

A.V. Atkinson (Fourways) Ltd

Fourways Residential Home

Inspection report

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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?

Good ●

Summary of findings

Overall summary

This inspection took place on 21 and 26 April 2016 with follow up telephone interviews on 3 May 2016, and was unannounced.

Fourways Residential Home is a care home that offers accommodation for people who require personal care. The service is registered for up to 20 people, with bedrooms located across the ground and first floor. People who live at the service require assistance related to changing health needs due to increase in age.

The home is required to have a registered manager. The new registered manager was appointed in October 2015. 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.

Good caring practice was observed during the two days of the inspection. People and their families reported they were happy with the support and care provided by the staff. People, and where appropriate, their relatives, were involved in the development and reviewing of care plans. These were documented appropriately, detailing individual preferences well and reflected the person's needs. Risk assessments specific to the person were contained in files, with guidance on how to manage these risks.

Responsive practice was observed during the inspection. The service responded to the needs of people, offering them both verbal and emotional support. This helped to lower anxiety. People were supported by a team of staff who were competency checked prior to being given responsibility for care. Medicines were kept and managed securely. Comprehensive records were kept of guidelines for as required medicines. Audits were completed regularly and showed no medicine errors. Observations during the inspection process, illustrated that staff correctly followed procedures when administering medicines, therefore kept people safe.

Staff knew how to keep people safe. They were able to describe how to report concerns promptly and confidentially. They were familiar with the internal and local authority procedures that were clearly outlined in training. Comprehensive recruitment processes were in place to ensure suitable staff were employed to safeguard people against the risk of abuse. Sufficient numbers of trained and experienced staff were provided by the service to ensure people's needs were met. A training programme was in place, which focused on providing the company's mandatory training as a minimum standard, with additional supporting training offered in line with best practice, meeting the Skills for Care guidelines.

Staff had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They understood the importance of informed choice being situation and time specific. Where applicable DoLS applications had been made to the appropriate authority.. Records included evidence of best interest meetings taking place, and staff were able to talk through the decisions that had been made in relation to

these.

The quality of the service was monitored by the registered manager and deputy manager. Feedback was obtained from people, visitors, families and stakeholders and used to improve and make relevant changes to the service. Comprehensive audits were completed that produced reflective action plans that identified timescales for the registered manager to make improvements. Evidence illustrated action plans were addressed in a timely way.

The service offered people activities. These were predominantly group focused. We recommended that activities be developed specifically to reflect people's individual needs and choice.

The home was clean and tidy, although the carpet looked worn and the furnishings had aged. The premises did not lend themselves to provide care to people with dementia. As structural changes to the premises could not easily be made, we recommended that the service refer to best practice guidelines on how to make the environment more dementia friendly.

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 kept safe from abuse by a staff team who understood how to report any concerns that they had.

Risk assessments and emergency plans had been completed for all people living at the service.

People were kept safe by a highly trained and competent staff team.

Medicines were managed and administered safely.

Is the service effective?

Good ●

The service was effective.

People, and where appropriate their relatives, were involved in making decisions about their care.

Choice was offered to people during the delivery of care. Meals and drinks were offered throughout the day and reflected the person's choice.

Staff underwent a comprehensive induction and training programme and received regular supervision and annual appraisal,

The premises were not designed around people with dementia.

Is the service caring?

Good ●

The service was caring.

Staff worked respectfully and in a caring manner with people.

People's dignity was maintained and choice was respected at all times.

Individual needs and preferences were well understood and recorded appropriately in people's care documents.

Is the service responsive?

Good ●

The service was responsive.

A comprehensive pre-assessment of needs was completed prior to people's admission.

People were offered both group and individual activities that were responsive to their needs. However, there was a need to further develop some individual activities.

The service had a well-documented complaints procedure. People knew how to make a complaint, and were confident to raise concerns.

Care plans were reviewed and responsive to people's changing needs.

Is the service well-led?

Good ●

The service was well-led.

Processes were in place to monitor the quality of service.

Quality assurance surveys identified that people were happy with the service and that their feedback was used to formulate an action plan to improve the service.

The registered manager completed regular audits of the service to ensure that the service provided appropriate support to people.

There was good communication in the service.

Fourways Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 26 April 2016 and was unannounced. Follow on telephone interviews were completed with relatives of people on 3 May. As this was a small residential home, the inspection was completed by one inspector.

