

Leonard Cheshire Disability

Fryers House - Care Home with Nursing Physical Disabilities

Inspection report

Fryers Close
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Hampshire
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Ratings

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

Summary of findings

Overall summary

The inspection took place on the 10 and 11 January 2017 and was unannounced.

Fryers House provides nursing care and accommodation for up to 24 people with a physical disability. The service is located in two accessible purpose built buildings in the town of Romsey. At the time of our inspection there were 22 people using the service.

The home had a registered manager in place. 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 told us they felt safe and staff were aware of the procedure to take if abuse was suspected.

Quality assurance systems were not being fully effective at driving improvements and maintaining quality. Reviews of assessed risks had not been completed within the providers own time scale.

We found the provider had made significant steps to improve the staff's knowledge of the Mental Capacity Act 2005. It was not meeting the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to consent to care was not clearly recorded and completed. Consent to care paperwork was not always completed correctly and it was unclear whether the person had capacity to consent to their care or not.

Staff were recruited safely and records included appropriate checks as well as proof of identity to ensure they were suitable for the role they were employed to undertake.

There were enough staff deployed to meet the care and support needs of the people living in the service. The registered manager monitored staffing levels regularly to ensure appropriate numbers of staff were deployed.

People received their medicines as prescribed. Systems were in place to regularly audit the medicines held at the service and appropriate records were being kept.

People had sufficient to eat and drink and were supported to maintain a balanced diet. They had access to a range of healthcare professionals and services.

People were looked after by caring staff who knew them well. They were supported to express their views and were treated with dignity and respect.

People were supported to follow their interests and take part in social activities.

People and their relatives thought that the home was well-led. They all spoke positively about the registered manager and the staff group.

Complaints policies and procedures were in place and were available to people and visitors. Relatives told us they were confident that they could raise concerns or complaints and that these would be dealt with appropriately.

Notifications were routinely submitted to the Care Quality Commission when 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?

Good ●

The service was safe.

Staff knew how to recognise and report any potential abuse.

The provider had a robust recruitment procedure in place to ensure people were suitably employed.

Medicines were managed safely and administered as prescribed.

Is the service effective?

Good ●

The service was not always effective.

The Mental Capacity Act (MCA) 2005 and its Code of Practice were not being used consistently within the service.

People received care and support from staff who had the skills and knowledge to meet their needs.

People were able to eat and drink sufficient amounts to meet their needs and specialist diets were supported.

Is the service caring?

Good ●

The service was caring.

People using the services told us they found the staff caring and friendly.

People were treated with dignity and respect and staff respected their right to privacy.

Is the service responsive?

Good ●

The service was responsive.

Care records were person-centred and reflective of people's needs.

People were supported to follow their interests and take part in social activities.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

The service was not always well led.

There were systems in place to monitor the quality of the service. However, these had not always been effectively used to drive improvements to the service.

Staff told us they were supported by the management team.

Notifications were routinely submitted to the Care Quality Commission when required.

Requires Improvement 

Fryers House - Care Home with Nursing Physical Disabilities

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 the 10 and 11 January 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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. We also reviewed other information that we held about the service. This included the provider's action plan from their last rated inspection, previous inspection reports and notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

During the inspection we spoke with three people who use the service, three relatives, three staff members and the deputy manager. We looked at the care records of eight people, training records, complaints and compliments, accidents and incidents recordings, medication records, and quality audits.

The service was last inspected in July 2014 and was rated as requires improvement. The service was not meeting the required standards it was inspected against at that time with regard to Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010. Respecting and involving people who use services. People were not always treated with consideration and respect. Also Regulation 18 HSCA 2008 (Regulated Activities)

Regulations 2010 Consent to care and treatment. People were at risk of receiving inappropriate care as the registered manager did not always act in accordance with the requirements of the Mental Capacity Act 2005.

Is the service safe?

Our findings

People using the service told us they felt safe at Fryers House. One person told us, "Yes I feel safe, the staff are very good. I am happy here." A relative told us, "Yes [person's name] is safe and well cared for here."

The provider had procedures in place to help staff keep people safe from abuse. Staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff knew the provider's procedures for reporting concerns and were clear about what action they would take if there were concerns about people's safety. One staff member told us, "If I thought abuse was occurring I would report it to the manager straight away." Another told us, "I would speak to the manager or their manager. If I thought it was not taken seriously I would speak to social services or the Care Quality Commission."

Risk assessments were in place for each person using the service. For example, we saw that people at risk of acquiring pressure sores due to immobility had pressure relieving equipment put in place, such as specialist mattresses and seating. The staff told us they were aware of the accidents and incidents recording procedure. We saw that the registered manager closely monitored accidents and incidents to look for trends in an effort to reduce the risks. We also saw that relevant risk assessments were reviewed and updated as required following any accidents and incidents occurring.

