Flollie Investments Limited

Fig House

Inspection report

16-20 Cecil Road
Weston - super - Mare
BS23 2NT

Date of inspection visit:
18 August 2016

Date of publication:
28 September 2016

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?	Good

Summary of findings

Overall summary

The inspection took place on 18 August 2016 and was unannounced. There were 26 people living in the home at the time of our inspection. At our previous inspection in January 2014, we found that the provider was meeting the regulations in relation to the outcomes we inspected.

Fig House provides accommodation and personal care and support for up to 26 older people living with dementia. Accommodation is arranged over two floors in a large building, which has been converted and adapted for use as a residential care home, plus a large extension. The home has 26 bedrooms of varying size, of which all have an en-suite facilities. There is a range of communal spaces including lounges, dining room and sitting areas. Toilet and bathroom facilities are dispersed throughout the building. The home is situated in a quiet residential area of Weston Super Mare.

The home has a registered manager. 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 and their relatives spoke of the quality of the care delivered. They told us that staff went above and beyond to ensure they received a person centred service.
Staff maintained people's privacy and dignity ensuring that any care was carried out in private.

We saw that interactions between staff and people who used the service were caring and respectful with staff showing patience, kindness and compassion.

We observed that staff knew and understood the people they cared for and ensured that people were provided with choices in all aspects of daily life. Comments made included; "The care my loved one has received has been second to none; the staff are incredibly attentive and genuinely create relationships with the residents."

Staff were well trained and used their training effectively to support people and assist them with their daily life and help them wherever possible to retain their independence.

Staff told us that the provider had developed some extra training events for staff to enable them to gain knowledge and skills to enhance the lives of people who were living with dementia.

Staff were able to demonstrate an excellent understanding and knowledge of people's support needs to ensure people's safety and protect their human rights.

Staff went through a vigorous recruitment process before starting work. As part of the recruitment process,

the provider used value based recruitment techniques, a clearly defined culture statement and staff competency assessments.

People received their medicines as prescribed by their GP. Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.

There was a well-structured relationship with the local GP's and District Nursing Team. Staff told us that this assisted them to discuss any issues relating to people's health and well-being and to assist with regular health checks such as blood pressure readings 'without fuss'.

Staff were attentive to people's appetites and ensured that people were provided with a meal of their choice. Special diets were catered for. A choice of two meals was presented to people at meal times and they were able to choose what they wanted at that time. Menus were in place in the dining areas of the home so people's relatives and friends could see the meals provided.

Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences.

The experiences of people were positive. Staff had good relationships with people and were attentive to their needs.

Activities were arranged to suit the preferences of the people.

Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs.

The home was clean and staff had received training in infection prevention and control. Bedroom's contained equipment necessary to support the person such as ceiling hoists and specialist beds.

The provider had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising a concern if they felt unable to raise it with the registered manager.

The home had a complaints policy, details of which were provided to all the people who lived in the home and their relatives. People's relatives told us that they had not had any reason to complain but if they did 'they knew what to do'.

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.

People were supported by sufficient number of staff to provide them with the support they required.

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People were protected from potential abuse as there were effective safeguarding procedures in place

People were supported by staff that had been recruited safely and relevant checks had been completed before staff commenced work.

People were kept safe, as there were sufficient numbers of staff deployed to respond to their needs.

People's medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

People were effectively supported by knowledgeable staff who had on-going support and who attended various training courses

Staff were supported through regular supervision and appraisals.

The registered manager applied the principles of the Mental Capacity Act (2005) meaning people were not subject to undue control or restriction.

People were provided with a balanced diet and had ready access to food and drinks.

People were supported by staff to maintain their health by engaging with external healthcare professionals. .

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected.

Staff were caring and we observed positive relationships between people who lived at the service and staff.

People's individual care and support needs were understood by staff, and people were encouraged to be as independent as possible, with support from staff.

Is the service responsive?

Good

The service was responsive.

People's preferences' and choices were known by staff and respected.

The service delivered a high standard of personalised care that was embedded within staff practice.

People had access to a wide range of meaningful activities, which were tailored to individual needs.

People shared their views on the service. People's views and experiences were used to improve the service.

Is the service well-led?

Good

The service was well- led.

People's and staffs involvement in the improvement of the service was actively sought, encouraged and supported by the provider.

