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Baker

Furzeham Lodge Care Home

Inspection report

Furzeham Lodge
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Brixham
Devon
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Furzeham Lodge is a residential care home that provides accommodation and support for up to 22 older people, some of whom may be living with dementia or physical frailty. At the time of the inspection there were 22 people living at the home.

People's experience of using this service: People were happy living at Furzeham Lodge and told us they felt safe and well cared for. Staff were seen to be kind, caring and it was clear staff knew people and their relatives well.

People were not always protected from the risk of avoidable harm. We found risks such as those associated with medicines had not been managed safely.

We found staff were using people's bedrooms to take their allocated breaks. The registered manager took immediate action to stop this practice.

People were not always supported to have maximum choice and control of their lives and whilst we did not find that people were being disadvantaged, we have recommended the provider reviews all documentation in relation to the management of people's finances.

Other risks to people were being assessed and management plans were in place to ensure risks were mitigated as much as possible and staff were aware of their responsibilities to safeguard people.

There were sufficient numbers of staff employed to ensure people's needs were met. Staff had time to sit and engage people in conversation and to support people's involvement in social activities. Recruitment practices were safe and staff were well-trained.

The home was clean, well maintained and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

People and their relatives were involved in making decisions about their care. The registered managers worked in partnership with health and social care professionals. The provider had systems in place to review, monitor and improve the quality of service provided, but these did not always identify shortfalls.

We have made a recommendation in relation to systems in place to monitor, the quality and safety of the services provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The home was previously rated as Good. The report was published on 1st September 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Enforcement: We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made recommendations in relation to mental capacity and quality assurance systems. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Requires Improvement 

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Good 

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good 

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good 

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led

Details are in our Well-Led findings below.

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

Inspection team:

The inspection team consisted of 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.

Service and service type:

Furzeham Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced and took place on the 12 & 15 February 2019.

What we did:

Before the inspection we reviewed information we held about the home, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is

information we require providers to send us at least once annually to give us some key information about the home, what the home does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with 13 people living at the home, two relatives, five members of staff, and the registered manager. We asked the local authority, who commission care services from the home, for their views on the care and support provided. Following the inspection, we received feedback from two health and social care professionals.

To help us assess and understand how people's care needs were being met we reviewed four people's care records. We also reviewed a number of records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

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

Some aspects of the home were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- People's medicines were not always managed safely.
- The medicines trolley was left open and unattended, which placed people at risk of being able to access these medicines.
- One person had specific risks associated with medicines, we found these had not been assessed, planned for or guidance provided to staff to mitigate these risks.
- Medicine administration records (MAR) were not accurate. We checked the quantities of a sample of medicines against the records and found them to be incorrect. Staff were unable to confirm how much medicine they should have in stock. Records were not correct and could not be relied upon.
- Staff confirmed they had received training in medicine management, and their competency to administer medicines was being regularly assessed. Following the concerns we raised, the registered manager assured us staff would receive further training in medicine administration.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care and nutrition. Management plans guided staff to support people in a way that mitigated risks. Records showed that where necessary, specialist advice from healthcare professionals was sought.
- The premises and equipment were well maintained and regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, water temperature testing, gas safety and portable appliance testing.
- Fire safety systems were serviced and audited regularly and staff received training in fire awareness. Individual personal emergency evacuation plans (PEEPs) indicated any risks as well as any support people needed to evacuate them safely. However, we found the home's fire evacuations procedure needed to be updated. Following the inspection, the registered manager confirmed this had been done.

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

- People continued to be protected against the risk abuse.
- People told us they felt safe and could talk with staff or a relative if they had any concerns or worries. One person said, "I feel very safe here, I would ring my daughter if I had the slightest concern." Another person said, "Very safe, they don't knock us about here." Relatives did not express any concerns about people's safety.

- Staff attended safeguarding training to enhance their understanding of how to protect people and were aware of their responsibilities to report concerns about people's safety or wellbeing.

Recruitment and staffing levels:

- People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to support people who might potentially be vulnerable by their circumstances.
- People received care and support from sufficient numbers of staff to meet their needs.
- People, relatives and staff felt there were enough staff on duty to support people and keep them safe. One person said, "I never have to wait if I need something, the staff are very good." Throughout the inspection, we saw staff had time to spend with people and when people needed help they did not have to wait.