The provider had a robust recruitment procedure in place. Records showed that appropriate checks had been carried out. This included completing Disclosure and Barring Service (DBS) checks before staff were employed to help them make safer recruitment decisions. References had been obtained and applications forms completed which included a detailed employment history; proof of identity was also recorded. Staff told us they were not allowed to start work until all the checks had been completed.

There were sufficient staff deployed to support and meet the needs of the people living in the home. One person told us, "I get the support I need and there is always enough staff to give me my one to one support. Though I would like more consistency in the staff that support me." One relative told us, "Yes we never worry about the staff numbers on duty and staff always respond quickly if we ask them to assist [person's name]." During the inspection we observed staff responded in a timely manner when people required assistance.

There were clear policies and procedures in place for the safe management of medicines. We found the policy covered all aspects of ordering, storing, administering and disposing of medicines safely. The policies and procedures were being followed by staff who had undertaken training in the safe handling of medicines. There had been competency assessments carried out on all staff who handled medicines.

People had individual medicines profiles that contained information about their medicine administration record (MAR), any medicines to which they were allergic and personalised guidelines about how they received their medicines. Some people required their medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently. These were regularly audited and checked to ensure medicines were given and

recorded accurately. Any errors were fully investigated and steps taken to reduce the risk of a reoccurrence.

The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as hoists, pressure relieving equipment and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire.

There was a Personal Emergency Evacuation Plan (PEEP) for each person living in the home. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency. The PEEPs we saw included detailed information on how to assist the person to leave the building, for example, in case of a fire. These had been due to be reviewed in December 2016. When the inspector pointed out these had not been reviewed the provider took immediate action to review and update if necessary every person's PEEP. This meant that staff would be clear in an emergency situation how to safely evacuate people from the building.

Is the service effective?

Our findings

People told us they thought the staff were well trained and had the knowledge to care for them effectively. One person told us, "The staff know my needs well enough. I am quite happy with the care I receive." A relative told us, "The staff are very good, they are person centred and very caring. They know [person's name] care needs very well."

During our last inspection in October 2014. We found that staff were not always knowledgeable about the requirements of The Mental Capacity Act 2005 (MCA 2005). Support workers could not always tell us how they gained consent before providing care and could not describe how they used the MCA 2005 to ensure people's decisions were respected and agreed. Documentation did not always show people's decisions to receive care and treatment were respected and agreed in their best interest. At this inspection we saw that improvements had been made.

The Mental Capacity Act (MCA) 2005 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. All the staff had received MCA 2005 training within the last year. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. For example, one staff member told us, "If the person is not able to consent, we must work in their best interests." We saw that staff were very proactive in supporting people with making their own choices.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the MCA 2005 and protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Where people had been deprived of their liberty the manager had made appropriate applications to the local authority for a DoLS authorisation.

New staff undertook a period of induction before they were assessed as competent to work on their own. The care staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld.

All staff received key training such as first aid, fire safety, health and safety and manual handling. Staff had also been provided with specific training to meet people's care needs, such as equality and diversity and percutaneous endoscopic gastrostomy (PEG) to enable staff to provide a means of feeding a person when oral intake is not adequate. For example, because of dysphagia or sedation. The registered manager maintained a training record which identified training completed and when updates were required. We looked at a training record which confirmed that the majority of staff were up to date with their key training. Staff told us the training they received was sufficient to enable them to meet the needs of the people

currently using the service.

Staff received regular supervision. All of the staff we spoke with felt adequately supported in their role. Supervision is an important tool and helps ensure that staff develop their skills and understand their role and responsibilities. Staff also had an annual appraisal which included a review of how they were practising in line with the provider's values and working toward learning and development goals.

People told us they had enough to eat and drink and had a choice in what they ate and drank. One person told us, "I am always offered drinks and staff support me to drink and eat enough." A relative told us, "The meals look nice and it is always well presented. If they don't want what they offer, they can have something else." We saw that staff supported people to eat and drink where necessary and they did this in an appropriate manner. For example, sitting down so they were at the person's level and supporting people at a pace that they were comfortable with.

Staff knew how to support people at risk of poor nutrition and dehydration. Records showed that people's nutritional needs were assessed and their weight was monitored. Staff told us that if necessary people would have fortified food and drinks and health care professionals such as the GP and dietician would be involved in supporting their care.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included GP's, speech and language therapist, and podiatrists. Referrals to health professionals had been made in a timely manner and these visits were recorded in people's care records.

