortfalls are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire systems and equipment were monitored and checked. Advice from external checks had been actioned or were in progress.
- People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

#### Staffing and recruitment

- During our inspection, we saw there were sufficient numbers of staff to ensure people had access to care that met their needs and protected them from risk. People told us they did not have to wait long for support. One person said, "you ring your bell and the staff come straight away, you never have to wait for attention."
- Staff were satisfied with staffing levels at the service and told us absences were always covered by agency staff that were familiar with the service.
- Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service before starting work.

#### Preventing and controlling infection

- People and relatives did not have any concerns with regards to staff following good infection control practices.
- The registered manager completed regular infection control audits and checks. However, these were not effective. On the first day of the inspection we observed a sling on the floor. The registered manager told us this was shared by people who used the service. We highlighted the risk of cross infection which could be caused by sharing of slings.
- The home had been inspected by the Food Standards Agency and awarded the highest rating of '5: very good'. Food was stored and prepared in a clean environment. The kitchen was in a good state of repair.
- The service was clean, and we observed staff using gloves and aprons when undertaking tasks.
- People told us staff adhered to infection control policies and this was observed during the inspection. A relative said, "The home is kept clean and tidy and never smells"
- Systems were in place for laundry, cleaning and the kitchen area to ensure infection control risks were minimised.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. We highlighted to the registered manager that further details around the actions taken to prevent reoccurrence would be beneficial.

## 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People's care needs had been assessed and support plans had been created. However, care plans for people relating to specific health need such as diabetes or had epilepsy lacked sufficient information to ensure people received consistent care. Information in the care plan was generic. In another care plan there was lack of information specific to catheter care. For example nothing was documented with regards to cleaning drainage tap of any urine 'drips'. Catheterisation training had been given however carer staff knowledge of catheter care was varied. No information had been recorded with regarding frequency to change urine drainage bag. We also identified there were no recording in the nurses or care records of when to clean the catheter bag stands or when the catheter needed to be drained. This lack of catheter care information places people at a risk of a urine infection.
- In some cases, staff's knowledge of people was detailed and staff spoke about people in a person-centred way, however when we discussed what signs to look for if people were diabetic, epileptic and had a seizure, or how to protect the skin of a person with a specialist sock. Staff were not consistent in their responses. Staff said they would get the nurse, but symptoms and signs were not known because the information was not recorded and people's health care plans were not imbedded in practice.
- Plans in relation to people's health needs were not always accurate or had limited information. One person had a skin condition which stated they are at high risk. However, there were no details on how to support them. For example, how frequently their position was being changed during the day and what pain relief they were prescribed.
- Information and guidance specific to diabetes and epilepsy were generic and lacked sufficient information to ensure people received consistent care. Staff were not able to tell us what signs to look for if people were diabetic or epileptic and had a seizure. Staff said they would get the nurse, but symptoms and signs were not known because the information was not recorded.

The above were a breach of regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Individualised information packs were in place to accompany people should a hospital admission be necessary.
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, one person's assessments had been updated following a change in nutritional needs.
- When people moved to Fosse House they had been involved in the planning of their care and their wishes were respected. One relative said, "I have read my [Person's] care plan and sat down with the staff to make sure it is up to date". However, there was no evidence of people or their relatives being involved in reviews in



four of the five plans of care.

Staff support: induction, training, skills and experience

- Supervision was not consistently recorded. Supervision is where staff meet one to one with their line manager to discuss their performance, development and training needs. Staff informed us they had staff meetings but provided inconsistent information on how often they had them. Records we reviewed did not evidence consistent meetings.
- New staff received an induction when they began at the service. This included orientation to the service and shadowing a more experienced staff member.
- Staff received regular training in subjects relevant to their role such as first aid, fire safety and equality and diversity.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had not received specialist training in areas such as diabetes, epilepsy to support people with specialist needs.
- The provider had their own in-house trainer who ensured all staff received relevant, ongoing training for their roles. Staff told us the training gave them the knowledge and skills to support people according to their individual needs. One person said, "Staff know what they are doing." A relative said, "It is very good here and they are meeting her needs."