Preventing and controlling infection:

- People continued to be protected against the risk of infection.
- The home was clean throughout with no unpleasant odours.
- Systems were in place to prevent and control the risk of infection. Staff were aware of infection control procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and spread of infection.
- There was an on-going programme to redecorate and make other upgrades to the premises when needed.

Learning lessons when things go wrong:

- Accidents and incidents were recorded by staff and reviewed by the registered manager to identify any learning which may help to prevent a reoccurrence, and to ensure the physical environment remained safe for people to live in.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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.

- We found the application of the MCA was inconsistent. For example, where the home held or supported some people to manage their finances. Staff had not always recorded that they had carried out a mental capacity assessment or that a decision had been made in a person's best interests. This meant we were unable to tell if decisions had been made in consultation with the right people, such as relatives. We discussed what we found with the registered manager who assured us that people were fully involved in this process.

Whilst we did not find that people were being disadvantaged, we recommend the provider reviews all documentation relating to the MCA and how they record best interests decisions in relation to people's finances.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful and that any conditions of the authorisation were being met.

Staff skills, knowledge and experience:

- Following a change in training providers the home's training matrix was not available at the time of this inspection. The registered manager confirmed they were negotiating with the external provider to gain access to this information.

- Staff confirmed they had completed a range of training to meet people's needs. These included first aid, medication, safeguarding, health and safety and food hygiene. Specialist training was also provided for people's specific care needs. For example, pressure ulcer prevention, dementia care and Huntington's disease. One staff member said, "I've been on lots of training," another said, "There are always opportunities

for us to learn new skills."

- Staff undertook a thorough induction to the organisation and staff new to care work completed the Care Certificate, which is a nationally recognised course in induction for care workers.
- Staff had opportunities for regular supervision and appraisal of their work performance.

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

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet those needs. One person said, "They know what I need before I do."
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, following a change in mobility needs.
- People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. Referrals were made to GPs and community nursing services when needed. One person said, "The staff are really good, if I need to see the doctor they call them straight away."

Eating, drinking, balanced diet:

- People were supported to maintain a balanced healthy diet. We saw meals were well presented and people told us they enjoyed the food. Their comments included, "Absolutely gorgeous," "It's all good," "Very good," and, "It's all fresh and of a good quality."
- People were offered choice at each mealtime and drinks and snacks were offered throughout the day. One person said, "The chef comes in to bring my 3 slices of toast at 8.15. am and a cup of tea and always asks me what I would like for my lunch. There is always plenty of choice."
- People at risk of not eating and drinking enough to maintain their health, were provided with nutritionally enhanced food and drinks. Their intake was monitored and professional guidance sought if necessary.

Adapting home, design, decoration to meet people's needs:

- There was an ongoing refurbishment plan in place. Since the last inspection the registered manager confirmed the provider had replaced all the carpets in communal areas as well as the flooring in the dining room.
- The garden was easily accessible and provided a safe space for people to use with family and friends.
- There were visual prompts around the home which helped to support people who may have had some memory difficulties, to keep track of the passage of time and to choose what events they wanted to take part in.
- Technology and equipment was used effectively to meet people's care and support needs. For example, sensor mats were in place for people who were at high risk of falls.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the home involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity:

- People were happy living at Furzeham Lodge. Comments included; "I'm happy living here," "It's a lovely home" and "I have always felt very welcome." One person said, "I love it here, I would recommend it to anyone."
- People were supported by staff who had a good understanding of their individual needs. Care plans contained information about people's past, cultural and religious beliefs as well as their future aspirations and wishes. Staff explained how they used this information to build positive relationships with people and their relatives.

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

- People were encouraged and supported to make decisions about their day to day routines and personal preferences. Staff followed guidance and best interest decisions in this respect and understood people's rights to make unwise choices.
- People, along with family members were encouraged to share their views about the care people received through regular reviews and meetings. One person said, "[Managers name] is on the ball and my daughters know all about my care and they are kept up to date." A relative said, "Staff have always involved me in mums' care, they have sought our views and take time to explain any changes."