Before commencing the inspection the local authority care commissioners were contacted to obtain feedback about the service. Previous inspection reports, any local authority reports and notifications were used to inform the inspection process. Notifications are sent to the Care Quality Commission by the provider to advise us of any specific events related to the service. We did not receive the Provider Information Return prior to commencing the inspection process, as this had not been received by the provider. 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.

During the inspection we spoke with five members of staff, this included the registered manager, the deputy manager, the chef and care support staff. In addition we spoke with five people who use the service and four relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Care plans, health records, medicine records and supporting documentation relevant to care were seen for six people. In addition, a sample of records relating to the management of the service, were reviewed. These included staff records, complaints, quality assurance surveys and reports, audits and health and safety checks. Staff files, including recruitment and supervision records, were seen for seven staff employed at the service.

Is the service safe?

Our findings

People told us that they felt the service was safe. One person said "Oh yes, very safe here." Another person reported, "It is a lovely place my [relative] was here, and I decided I wanted to be here too. Staff are wonderful... we're all safe here." This was reinforced by staff who had a broad understanding of safeguarding and whistleblowing procedures, and were able to describe the types and signs of abuse.

The training records showed all staff had undertaken training in safeguarding people against abuse, and that this was refreshed on a regular basis. Staff described the external agencies that should be contacted in circumstances where they had concerns about abuse. One member of staff when asked about reporting abuse and whistle blowing stated, "Absolutely, immediately. This isn't okay." Staff reported they felt the registered manager effectively dealt with any concerns when they arose, with the priority being to keep people safe at all times.

People were kept safe by the implementation of risk assessments within which staff guidance was provided to enable people to be assisted to do things they enjoyed. This meant people were not restricted. For example, when a person wanted to go into the community for a day activity, such as attending day services, a comprehensive assessment was carried out highlighting potential risks and how these should be minimised. Where it was identified people could not safely go out alone, rather than prevent the community outing people went out accompanied so as to manage the risk. We witnessed people being accompanied to day services in the vehicle to help manage anxiety. This was achieved through sufficient staff being on duty to keep them safe. Rotas illustrated that any staff shortfalls were usually covered by existing staff or the provider's bank staff. This meant that consistency in approach was maintained. Agency staff were only used when shortfalls could not be covered internally.

Medicines were supplied by a community based pharmacist. They were stored safely in a locked medicines cabinet. These were ordered and managed to prevent over-ordering and wastage using a Monitored Dosage System (MDS). Each person's MDS held a copy of their photo, to reduce the risk of potential error. Medication Administration Record (MAR) sheets were signed and dated correctly, with no medicines errors noted. Audits of the MAR sheets were carried out by the registered manager monthly to identify any errors. None were noted. We observed two medicine rounds on two separate days during the inspection. The appointed staff administering medicines on both days ensured other staff were aware that they could not be involved in other elements of care during completion of this task. A red tabard was supplied by the service that clearly stipulated, "Do not disturb." People were kept safe by the following of medicine protocols. People's names, medicines, dosages were checked, and people were told before the medicine was administered what they were being given, and what this was for. Staff were competency checked annually to ensure they were able to safely give medicines.

Records of 'as required' (PRN) medicines provided details on when these should be administered. The document gave guidance to staff on what action to take prior to offering a person PRN medicines, as well as how a person may present when PRN medicine needs to be given. This was to ensure that medicines were only given when necessary. MAR sheets showed the guidelines were being followed, therefore minimising

over usage.

People were kept safe by the monitoring of incident and accidents to reduce the risk of similar incidents occurring. For example, we were provided details of strategies that had been implemented effectively to minimise potential falls. This was an effective way of keeping people safe whilst monitoring useful strategies.

All maintenance safety checks were up to date for fire systems, emergency lighting and fire extinguishers. Water temperatures were taken prior to people being assisted with a bath. Legionella tests were carried out regularly to keep people safe. The provider had made alterations to the external premises to make these safer for people as they moved around. Hand rails were fitted to areas, where appropriate, to offer additional support when entering the garden.

The home was clean and tidy, although some of the furnishings and carpets looking old and worn. The kitchen had received a food hygiene rating of five which meant that food was prepared in a clean environment. Personal protective equipment such as gloves and aprons were available for staff to use as required. Colour coded systems for cleaning products and kitchen equipment were visible. This reduced the potential risk of cross contamination. All cleaning products were correctly stored in a locked cupboard and documents related to the chemicals they contained with risk assessments were regularly reviewed.