Is the service caring?

Our findings

Everyone we spoke with said the staff were caring and friendly towards them. One person told us, "The staff are always polite and caring." A relative told us, "The care is good, much better here than the previous placement. Because I know [person's name] is being properly cared for I can sleep, I couldn't before."

During our last inspection in October 2014 we found that staff did not always treat people with dignity and respect. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 at that time. At this inspection we saw that improvements had been made. Staff were far more engaging with people using the service and not holding private conversations in front of people.

People told us, and we saw that staff respected people's privacy and dignity. A relative told us, "The nurse always knocks on the door, even if it's open and closes the door when they come in." Staff spoken with gave good examples of how they maintained people's privacy and dignity. For example, one staff member told us, "We always knock on a person's door before we enter their room and always ensure people's dignity is maintained when we give personal care."

During the inspection we saw staff promoted people's independence where possible. Staff gently encouraged people to do things for themselves such as eating and drinking. Where necessary people used adaptive aids such as cutlery and cups to maintain their independence. One staff member told us, "We encourage people to do as much for themselves and empower them to be independent." Staff were patient with people when speaking with them and took time to ensure people understood what was being said. Staff members often approached people who used the service to check they were ok and start a conversation with them.

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at any time. One relative told us, "I have always been made welcomed at any time of the day. We do visit at different times and it has never been a problem."

Is the service responsive?

Our findings

People's care and support was planned in partnership with them and their relatives. The provider carried out assessments to identify people's needs before they moved into the service.

Care plans were produced to meet individual's supports needs in areas such as communication, mobility, nutrition and personal care. Care plans were detailed and included the person's preferences and reflected the findings of the assessment carried out. For example, there were clear care plans to support people who had long term health conditions and on-going treatment plans. The staff we spoke with told us they had access to care records and that they were easy to follow. Care plans were regularly reviewed and reflected any changes that needed to be made and documented how people and their relatives were involved in this process. One relative told us, "The manager always involves us in the care plans and listens to our opinion. It's important because we know [person's name] needs so well and they cannot express themselves all the time."

People were supported to access activities which they enjoyed. The provider planned activities according to the preferences of people who used the service. For example, one person enjoyed travelling on the train. The provider ensured the person was able to carry out this activity with the appropriate support. Another person who has changing complex health needs liked to go out regularly with their family in the local community and was supported by the staff and family to continue with this activity.

People we spoke with told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I would speak to the manager, I know they would listen." A relative told us, "We have been told how to make a complaint but we have not had any concerns to date. If we did we would speak to the manager straight away."

People and their relatives told us they were asked their views about the service. Some people said they received a questionnaire; others said the registered manager was always available if they needed to speak about anything. This meant people and their relatives had confidence in the provider's complaints procedures and felt they could have their say about the service.

Is the service well-led?

Our findings

People were positive about the leadership of the service. One person told us, "The manager is always around and very supportive, I get on with them very well." A relative told us, "The whole staff team work well together, the manager is very visible and approachable."

Whilst the provider and registered manager undertook audits and checks of the safety and quality aspects of the service, these had not identified the concerns we found during this inspection. For example, while risk assessments had been completed they had not consistently been reviewed in line the providers own guidance on reviewing risk assessments. We found consent to care forms had not been completed accurately and were confusing. For example, One form had both consent and best interests boxes ticked. It was therefore unclear whether the person was able to consent to their care or not? Another person's consent form clearly states they can consent. However their subsequent health plan had not been signed by them or their representative. This meant that the quality assurance systems were not fully effective at maintaining quality. However the inspector saw that the provider was rolling out a new quality assurance process. Fryers House would be used as a pilot site before this new process is rolled out across the providers services and embedded into practice.

Staff told us the registered manager and area manager carried out frequent checks in the home to ensure the quality of care was maintained. A member of staff said, "The manager and area manager do spot checks." Another member of staff said, "The registered manager is always walking around and observes our practice, checking things are right." While another said, "Things are changing for the better." This ensured the management team had a visible presence and were able to monitor staff practice.

All staff we spoke with were committed to providing person centred care and were proud of the care they gave. One person told us, "I take great pride in the care I give and make sure it is individualised to meet their needs." Another said, "The manager encourages us to provide the best care we can."

Staff told us staff meetings took place and they found these helpful. Staff explained they were an opportunity to seek clarity or discuss any concerns they had. One staff member told us. "I find the staff meetings informative. They are a chance to discuss any issues or concerns staff might have." We viewed documentation which evidenced this and saw areas such as training and the needs of people who lived at the service were discussed with staff.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or other events that affected people using the service.