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality was respected. Staff knocked on people's doors and waited for a response before entering bedrooms. However, we found some practices did not ensure people's rights were fully respected in relation to their personal space. This is further reported on in the well-led section of this report.
- People had control over their lives and enjoyed varying levels of independence. Staff described how they supported people to remain as independent as possible and told why it was important. One staff member said, "We are here to support people, not to take over." A person said, "I do not need a lot of help, but I know they [staff] are there if I need them and that gives me peace of mind."
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships. For example, we saw how the home supported and respected people's time to be alone with their husband or wife and staff told us how they checked with people before sharing information with loved ones.
- People's personal records were kept secured and confidential and staff understood the need to respect people's privacy including information held about them.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People continued to receive individualised care and support from staff who knew them well. Care plans were informative and provided staff with detailed information about people's likes, dislikes, personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported.
- Staff were skilled in delivering care and support and relatives told us staff had a good understanding of people's individual needs. One person said, "You will not find a golden place better than this. The staff are fantastic and care for anyone who comes in." A relative said, "I have found them to be very responsive, all the staff know mum's needs, including the manager. I can't fault them."
- People's communication needs were identified and understood. Staff were guided to ensure people had their hearing aids and glasses to support their communication. The home could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People's needs were reviewed on a regular basis with external professionals and any changes in people's needs or support was recorded accordingly. People and their relatives where appropriate, were involved in reviews and could express their views about the care and support provided.
- People spoke positively about activities at the home and told us they had the opportunity to join in if they wanted. We saw a range of activities were available including music therapy, animal therapy, arts and crafts, arm chair exercises, film afternoons, card games and quizzes. One person said, "I always look forward to the animals visiting." Another said, "There is always something going on."
- Each person's care plan included a list of their known interests and the activity coordinator supported people daily to take part in things they liked to do. People who wished to stay in their rooms were regularly visited by staff to avoid them becoming isolated.
- People were supported to maintain and follow their faith as staff arranged visiting chaplain and supported people who wanted to attend local places of worship.

End of life care and support:

- People's care wishes at the end of their lives were recorded in their care plans where they had chosen to have this conversation.
- Staff were supported through training and guidance from the local hospice. The registered manager understood people's needs, was aware of good practice guidance and told us how important it was to ensure people had a pain free and dignified death.
- Recent 'thank you' cards demonstrated the care and kindness shown to people and their families at this time. One relative wrote, "We would like to express our sincere thanks for all the care you have provided for our dad. His end of life care was outstanding, he was always treated with great kindness and dignity and for

this we thank you all."

Improving care quality in response to complaints or concerns:

- People were aware of how to make a complaint and felt able to raise concerns if something was not right.
- People told us they had not needed to complain, but were confident the registered manager would take appropriate action should they need to do so.
- The provider's complaints procedure was freely available and the home maintained a record of any complaints received. These showed people's complaints were taken seriously and the home acted upon these to resolve issues.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- Although the registered manager and staff demonstrated a strong commitment to the people living in the home and spoke passionately about providing good quality care, they had not recognised how their actions impacted on people. For example, we found staff were using people bedrooms to have their allocated breaks. We discussed what we found with the registered manager who was aware this was taking place. They agreed this showed a lack of respect for people's privacy and private space and took immediate action to stop this practice.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had been ineffective in identifying poor practice. For example, medicine audits did not identify unsafe practice.

We recommend the provider reviews the effectiveness of the system in place to monitor and improve the quality and safety of the services provided.

- A deputy manager and a team of care staff supported the registered manager. Each had recognised responsibilities and there were clear lines of accountability.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared with the staff team at the regular staff meetings.

Promotion of person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- People and their relatives had confidence in the registered manager and told us the home was well managed. One person said, "[Registered managers name] is very easy to talk to and he listens to what I have to say." A relative said, "I have always been very impressed. [Registered managers name] puts people first." Another said, "I can't fault the care provided, I think the home is very well led."
- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

- Learning took place from accidents and incidents and concerns and complaints were listened to and acted upon to help improve the services provided by the home.

Engaging and involving people using the service, the public and staff: Working in partnership with others:

- The provider annually sought people's views by asking people, relatives, and external professionals to rate various aspects of the home. For example, management, staffing, environment, food and activities. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were positive.
- Regular staff meetings took place to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the registered manager, and had input into the running of the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider failed to ensure that people were treated with dignity and respect. Regulation 10 (2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety had not been identified or mitigated. Medicines were not always managed securely. Regulation 12(1)(2)(a)(b)(g)