Evacuation plans had been created for people in the case of an emergency, and were easy to read and accessible for staff. A comprehensive, up to date contingency plan described what procedures to follow in circumstances where the business could not continue operating safely from the location.

People were kept safe by the implementation of a comprehensive and well documented recruitment process. This included obtaining references for all staff in relation to their conduct in previous employment, specifically in health and social care jobs. A Disclosure and Barring Service check was completed for all potential staff. This is a check that allows the provider to see whether an applicant has any criminal convictions that may make them unsuitable to work with vulnerable people prior to them commencing work. All gaps in employment were explained, Proof of identity was present, including a recent photo, in staff files. All checks were completed prior to commencement of employment, to ensure staff were appropriate to work with vulnerable people.

Is the service effective?

Our findings

Effective support was provided by a highly trained staff team who had undertaken a comprehensive induction process. This included completion of mandatory training and additional training that would be supportive to their role. Before working unsupervised, new staff shadowed experienced colleagues until they felt confident to work independently and had been assessed as competent by either the registered or deputy manager. The training matrix showed all training had been completed for staff, with refresher courses being booked as required. The service ensured all staff were trained in the Skills for Care national minimum standards and the new Care Certificate competencies. The Care Certificate is a specialist induction programme that sets out the skills required by staff and how these need to be worked towards. The registered manager told us that the competency of staff was checked following specific training, for example the Mental Capacity Act 2005 (MCA).

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Where appropriate applications had been submitted to the local authority. If authorised, we found the provider was complying with the conditions applied. Staff had received training in the MCA and DoLS appropriately and were able to describe where best interest decisions had been made effectively on behalf of people. For example, in relation to the use of a keypad system on the front door.

Staff told us the registered manager operated an open door policy and made certain all were aware when he was in the home. Staff reported his presence reinforced the delivery of effective care. Staff told us that the registered manager would immediately converse with staff if he observed practice that needed reflecting on and would offer the opportunity for a quick discussion or where needed additional training and support. This ensured that they always focused on delivering care that was effective, safe and responsive to the person's needs.

People were supported by a staff team that received effective staff supervision and annual appraisals by the registered manager. This meant staff had the opportunity to discuss issues with their supervisor to further enhance their practice. In addition to the scheduled supervisions, staff told us that if they needed to speak with their relevant supervisor, they were confident to do so. We were told, "Both of them [the registered and deputy manager] are always here. It's like their second home."

Drinks were regularly offered to people, to keep them hydrated. People were involved in choosing foods for the menu. The chef used people's choices to develop a rolling 4 week menu that offered a couple of choices

per mealtime. If a person did not want to eat the food on the menu, they were offered an alternative. People told us, "The food is very good, all home cooked." Another person said, "If we don't like the food we complain to the chef. The chef then changes the way it's cooked." It was evident from the conversations and discussions observed between staff and people over lunchtime, that mealtimes were calm and relaxed.

People's health care needs were met by the service. Records evidenced visits by external health professionals and recorded the advice offered. This included GPs, occupational therapy, speech and language therapist and the local mental health team. The advice made by the visiting professional on how to improve people's support, led to updates in the care plans. For example, where a person required a soft food diet, this was updated in the care plan, with the chef being provided concise details on how to prepare the food. One relative, did state that they felt that health care professionals could be called a little earlier. However they recognised that staff may rely on people providing information to assist in establishing when to call a health professional, for example a GP.

Some people's health needs were changing with the onset of dementia. The layout of the premises was not conducive to this, with small communal areas, long corridors leading from one space to another. It was recognised by the registered manager that the premises do not lend themselves to providing care to people with dementia, and as such where needs changed assessments were completed to ensure effective care could be maintained. No signage was used by the home to direct people to the correct areas, leading to confusion at times, with people entering the wrong room. We would recommend that the service seek advice and guidance from a reputable source with regard to appropriate training for staff in relation to dementia care and dementia friendly environments and activities.

Is the service caring?

Our findings

People and their relatives reported that they felt the service was both caring and supportive to people's needs. One person reported, "I decided I wanted to move here after [partner's name] died. There's nothing actually wrong with me, I can do things for myself, but I knew the staff would look after me. They would care for me." A relative told us, "I have recommended Fourways to a lot of people. If I had my way I would move a number of my relatives here. The staff are very good." The service was observed to be calm and peaceful over both days of the inspection. People could be heard interacting positively with staff and the visiting staff from the sister home, who were attending a training course on day two of the inspection.