Staff were friendly, supportive and management were always visible and approachable.

The provider had systems in place to regularly assess and monitor the quality of care and support people received.

Fig House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the home on 18 August 2016 and it was an unannounced inspection. It was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke to 10 people living at the home, one relative, one visiting healthcare professional, four staff, the registered manager, catering manager, head of housekeeping and one of the owners. We observed care and support in communal areas and looked at three people's bedrooms with the agreement of the person. We looked at six care records, risk assessments, medicines administration records, accident and incident records, minutes of meetings, seven staff records, complaints records, policies and procedures and external and internal audits.

Before the inspection, we reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.
We also gathered information about the home by contacting the local authority safeguarding and quality assurance team. We also reviewed records we held which included notifications, complaints and any safeguarding concerns. A notification is information about important events, which the home is required to send us by law. We last inspected the service on January 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

The service was safe.

People and their relatives told us they felt safe and secure at the home and with the staff who provided care and support. People told us, "I feel safe here.", ""I'm quite happy here" and "I feel very safe here."

Staff were aware of the signs and what to do if they suspected any abuse. A member of staff told us, "If I had any concerns I would not hesitate to speak to the manager." The home held the most recent local authority multi-agency safeguarding policy as well as current company policies on safeguarding adults. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year.

Risks to people and any healthcare issues that arose were discussed with social or health care professionals such as a psychiatrist, GP or speech and language therapist. Where people were at risk of developing pressure sores there were plans in place to reduce this risk, which were followed by staff. For example, the involvement of the district nurse for the treatment of the wound, by using pressure relieving mattresses or cushions to alleviate pressure and provide comfort to the susceptible areas. The information provided enabled care and support to be delivered as safely as possible.

We saw in care plans that there was information, which identified where people were at risk of injuries due to diabetes, mobility issues or by exhibiting behaviour that challenged the service. This was detailed and provided information and guidelines for staff to follow when people were at risk. Staff told us that action plans were put in place in accordance with people's care and support needs. Where people had mobility needs or were susceptible to falls, information was recorded to help staff take action to minimise these risks. People had access to specialist equipment to aid their independence or to keep them safe such as wheelchairs, walking frames, hoists, specialist beds or bathing aids.

There was a system to manage and report incidents, accidents and safeguarding concerns. Staff told us they would report concerns to the registered manager. We saw incidents and safeguarding concerns had been raised and dealt with promptly. Incidents were reviewed which enabled staff to take immediate action to prevent further incidents occurring. We saw accident records were kept. Each accident had an accident form completed, which included details of the immediate action taken. For example, one person had suffered a number of falls within a one-month period. We saw on each occasion that the action points were being recorded in order to ensure that the home were doing what they could to try and prevent further falls, such as making sure their room was free of potential obstacles and healthcare professionals had been contacted. Staff advised us that this person was referred to the appropriate professionals and no more falls had taken place.

There were sufficient numbers of staff deployed to keep people safe. People all felt safe and cared for by the staff at the home. One person told us, "Staff were good and came if I ring my bell." Another person told us, "I

can just go into the corridor and usually find a staff member." The consistent staff team were able to build up a rapport with people who lived at the home. This enabled staff to acquire an understanding of people's care and support needs. We saw people were supported in line with their risk assessments and their care plan. We noted on the day of our visit, that people's needs were met promptly; this included those who chose to stay in their room and called for assistance.

The staffing rotas were based on the individual needs of people and did not fall below the minimum staffing levels the registered manager had determined as being needed to support people safely. The registered manager did not use a recognised dependency tool, but they explained that they knew each person living at Fig House very well and knew how many staff were needed to support them safely. All the staff we spoke with enjoyed working at the home and said they felt there were enough of them to undertake their roles well. There was a call bell system in place; this was easy to use and accessible to people so they could alert staff if they needed support. We observed there were call bells in communal areas as well as in people's bedrooms. During our inspection, people's call bells or requests for help were responded to quickly.

Safe staff recruitment and selection systems were in place and followed to make sure suitable staff were employed to work at the home. All applicants completed an application form, which recorded their employment and training history. Each applicant went through a selection process. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with vulnerable adults. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

We saw that all medicines were managed safely and stored securely. All medicines coming into and out of the home were recorded and medicines were checked and recorded at each staff handover. Any changes to people's medicines were prescribed by the person's GP. People received their medicines on time, as prescribed from competent staff. Only staff who had attended training in the safe management of medicines were authorised to give medicines. Staff attended regular refresher training in this area. Upon completion of training, the registered manager observed and assessed staff's competency to administer medicines before they were authorised to do this without supervision.

