

Sanctuary Care Limited

Furzehatt Residential and Nursing 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 well-led?

Good ●

Summary of findings

Overall summary

Furzehatt Residential and Nursing Home ("Furzehatt") is a residential care home providing personal and nursing care for up to 62 people aged 65 and over. At the time of the inspection 58 people were living at the home.

Furzehatt accommodated people across two separate wings, each of which had separate adapted facilities. "The Lodge" was accommodating 28 people on a residential basis with nursing care provided by the community nursing team. "The Court" was providing nursing and residential care to 30 people.

People's experience of using this service and what we found

People spoke to us about staff who they felt were caring. Some said they felt staff did not have the time to spend with them socially. The nights and mornings were the times mentioned. Some staff and relatives also shared a similar view. During this inspection, we did not find any staffing concerns. We have shared the feedback with the registered manager who is seeking further feedback from people and staff to clarify the exact concerns and where improvements can be made.

Feedback from relatives and professionals was positive. Both spoke of good communication from staff and management who were responsive to questions and issues raised.

People had their health, dietary and welfare needs met. Their medicines were given and looked after safely. People's care arrangements were personalised and regularly reviewed. Risk assessments were in place to support people to have their care safely managed by staff. These were in place on moving into the service and quickly reviewed. Support from a range of health and social care professionals was sought as needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a clear system of leadership and governance in place led by the registered manager with the support of a deputy, other senior staff and the provider. This meant there was good oversight of the quality of the service with action taken as required to address any issues.

Rating at last inspection

The last rating for this service was Good (published 10 July 2019).

Why we inspected

We received concerns in relation to the management of people's continence, skin care and diabetes. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

We found no evidence during this inspection that people were at risk of harm from the concerns.

On having the initial concerns raised with them, the registered manager and provider took action to ensure any issues were addressed.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Furzehatt Residential and Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 good.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well-led.

Furzehatt Residential and Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an assistant inspector undertook the on-site inspection. Two Expert-by-Experiences telephoned people living at the service and relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Furzehatt is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service on the telephone and five people in person. We also spoke by telephone to 16 relatives and one in person about their experience of the care provided. We spoke with 13 members of staff including the area manager, registered manager, deputy manager, a nurse, care staff, and the chef. 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.

We reviewed a range of records. This included seven people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with one professional who regularly visited the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We observed sufficient numbers of staff available to meet people's needs during the inspection. The provider used a dependency tool to determine the numbers of staff needed and kept this under regular review.
- Feedback from people about staffing levels was mainly positive. For example, one person said, "Yes definitely, no problems there."
- We did not however, receive a positive response from all people, relatives and staff. Occasionally people felt staff were rushed, delayed answering call bells and, were too busy to 'sit and chat'. We shared the feedback with the registered manager.
- The registered manager informed us they would take immediate action, including seeking further feedback and reviewing call bell response times. Staffing in the morning was added to and will be monitored.
- Staff were recruited safely and only employed once all checks were in place to ensure they could work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Systems and process were in place to keep people safe from abuse.
- People told us they felt safe living at the service. One person said, "I am very safe. The kindness of all the staff. If I ever need anything, I will always get what I want. There is so many staff I could talk to if I had any problems, and I know all their names." And another, "Oh yes completely safe. There is always someone to look after you. I have been here now for over two years."
- People were looked after by staff who understood how to keep people safe from abuse. All staff regardless of their role had training in safeguarding vulnerable adults.
- The registered manager and provider demonstrated they took allegations and concerns raised, seriously. These were investigated fully, and further action taken as required.
- Staff understood the actions they needed to take if they witnessed abuse. They felt action would be taken by management but would act if this was not the case. One of the staff told us, "I would report it straight to the manager and she would follow-up according to guidelines. With whistleblowing I would go above the manager if I had to."

Assessing risk, safety monitoring and management

- We found no concerns in respect of the issues reported which had led to the inspection taking place.
- Risks associated with people's health, care and lifestyle were assessed and monitored. This included risks associated with nutrition, skin care, falls, diabetes and continence. Staff had clear guidance on how to

minimise risk, whilst allowing people to remain as independent as possible.