Staff had advised people that an inspection was underway to enable them to be involved in the process should they choose to be, and to allow them to ask any questions. This was found to lower anxiety, as people were reassured of the reason for the inspector's presence. Some of the people asked to spend time with the inspector to share information on their experience of living at the service. The feedback received was all positive.

People told us staff always maintained their privacy and dignity. Before entering their room, staff would knock to check it was okay for them to enter. If people did not wish to be disturbed, staff would come back later, at a time that was convenient for the person. We observed that people were independently getting up at the time they wanted to in the morning, as opposed to the time that suited the service. They were seen independently walking around the service, with some people going to their bedrooms to watch TV, and others choosing to sit in the communal areas.

People's likes and dislikes were known and understood by the staff. Staff were able to describe how people liked to be supported. This information was cross referenced against care plans and found to be accurate. For example people were supported to buy personal items that reflected their individual taste. One person liked birds and other wildlife. Staff had assisted her to buy items for her bedroom that reflected this. People stated that staff knew them well and always tried to offer assistance in the way they liked, and preferred, as opposed to what would be easy for them. Care plans were found to be accurate and updated frequently to ensure they were reflective of people's changing care needs and preferences. Relatives told us that where appropriate, they were consulted during reviews and regarding the updating of care plans, to ensure families were happy with the care being delivered.

When being supported with personal care, people reported staff would always offer assistance as they required, maintaining their dignity. People were encouraged to complete tasks for themselves, however, where staff support was needed this was offered immediately. Staff reinforced that the service aimed to work with people to help them maintain their independence where possible. They would support the person how they wished to be supported whilst motivating them to complete tasks independently. For example, people were enabled to toilet independently, with staff presence outside the door if required.

People's care records were maintained safely and securely, both electronically and on paper. This ensured that confidentiality was maintained. Daily records were updated after the completion of each task

electronically on tablets by staff. A software programme was being used that alerted the registered manager to when tasks had not been completed in line with the care plan. He would then request clarity on why tasks had not been fulfilled. This information was recorded. This process allowed people to make choice that was documented. We observed that when staff needed to speak about a person, they would either go to another room or lower their voice and stand away from people, discreetly discussing any issues. People's human rights were protected at all times.

Is the service responsive?

Our findings

People who use the service each had a comprehensive assessment of their needs prior to admission to the service to ensure their needs could be appropriately met. The assessment also served to establish relationships by enabling people to come and visit the service prior to admission. We observed the registered manager making provisions for a person who had been assessed as suitable, to come and visit the home. The registered manager emphasised the importance of ensuring the home was able to respond to people's needs appropriately. Any potential new admission was given the opportunity to spend time at the service meeting other people and staff, before a final decision was made. For existing people using the service, appropriate care was continually delivered in response to changing social and health care needs. However, should the service no longer be able to meet a person's needs, the registered manager said this would be discussed with the family and the local authority, with the view to reassessment.

Care plans were developed with people and where appropriate their representatives, for example relatives. Information such as their significant history, people important to them, their hobbies, how they like things done, and how they communicate their everyday needs was included. Care plans were reviewed frequently or when there was a change in the person's needs. This ensured staff were able to respond to needs appropriately. Care plans were reviewed in conjunction with people where possible as well as family members and professionals as required. This meant that care was responsive to the needs of the people. Relatives told us they felt the service appropriately responded to people's changing health needs. One relative said, "My dad can be difficult, but they [staff] work with him to care for him. He recently was ill which has left him unable to talk clearly. Staff spend time with him, making sure they understand what he needs. I can't fault them."

The service responded to people's needs with the introduction of a key worker system. This allowed one staff to take a lead in how people were supported and how this was documented. People and their relatives were encouraged to speak to the key worker about any issues that they may have, or anything that they felt was going well. However, if a person wanted to speak with another member of staff they were encouraged to do so. One staff member reported how one person had an interest in aeroplanes. At a recent community outing, staff had arranged to take people to several agreed locations. However as a surprise, a visit to a small airport for this person. They reported the person was pleasantly surprised, and thoroughly enjoyed their time during the outing.