When staff administered medicines to people, they explained what the medicine was for and how it was to be taken, then waited patiently until the person had taken the medicine. We saw medicines that were administered were accurately recorded. We checked medicines records and found that a medicines profile had been completed for each person and any allergies to medicines recorded so that staff knew which medicines people could safely receive or which ones to avoid. The medicines administration records (MAR) were accurate and contained no gaps or errors. A photograph of each person was present to ensure that staff were giving medicines to the correct person. There was guidance for people who took 'as needed' medicines. This included details about the amount of medicine people were given and the reason for the administration of the medicine.

People lived in a safe, well-maintained environment. The communal areas and corridors were free from obstacles, which may cause harm to people and enabled them to move freely around the home. Handrails were placed throughout the home to support and aid people's mobility. The home was adapted for people living with dementia. There were large signs with pictures in communal areas to enable people to find their way around Fig House; each room had a "memory box" outside of it. A "memory box" is a place for people and their relatives to put objects and photographs that were meaningful to people. Doors and doorframes were painted in contrasting colours, which enabled people to distinguish them from the walls. The home had a large, well-maintained garden, which was suitable for people living with dementia to use safely.

People told us that they were involved in taking care of the garden and the planting of flowers and vegetables.

Fire, electrical, and safety equipment was inspected on a regular basis. Specialist equipment such as wheelchairs, baths and showers were checked on a weekly or monthly basis to ensure they were safe and in good working order. Arrangements were in place for the security of the home and people who lived there. All entrances to the home were through a bell system managed by staff. We saw a book that recorded all visitors to the home.

There was a business contingency plan in place; staff had a clear understanding of what to do in the event of an emergency such as fire, adverse weather conditions, power cuts or flooding. The provider had identified alternative locations, which would be used if the home were unliveable. This would minimise the impact to people if emergencies occurred. Each person had a personalised emergency evacuation plan that was regularly reviewed and staff carried out regular fire drills and evacuations so they knew what to do in the event of a fire.

Good

Is the service effective?

Our findings

The service was effective.

We reviewed staff training files and found staff had received training in areas specific to their work. For example, supporting the person with dementia and behaviours that challenge, fire training, safeguarding adults and infection control. Staff received induction training when they started to work at the home. This helped them to become familiar with people's needs and supported them to work safely with those in their care. Staff received an induction into the service before starting work. Staff files indicated that all staff had received an induction. One staff member told us: "I had time to get to know people during my induction and understood how to meet people's needs by shadowing experienced staff". Those staff we spoke with said their induction was very good and had provided them with the knowledge they required.

Staff received regular supervision from the registered manager. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff. Supervision sessions had been undertaken and planned with staff in line with the provider's policy. We also noted yearly staff appraisals for staff had been undertaken or planned. Appraisals are meetings with the manager to reflect on a person's work and learning needs in order to improve their performance. Staff were happy with this and felt able to discuss issues important to them in and open and constructive setting. One staff member told us "I would say what I mean no matter what. I know I'll be listened to and if something is wrong it will be put right".

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). Therefore, we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. The manager confirmed that everyone except one person was subject to continuous care and supervision and did not have capacity to consent to such arrangements and were not free to leave. Subsequently applications for DoLS had been submitted to the local authority in a timely manner to help ensure people's freedom was not being inappropriately restricted.

The provider, registered manager and staff had a good understanding of the MCA and awareness of how to complete the appropriate assessments with other professionals when necessary. Staff told us: "I have an awareness of MCA, I am doing my refresher training next month, I know that it is for people who lack capacity to make decisions". And another stated "We need to assume capacity however if someone lacks this we can make decisions in their best interests".

We saw in daily records a GP and community nurses were contacted when staff felt it appropriate and their

advice was followed. We found the service was responding to changes in people's needs by referring them to suitable authorities. This helped to ensure that people's healthcare needs were being consistently met. Relatives told us: "My loved one had a cough and they got someone to see them straight away" and "They always let me know if the paramedics are called, they keep me well informed. A professional told us: "The staff refer people in a timely manner". And "They follow guidelines we give them".