- When people had risks in relation to their skin, staff had clear guidance on how care needed to be delivered to prevent deterioration.
- Where people were at risks of falls, staff had liaised with professionals to minimise the risks and considered how they could support people to keep safe.
- Systems were in place to ensure the building and equipment were maintained safely.

Using medicines safely

- People's medicines were administered and managed safely.
- People confirmed they were happy with how their medicines were managed. One person said about their medicines, "this is one of the things that makes me feel safe. It comes to me on time and when it should be. It is better than I could do myself. I have just had a cream put on me and it was definitely done sensitively."
- People had their medicines, including those needing to be given at specific times, as prescribed. People were supported to understand their medicines and make choices about their treatment. The GP reviewed their medicines often to ensure their needs were being met.
- The service used an electronic medicines system that created and maintained medicines records (EMARs). Processes were in place to ensure the ordering, stock checking, returning and auditing of medicines was safe.
- Only staff trained in medicines administered and managed people's medicines. Their competency was monitored on an ongoing basis.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Systems were in place to learn when things went wrong.
- Staff spoke of a positive culture when mistakes were made. They felt this meant they could learn, and their practice and people's care would improve.

- The registered manager, deputy manager and area manager ensured any mistakes were investigated and staff were supported by supervision, retraining and competency checking if required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People who had risks associated with their diet were monitored and action taken. This included involving the GP, speech and language team (SaLT) and dieticians.
- At our last inspection people raised concerns about the quality and temperature of their meals. At this inspection we found improvement had been made. People told us they were happy with the choice, quality and temperature of the food. For example, one person said, "Yes the food is very good. It is quite interesting and regularly changes to something else. I can also request something else if it is not on the menu. No problems there at all."
- We observed people being given choice and alternatives. The chef told us how they sought to meet people's preferences; preparing special one-off dishes if needed.
- People had drinks available and could request them as well. One person told us, "I have a big jug of water here right now. If I want a cup of tea, they would get it for me."

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

- People's needs, and choice were assessed. Every effort was made to ensure care was in line with standards, guidance and the law.
- Due to Covid-19 restrictions it had not always been possible to meet the person prior to them moving into the home. However, every effort had been made to gain as full a picture of people's needs to ensure the staff had the training and resources available to meet their needs.
- People's needs were built into an initial care plan and risk assessments that was reviewed with them soon after they had moved in. Family and their power of attorney were consulted as needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had their health needs met. The registered manager said regular access to healthcare services and support had improved now the restrictions under Covid-19 had been relaxed. People had access to a GP who completed regular "ward rounds". This had been virtual for some time but now included on-site visits. A relative said, "Looks like mum is in remission. I have them to thank." Another relative said, "I am impressed by how they are managing my mum's condition."
- Other professionals were involved in supporting people as needed, to get the maximum support possible.

People were seen by the tissue viability nurses, physiotherapists, occupational therapists, social workers and adult mental health services.

- People had been offered the Covid-19 vaccinations and, other seasonal protection, such as the influenza injection, was given to those who consented.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People had their capacity to consent considered and where needed, assessments under the MCA were completed. A relative said, "I have the power of attorney and always know what's going on because they keep me abreast of any changes."
- People told us that staff ensured their consent was sought. For example, one person said, "Oh yes. I am always asked. If I want to be washed or anything really. It is all done extremely well" and another, "They always tell me and make sure I am OK for it to be done."
- People had their freedom respected and were only restricted when a deprivation of liberty safeguard had been agreed. The registered manager met with the IMCA (Independent Mental Health Act Assessor) and involved families to ensure they were satisfied their loved ones were safe and their rights were respected
- Staff understood how the MCA applied to their role. For example, one staff member said, "Some people have the capacity to make their own decisions. Others who lack capacity we make decisions in their best interests."

Staff support: induction, training, skills and experience

- People told us the staff had the skills to look after them effectively. One person said, "Oh yes they do their job very well" and another, "Well they are always very nice to me. I have no fault with the way they treat me."
- Staff were inducted, trained and supported to gain the skills and experience needed to meet people's range of needs.
- Systems were in place to ensure training was up to date and staff had regular supervision to develop them both personally and professionally.
- Staff felt they had the required skills and if not, they could ask for further guidance and training in a given area. One staff member said, "The training has been good. We have the e-learning and mine is complete and if there is anything I do not understand, I always ask, and you always get an answer. No, nothing I can think in terms of any gaps but as I say, I would always ask."