The home had a structured community activities programme as well as an internal group activities plan. This was displayed in the communal areas, to ensure that people knew what was on offer. Many of the activities offered internally were gender specific, for example, manicure and nail painting. This therefore meant that not all people could be actively involved. Staff and relatives, reported that they felt there was a need to personalise activities as well as consider activities that may be more appropriate for all people. Some people attended the day centre daily as part of their structured day. We observed them leaving the service in the morning and returning late afternoon. We would recommend the service look at ways to incorporate activities that are responsive to people's individual and group needs, as well as ensuring these are dementia friendly.

The complaints procedure was displayed in communal areas within the home. People and their relatives told us they were given information on how to complain upon admission to the service and offered the opportunity to raise any issues as part of the monthly residents' meetings and key worker sessions. People and their relatives reported they were confident that their complaint would be dealt with if they had one. One relative provided us with an example of when they had raised a complaint with the staff. They reported it was dealt with immediately and they had no need to follow up on this with the registered manager.

One person reported, "I'm very happy here. The staff are wonderful. If I wasn't I would speak with [registered manager]." This was replicated by staff comments who reported that the registered manager was responsive to the needs of both people and the staff. One staff said, "I'd go straight to [registered manager]. You can talk to him and clear the air. He is very knowledgeable." The complaints log illustrated that complaints had been dealt with appropriately. Investigations had been completed and transparency was evident in the responses given to the complainants. These were carried out in line with the service's policies and procedures, with responses provided where possible, within 28 days.

Is the service well-led?

Our findings

The registered manager had been in post for just over six months. Within this time the staff reported that there had been significant positive changes made to the service. The registered manager had implemented an open door policy for all staff, visitors, people and their relatives. This meant that the registered manager could be approached at any time. Staff stated that he would walk around the service, engaging with staff, people, visiting professionals and relatives alike. This allowed all the opportunity to raise any concerns, complaints or compliments with the registered manager at any time. We observed staff and people enter the office to have a general chat with the registered manager as well as discuss any issues. Staff reported that the registered manager "was approachable". One member of staff stated, "We had to get used to him [registered manager]...but his approach is very good. He knows his job, and will share ideas."

People benefitted from the honest, calm and open culture of the service. Staff showed an awareness of the values of the service. They spoke about providing "good care". This was reflected in the training they received during their induction, as well as being discussed in team meetings. Staff told us the registered manager was "hands on". We saw evidence of him acting as a role model showing staff how to work with people. The management were described by staff and the people as "friendly." We observed the deputy manager come in on her day off, and saw the positive effect this had on people. We could hear people telling the deputy manager that they missed her when she was not in. People and their relatives reported that management was, "...very professional, yet caring".

Feedback was sought from people, professionals and relatives to help improve the service. We saw evidence of surveys being sent out to collect information on what was being done well, and areas that needed to be further improved. These were sent out every 3 months to monitor on-going development. Key workers worked through these with people, whilst relatives and professionals were asked to return these. An action plan was generated from the information collected. We were shown evidence of changes that had been made as a result of the surveys. The registered manager told us this included the hanging of wall paper in the communal lounge to help make the environment "more appealing" to people.

The management had comprehensive auditing processes in place. These included audits completed by either the registered manager or the deputy manager checking the service against the Care Quality Commission inspection areas. Action plans were generated in relation to this with a timeframe for when changes needed to be completed.

The registered manager had a comprehensive record of all the concerns or issues raised by staff, people, or visitors. Within this we found sufficient evidence of investigations being completed in line with the service's policies and procedures. Details of the feedback provided to the complainant were also included. This illustrated that the registered manager was transparent in the handling of complaints. We discussed the new regulation on "Duty of Candour" and found the registered manager was able to clearly describe the importance of this as well as reflectively illustrating through the documented concerns how this had been achieved.

There was strong evidence of working in partnership with internal and external professionals. For example if analysis of a person's falls identified a pattern, the service would liaise with the NHS occupational therapist. Guidance provided would then be incorporated into the person's care plan to ensure they were supported appropriately. If a person required specialist equipment, this was ordered with staffing being offered training as soon as possible to safely use the equipment. In a similar way guidance and advice from other professionals, such as the speech and language therapist, was incorporated into the care of people living at the service.

The communication within the service was good. Handovers were documented to ensure they could be referred to as required and to detail what had happened on shift. A communication book was used to transfer information that was not included in these. In addition a diary was used to record appointments or any training specifically booked for staff. Staff notice boards offered additional information on upcoming training events, and changes to the company's policies and procedures.