The care records we looked at described people's dietary preferences. People told us that they were able to make choices in relation to food and drink and we observed them being offered a variety of options. People we spoke with said: "The food is pretty good on the whole": "So good you've got to eat it all", "There is always a choice" and "If we don't like the main meal we can have something else." People had been assessed on an individual basis and care plans showed associated risk of malnutrition, action plans and people's preferences.

We observed breakfast and lunch being served. Breakfast was served by staff in both the lounge and dining area. People could have meals in their rooms if desired but were encouraged to mix and socialise together. Staff told us that a cooked breakfast was offered three times a week plus choice of cereals, toast and more tea or coffee. People seemed to appreciate the cooked breakfast and said how good it was.

Lunch was served in the dining room, lounge area and in the garden. Many people chose to eat in the garden, as it was a warm day. Large sunshades were provided for people. Sherry and wine were offered before lunch while squash was offered throughout the meal. There were no menus on the tables but there was a large chalkboard with the menu written on it. The registered manager told us that they planned to place easy to understand menus on each table very soon as people had requested them recently. We found that the service was pro-active in supporting people to have sufficient nutrition and hydration by staff reminding people to drink and eat in line with their care plans. Staff were able to explain to us the importance of fluid and nutrition intake in people living with dementia. One staff member said, "I find people tend to forget to eat and drink as they don't seem to get as much pleasure from it – so it is important to make sure everyone has enough to eat and drink."

Tables in the dining room were laid out with table cloths, glasses, condiments and cutlery. People were supported by staff to get to their chosen dining places. This took about 20 minutes so some people were sitting waiting for some time but no one seemed to mind the wait. There was a choice of two main dishes. Everyone was shown two plated meals and asked to choose which one they preferred. One person did not like either option and was offered an alternative immediately. Everyone, except two people, who were supported in a calm and unhurried manner by a member of staff, were able to eat their meals unsupported. We saw staff asking permission before they supported people. Staff told us they knew the importance of hydration and nutrition for people living with dementia and we observed them encouraging people to eat and not rushing anyone.

Good

Is the service caring?

Our findings

The service is caring.

We received positive comments from people and their relatives about the way that staff cared for them or their family member. One person told us, "The care assistants are very caring". Another person said, "The staff here are very good." One person's relative told us, "You couldn't wish for better staff." We saw that staff were friendly and treated people in a caring way. We noted on a number of occasions when staff spoke with people, they would kneel down if people were sitting so they could converse better with them at head height. We also saw a member of staff gently stroking someone's hand while they spoke with them.

People's care records showed that people and their relatives were involved as much as possible in how they wanted to be supported with their care needs. One person's relative said, "I was involved in care planning and was asked in when there was a [care] review." Relatives were positive about how their family member's dignity was promoted. One person's relative told us, "They ask me to leave [the room] and always close the blinds and ensure [Name] is covered when attending to them." Another person's relative said, "[Name's] hair is beautifully washed."

We saw that people were treated with dignity and respect at all times. For example, we observed staff being very kind and compassionate to people. They listened carefully to what they were saying and then responded appropriately. Staff were observed knocking on doors and asking permission before entering people's rooms.

Staff told us how they maintained people's dignity, especially when attending to personal care by ensuring bedroom doors and curtains were closed. We asked staff how they supported people to maintain their privacy and dignity. One member of staff told us, "We will knock on people's doors and sometimes people will say they are just in their bathroom and we will say okay and go back later."

Staff told us that they treated people on an equal basis and the manager ensured that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files and staff had read these so that no one living at Fig House was discriminated against by staff being unaware of peoples' needs and preferences. The registered manager said, "A vicar comes here once a month and does a service and holy communion and a priest comes to see [Name]."

Personal care was provided in people's rooms with their door shut. People told us that staff were kind and caring and maintained their privacy and dignity. Comments included, "They knock on my door."

We saw staff spoke in an appropriate manner and tone to people and in this way treated people with respect. We observed interactions in communal areas including at lunchtime. We observed a number of positive interactions where staff and people engaged in meaningful conversations. We saw people responded positively and warmly to staff showing us that they had developed positive relationships with the staff supporting them. For example, we saw staff spent time saying "Good morning" to people and asking

how they were and when people were being supported; staff were engaging and talking with the person all the time. We saw staff had a consistently happy manner with people.