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

- Some people were having their food and fluid intake monitored. Monitoring charts lacked clear daily intake targets and how these would be monitored throughout the day to identify corrective action as soon as possible. However weight records were being completed and reviewed for trends up or down.
- Nutrition, hydration and swallowing assessments were in place and when needed staff supported people to eat their food safely. However, we found inconsistent guidance and instruction on the quantity and quality of food and fluid thickeners to be used; On the first day of inspection we found tins of thickener on tables in communal areas and in people's rooms. Good practice instructs that thickeners are to be kept locked away as they are a choking risk.
- People spoke positively about the food provided by the service. One person said, "Always very nice food here, that was really nice, we are spoiled with the food here." A relative who had come for an arranged valentine's day lunch told us, "Very nice food I enjoyed it, so did my [Person], thank you to the staff for arranging it."
- Mealtimes were provided in a quiet and relaxed atmosphere. People were offered choice menus. One person said, "The staff give you a choice about everything, they ask you can I do this, or can I do that you get a good choice regarding the food you eat."
- We observed that people could help themselves to drinks, snacks and fruit throughout the day and these were regularly offered by staff.
- The chef explained how an alternative was always offered to people if they did not want what was on offer at the mealtime or wished to eat later. They said, "As long as we have it in the kitchen we can make it for them, it's no trouble at all."

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

- Where people required health or social care services, staff made referrals and liaised with professionals to attend appointments and assessments.
- Records showed that referrals were made in a timely way to enable people to maintain their

independence.

- People told us they were supported with their healthcare needs. One relative said, "If there is ever a problem the home call the doctor, they keep me informed as to what is going on."

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

Was the building well maintained. Were there other adaptations to meet people's needs

- Pictorial and written signs were in place to orientate people through the building.
- People had access to outdoor spaces, such as the front garden. One person said, "Lovely to go in the garden. I walk my dog when she is brought in."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.
- DoLS applications had been made where appropriate.
- People's capacity to make specific decisions had been considered where appropriate. Best interest decisions were in place.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. One person said, "Without fail I would say that the staff are very kind hard working caring people." A relative said, "The staff are awesome, caring people."
- Staff had developed positive relationships with people. We observed staff engage in conversation to individuals. We observed staff massaging a person's hands and chatting to them. One person said, "The staff, every one of them is wonderful and kind and seem very caring, nothing is too much trouble for them, they make time for you."
- We observed staff being attentive and responsive to people's needs. One person said, "I can't go very far on my legs but if I need them [Staff], I only need to press the bell."
- The service had received several compliments. One person said, "Staff are very good, very polite." A relative told us they felt confident in the care and support their relative received. They said, "I am happy to leave her here."

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

- People's views were sought, listened to and used to plan their care. One relative said, "They do listen. They were really good towards my [Person] before he died, and they are good to me and my [Person] now".
- People told us they were offered choice in how they received their personal care and how it was provided.
- Care plans included information about people's cultural and religious beliefs.
- People were encouraged to actively participate in the planning of their care where possible. Pre-assessments were completed with people before they moved to live at Fosse House Nursing Home.
- Staff supported people to make decisions about their care.
- The service respected and promoted people's diversity and was open to people of all faiths, belief systems, cultures, backgrounds and sexualities. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they maintained the privacy and dignity of the people they cared for and we observed this in practice throughout the inspection. For example, we saw staff knocked on people's bedroom doors and waited to be invited in before opening the door.
- People were supported to maintain their independence. Staff knew what people were able to do for themselves, and were patient and supportive in helping them to do this.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- Care plans contained person-centred information. For example, care plans described people's routines and preferences. Staff knew these well. For example, one care record said, '[Person] likes to read her paper. She likes to read the Sun'. However, we found care records were not always accurate or complete. One person had a skin condition which stated they are at high risk. However, there were no details on how to support them. For example, how frequently they were repositioned during the day and what pain relief they were prescribed. We also reviewed a care plan for one person who had a pressure area. The turn chart documented two hourly turns, but the care plan stated three to four hourly. On some days the chart had not been completed and at times the intervals were had irregular patterns. Guidance was not clear and staff were applying it inconsistently.
- People received care and support in a way that was flexible and responsive to their needs. People described the home as, "Homely" and "Comfortable". One person said, "I have a choice about everything, how I spend my day."
- Life stories where completed contained information about people's previous employment, interests and relationships.
- We observed staff responded promptly when people used their call bell system to request assistance.
- The registered manager was aware of the Accessible Information Standard. People's communication needs were recorded in people's care plans. One care plan said, 'Speak slowly using short sentences. Make eye contact when talking to [Person]. Give them time to respond, because they will be pressured if you try to speed up her reply'.
- Information was available to help keep people informed however this was not always in an accessible format. Although pictorial menus were in place, the menus displayed at the table had spelling errors and were not easy to read. The type font was small.
- The service ensured they were responsive to people's changing needs. If people's care needs exceeded what the service could provide action was taken to support them into a more appropriate service.
- The service supported people to keep InTouch with their families. On the first day of the inspection we observed some special valentine lunches had been organised for people to share with their loved ones.
- We did not observe much planned or directed activities on both days of the inspection. We were informed the activities coordinator was not working on that day. We saw a member of staff sitting down with a person and attempting to engage them in playing dominoes in the upstairs lounge. Other staff did not approach people to offer alternatives to the television. After lunch we observed another staff member sitting holding the hand of a person no other interaction was observed. Later in the afternoon we observed another staff member invite three people who were in the downstairs lounge to play throw the ball in the net, but this was interrupted as for the serving of the afternoon cup of tea. Staff member mentioned that the game would be

resumed after the tea was ended, however, this did not occur.