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

- Furzehatt is a purpose-built service that can be accessed by people with a range of physical abilities.
- People had the equipment provided to support them. We saw a range of equipment being used to support

people's safety and independence. This included electronic hoists, profiling beds and, electronic bath aids. One person's wheelchair was not suiting their changing needs, so a review had been requested.

- There were aspects of the service, including the dining areas, that needed redecorating and the layout reviewing to provide a better dining experience. This was discussed with RM who said there was a renovation plan in place for the whole service. This had been put on hold due to the restrictions around Covid-19.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff were positive about the management of the service. They gave feedback which told us the service was person centred, open, inclusive and empowering. Good outcomes were sought for people. A relative said, "I can only say that they are person centred in their approach, it gives one confidence." Another relative said, "We are really happy with Furzehatt. The staff in here follow-up things for you. The communication and follow-up with the staff have been good." They added, how the staff had supported their loved one to have the best care that met their needs. They could also visit and be part of the team supporting their relative.
- One person said, "I do think it is very, very well managed. It is the staff. They have become friends and they make you feel you are a part of a family." Another said, "If [the registered manager] comes along she always pops her head in. She is very pleasant."
- Staff spoke about an open culture where they all worked as a team to achieve the best outcome for people. An awards ceremony had been held for staff to help recognise how hard they had worked during the last year. This was a way of bringing back some normality and 'joy' to the service. Families and residents nominated staff and were fully involved in the celebration.

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

- The registered manager, deputy manager and all other staff understood their roles responsibilities. The registered manager empowered staff and delegated appropriately, maintaining oversight and ensuring the tasks were completed in time and to a good standard.
- The registered manager, and other staff demonstrated they knew people well. People and relatives were involved as much as possible.
- Systems were in place to audit various aspects of the service to check these were functioning well and meeting requirements. For example, people's records were regularly audited and updated
- An area manager attended the service regularly to complete checks on behalf of the provider. This demonstrated there was a system in place to enable the provider to have oversight of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to ensure communication and consultation took place.
- One person told us, "I have made quite a few suggestions and they always listen. If they can, they will do it. I am a chatty person anyway." A relative said, "The management have an open-door policy" and another, "I like to have face to face and when that has not been possible, [the registered manger and I] have communicated via email."
- Staff felt there was good communication and regular updates using various forums. A staff member said, "We've had meetings regularly especially throughout the Covid period; so good through Covid to get to know things and if there are any updates or any safeguarding, [the registered manager] will always be open and clear. She explains to us and, that puts everyone's minds at ease and reassures us. Yes, I think the morale is good here."
- A professional told us that it felt that the staff worked well with professionals; all working as part of a team with good communication. They added, suggestions put to the management team and staff were always responded to positively and, acted on.
- The service sought to be leading on new ways of working. For example, the registered manager and deputy supported student doctors to discuss care home scenarios around transgender residential care.
- Following the illness of a staff member, staff held an awareness day for their condition, raising awareness of the signs and symptoms to look out for. This had improved staff knowledge and skills when caring for someone with this illness.
- The service had links with the local college offering student placements and linking with various departments to benefit people who used the service. This included accessing guidance about exercise from sport and healthcare courses. The service maintained links with local religious groups, by using virtual church services and communion. The registered manager supported a local project by providing clear face masks to enable them to communicate with people with hearing difficulties.

Continuous learning and improving care

- The registered manager and staff sought to learn from events to improve care for people using the service and to support others. For example, the concerns for one person that led to this inspection were addressed and reviewed to ensure there would not be a repeat for any person in the service.
- The service experienced an outbreak of Covid-19. They ensured they reviewed and learnt from this. The registered manager attended local care forums sharing best practice in relation to Covid-19 and capacity issues.
- The management team and staff responded well to the inspection, each wanted to take an active part and expressed a willingness to act on any feedback that could improve the service and their practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider ensured they adhered to the duty of candour, apologising for events as necessary.
- The registered manager understood their responsibilities to ensure the local authority and CQC received all notifications as required.