Staff knew people's needs well and followed their care plans to ensure those needs were met. Some of the staff had been employed for several years, while others were new, but the mix of staff was balanced in terms of experience and skills. The registered manager led by example and we saw they were polite, attentive, visible and informative in their approach to people and their visitors. Management and staff gave the sense that people mattered very much and were therefore caring in their approach to meeting their needs. This alleviated people's anxieties and so their wellbeing was maintained. We reviewed six people's care files and saw these contained information that enabled staff to get to know them. This included information about people's likes, dislikes and interests.

People told us staff encouraged them to be independent in their day to day lives, for example by encouraging them to do as much of their own personal care as then could. Staff told us they supported people to be independent. One member of staff told us, "[Name] is now walking much better on their own and we encourage this. We do this by encouraging them to walk so far and we will get the wheelchair when they feel they need it." There was a lift but we observed people being encouraged to use the stairs when possible supported by staff. One person told us "I use the stairs it's good for my legs, to keep them active "This meant people were supported and encouraged to maintain as much independence and control over their lives as possible.

There was information in the hallway for people and their visitors/relatives in areas such as Dementia Care Matters, Alzheimer's research, complaints and various care magazines. The 'Statement of purpose' was available and included information on advocacy services if people required them. A statement of purpose sets out the service aims and objectives and advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

Good

Is the service responsive?

Our findings

The service was responsive.

People and their relatives told us that the service was responsive to people's needs. Staff were responsible for arranging activities. People in Fig House were split into four activity groups based around likes and dislikes and who mixed well together. Staff arranged outings to local areas of interest, entertainment within the service or activities based on day to day tasks, for example, gardening, setting the tables for meals and helping peel vegetables. Comments included, "The activities programme is good. Volunteers come in to entertain us. The activities relating to Passover were good." A relative said, "I do think they get the care they need. They cater for cultural needs. There is enough to do like baking and flower arranging. They [staff] do try to involve residents in activities."

People were engaged in activities that were meaningful to them. Considerable thought and energy created an environment that provided stimulation and interaction. There was a full activities schedule on display in the hall. People were put in groups of five or six and the rota ensured that everyone had a full morning and afternoon of planned activity, for example, the home kept a dog, rabbits, fish and birds. We saw people took great pleasure from looking after them and feeding them. Other people liked to do other activities such as baking, puzzles, singing, crafting, gardening, looking after the birds, rabbits and fish. Others got pleasure from holding sensory items such as different materials. People were supported to engage with activities that promoted their well-being. Staff members provided activities and interactions that were based on people's individual likes and life history. During our visit, a visiting entertainer performed songs. They were very popular and we observed people singing, dancing with staff and one another and generally enjoying themselves. People who did not wish to join this group were supported to do other activities in the upstairs lounges.

One relative told us about a concern surrounding a health issue that their relative had developed. They told us, "I raised this with the nurse and a referral was made to the doctor immediately and then followed up. They are absolutely responsive." People's needs were assessed prior to them moving to the home and this information was used to develop care plans. The registered manager told us, "Getting to know individuals is key to good care" and "I make sure all the information is accurate and up to date". We saw and were told by people, their relatives and staff that care plans were reviewed on a regular basis. People told us that they could have their relatives with them. One person said "I don't do it, my daughter speaks with them instead, I can't be bothered".

Care plans contained details of people's likes, dislikes, preferences and how they wished support to be delivered. They held details of each person's history, how they liked to spend their time and what was important to them. A member of staff said, "[Persons name] main joy at the moment is looking after the animals. This had a positive impact on the person because they were able to maintain interests after moving into the home". Staff were in the process of creating memory posters for each of the people living at Fig House. These posters told the story of people's lives, jobs they did and places they lived. Staff told us that they had done these in their own time and enjoyed finding out about each person and the interesting lives

they had lived. One staff said, "I now know so much about [name], this means I can talk to them about their lives and their interests, and I know it makes them happy."

Staff interacted with people as they walked past, they used humour and, where it was appropriate, touch to engage with people. People responded to staff with smiles and chat and staff recognised the importance of supporting people to feel that they mattered. The environment was open and people were not restricted, if they wanted to be mobile and walk, they could do this safely both inside the home and in the garden. The home had an accessible secure garden area. The registered manager told us "The garden is an area people can access when they want."