However, we saw a board on the ground floor displayed upcoming activities such as chair exercises, hand massage, bingo and arts and crafts. One person said, "I spend a lot of time in my room, my choice, but if I want to go into the lounge I can, we play games, quizzes and cards." Another person

Improving care quality in response to complaints or concerns:

- People and relatives felt confident that should they have a complaint they would be listened.
- One person raised a concern at the time of the inspection and this was acted upon and resolved immediately.
- Systems were in place to record complaints and actions identified to resolve issues. The registered manager told us they used these as an opportunity to learn and had made improvements on issues raised.

End of life care and support:

- Where people's wishes were known about how they wished to be cared for at the end of their lives, this was recorded in their care files.
- Staff were supported through training regarding caring for people at the end of their lives. The home had received very positive feedback from family members whose relatives had received care at the end of their lives.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At this inspection we found significant improvements had been made within the service and past breaches in regulations had been met. However, we have rated this key question as requires improvement. This is because further time is needed to demonstrate the improvements can be sustained. Additionally, since 2016 the service had been inspected three times and had failed to meet the regulations on all occasions. The service has been at a requires improvement rating since March 2016. The service has repeatedly required improvements and it is the second time it has been found in breach of regulations. The provider needs to demonstrate that safe, good quality care can be provided through effective assessments, documentation and consistent practice according to appropriate guidance and standards. All these need to be embedded in practice.
- We found care plans and risk assessments contained inaccurate information. For example, trends were not analysed following reviews of incidents and risk assessments. Care plans and risk assessment were inconsistent in the guidance provided for staff. For example, one care plan lacked information specific to catheter care. Another care plan lacked guidance on specific conditions. For example, a care plan for a person with Parkinson's failed to raise awareness of high risk of depression and slurred speech and how staff should respond.
- Systems were in place to audit areas such as accidents, complaints, care plans and medicines. However, these were not effective in the monitoring and reviewing the quality of the service. Care plan audits were not detailed and did not identify the inaccuracies we found and where further information was required to ensure staff could support people safely. There was no guidance on hand written MARs which require two signatures. The environmental audit had failed to identify the need for window restrictors on the lower floor.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed a monthly audit which reviewed areas such as staffing, health and safety and maintenance.
- The provider had displayed their assessment rating at the service and on their website.
- Notifications were submitted as required.

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

- People and relatives spoke positively about how the service was managed. One relative said, "The

manager is visible, friendly and you can talk to her at any time. [Registered manager], is well informed on what is going on". Another relative said, "Without fail [registered manager] knows her job and does it well."

- Relatives told us there was good communication and they were kept informed. One relative said, "If anything happens they tell us." Another relative said, "Staff always give me an update, I know my [person] is safe and well supported."
- Staff told us, " This is a nice friendly, home, I enjoy working here" and " The manager is supportive, I was given time off to look after my [relative].

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

- Residents and relatives' meetings were not occurring. The registered manager told us, people and their relatives did not want meetings. They explained that they have an open-door policy and get people's views through individual chats. People confirmed that they could make their views known and heard. One person said, "I talk to staff and let them know if I have any concerns. One relative said, "The manager is very approachable, you can talk to her anytime" and "The manager is called [name] they are very friendly and approachable, you can talk to them at any time, when you visit the office door is always open, If I think of something when I am at home I can ring up, that would be okay and not a problem."
- A biannual newsletter had been produced and copies were available for people and visitors. This communicated events, changes and news about the service.
- A survey was completed with people, staff and professionals. And people and their relatives were satisfied with the service. A health and social care professional had commented, "They do seek our attention when its required". The registered manager said results of the survey will be published and shared with people and their relatives. They said detailed actions would be developed following the analysis.

Continuous learning and improving care

- Regular meetings were held with staff and senior staff.
- Systems were in place to ensure information was effectively communicated through the staff team. For example, verbal and written handovers, a diary with appointments, message book with actions to take.

Working in partnership with others

- The service had developed links with local organisations. For example, religious establishments, services for people with vision impairments, and local schools.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Person Centred Care The provider had failed to ensure treatment and support delivered in line with current legislations, standard and evidence based on guidance to achieve effective outcome.</p> <p>Regulation 9 (3) (d) (e) (g)</p>