Relatives told us that they could visit their loved ones whenever they wanted to. Staff told us it was important that people maintained their important relationships and made sure relatives were made to feel very welcome. We saw how happy people were when their relatives came to visit and how staff managed people's emotions when relatives were unable to visit by using distraction techniques such as inviting people out to a local café for a cup of tea or getting them involved in an activity.

A complaints procedure was in place and displayed in the reception area of the home. Most people told us they felt confident in raising any concerns or making a complaint but had not had cause to do so. The following response was typical, "I've never needed to make a complaint. I can't grumble or ask for anything more. I am well cared for." A relative told us, "I've never needed to complain. There are regular meetings for relatives. They do sort issues out." The home had received two formal written complaints in 2016 and three "Niggles" in the "Niggle" Book (the registered manager started this book to capture complaints that people did not want to make formal but needed an answer to, for example the length of time taken to answer the front door). Where complaints had been received, documentation confirmed they were investigated and feedback was given to the complainant.

Good

Is the service well-led?

Our findings

The service was well led.

People we spoke to told us they were happy with the management and running of Fig House and that issues were dealt with swiftly and without problem. One person told us, "I am very happy with the manager and the staff." Another said, "Yes, the manager's nice." People were involved in how the home was run in a number of ways. People's feedback was positive and stated that they were well looked after. There were 'residents' meetings for people to provide feedback about the care they received. We saw minutes of the meetings where people discussed issues regarding their home, staff, the people and environment they lived in, food and activities. For example, a person had requested a certain cereal be added to the breakfast menu, which had been implemented. All peoples' responses were recorded and most were very favourable.

Staff were involved in the running of the home. Staff were able to contribute through a variety of methods such as staff meetings and supervisions. All the staff we spoke with enjoyed working at the home. Staff told us regular staff meetings were held and they felt they could make suggestions and that these were listened to. Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. Staff told us that they were able to discuss the home, quality of care provided, their training needs, job role and any changes in people's care needs. The PIR provided information about the improvements being made which we were able to verify this during the inspection. For example, a young and inexperienced staff a mentoring system has been introduced so that they can feel confident that a senior member of staff can answer questions. The registered manager told us they were thinking of introducing a keyworker system and saw that role would be to contact people's G.P's, chase prescriptions, and arrange appointments.

The provider and registered manager of the service understood the key challenges, risks and concerns. Information gathered was through a variety of meetings, surveys and feedback obtained from the staff, relatives and people. For example, where staff performance was brought into question, managers reviewed and implemented their disciplinary procedures and took appropriate action.

Staff had a clear vision and set of values and these were discussed with people when they moved into the home. For example, people were given information on what they could expect from the service and staff at Fig House. The provider and registered manager liaised with and obtained guidance and best practice techniques from external agencies and professional bodies and experts in their fields. We saw the service liaised with Dementia Care Matters, Bradford and Stirling Universities regarding their work with people living with dementia, and Health Innovation Network regarding a Dementia case finding tool for care workers.

The registered manager had notified the Care Quality Commission (CQC) about a number of important events, which the service is required to send us by law. This enabled us to effectively monitor the service or identify concerns.

There were a number of systems in place to ensure staff assessed and monitored the quality of care provided to people living at the home. Staff told us they conducted regular spot check on rooms to check on

the condition of the room in relation to health and safety needs.
People's care and welfare was monitored on a regularly basis to make sure their needs were met within a safe environment. Monthly audits were carried by the management team regarding people's care and support needs such as management of medicines, accidents and incidents and infection control. One of the owners conducted monthly audits such as staffing, person centred care and dignity and respect. The findings from the audits were collated and an action place was in place, which ensured necessary improvements were made.

We saw records of accidents and incidents that had occurred and an analysis of people's falls was carried out by the registered manager. The analysis identified a number of issues and as a result, recommendations and learning outcomes were made. We noted that action taken was recorded. For example, where people were identified as being at risk of falls, they had access to specialist equipment such as pressure mats, which alert staff to potential risk of someone falling should they get up by themselves.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. The policies and procedures were reviewed on a regular basis. This ensured that people continued to receive care and support safely.