

Stockdales Of Sale, Altrincham & District Ltd

Fownhope

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

About the service

Fownhope is a residential care home providing accommodation and personal care to up to 6 people. The service provides support to people with a learning disability and autistic people who also have a physical disability. At the time of our inspection there were 6 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. Fownhope's model of care met the right support, right care, right culture guidance.

Right Support: Fownhope is located on a residential street, within easy reach of local shops and amenities. There were enough staff to meet people's care and support needs and support people to take part in activities of their choice. Staff were safely recruited and completed the training required to carry out their roles.

People were supported to maintain their health and the home worked with a range of professionals to meet their health and physical needs. People received their medicines as prescribed. Fownhope was fully accessible and adapted to meet people's physical needs. The home was clean throughout.

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. Staff knew how people communicated their needs and choices, through sounds and facial expressions, as well as verbally.

Right Care: Care records identified people's preferences, support needs and potential risks. Guidance was provided to manage these risks. Relatives were positive about the care and support provided. People received kind and compassionate care. Staff respected people's privacy and dignity. They understood and responded to people's individual needs.

Right Culture: People and their relatives were involved in agreeing and reviewing their care. Relatives said there was good communication with the home. Staff enjoyed working at Fownhope and felt listened to by the service manager. A quality assurance system was in place. Actions were completed where any issues had been identified.

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

Rating at last inspection

This service was registered with us on 5 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fownhope

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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector. We visited Fownhope during the day and an out of hours visit was also completed. An Expert by Experience telephoned people's relatives as part of the inspection. 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

Fownhope is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fownhope is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the registered manager for 4 other small residential homes with the same provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure there would be people at home to speak with us and the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service. Most people using the service had limited verbal communication. We observed interactions between people and the care staff throughout our inspection. An Expert by Experience spoke with 6 relatives by telephone. We also spoke with 8 members of staff including the registered manager, service manager, recruitment and operations manager, senior support workers and support workers.

We reviewed a range of records, including 2 people's care plans and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. The electronic medicine administration records (EMARs) were fully completed. The system made an alert if medicines had not been administered on time.
- Guidance was in place for medicines prescribed 'as required.' (PRN) These did not contain full details of how people would communicate they needed the PRN medicine to be administered. We discussed this with the service manager who said they would add these details to the guidance.
- Daily stock checks were made of the medicines. Reports from the electronic medicines system showed what medicines needed to be re-ordered. The pharmacy directly input the medicines being supplied and these were checked by a member of staff when they were received at the home.
- The service manager and assistant manager could access the electronic medicines system remotely to check all medicines had been administered as prescribed.
- All staff who administered medicines had received medicines training and had their competency assessed by the service manager. All other team members were in the process of completing training in the administration of medicines. Previously only senior support workers administered medicines. This would provide greater flexibility for people going out for longer periods of time as all staff would be able to administer people's medicines when they were needed.

Assessing risk, safety monitoring and management

- Risk assessments, and associated guidance to manage the risks to individuals, were in place. These were reviewed when people's needs changed. We saw they were reflective of people's current needs.
- Staff knew people's needs and how to support them safely.
- Regular health and safety checks were completed by the staff team. Equipment was regularly checked and serviced in line with legal guidelines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew how to report and record any concerns, incidents or accidents. All staff completed training in safeguarding vulnerable adults. They were confident any concerns would be acted upon by the service and registered managers.
- Incidents and accidents were reviewed, and actions taken to reduce a reoccurrence where needed.

Staffing and recruitment

- There were enough support workers on duty to meet people's needs. Where required, regular agency staff were block booked to ensure people got to know them and the agency staff learnt people's routines and support needs.

- Staff were safely recruited, with all pre-employment checks completed before a new member of staff starting work.

Preventing and controlling infection

- The home was clean throughout. A daily cleaning schedule was in place.
- Staff used appropriate personal protective equipment (PPE) when providing personal care.
- We were assured that the provider was responding effectively to risks and signs of infection and that the provider was making sure infection outbreaks can be effectively prevented or managed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their role. A detailed induction programme was used to support new members of staff to complete the required training and get to know people, their support needs and routines. The service manager observed new staff and signed a competency workbook to show they were competent to safely provide the support required.
- Specific training to meet people's individual needs was provided, for example percutaneous endoscopic gastrostomy (PEG) feeding and stoma care.
- Staff were positive about the training courses available, which were a mixture of on line and face to face training. The provider employed their own trainer who was able to tailor courses, for example moving and handling, for the people living at Fownhope.
- Regular staff supervisions and team meetings were held. Staff said they were able to voice any ideas or concerns they had and felt they were listened to.

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

- People's health needs were being met. Fownhope worked with a range of health and social care professionals, including dietitians, physiotherapists, speech and language team, GPs and district nurses.
- Advice provided by health professionals was contained in people's care records and followed by the support workers.

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

- People were supported to maintain a balanced diet. Where people were at risk of losing weight or dehydration, food and fluid charts were used to monitor what people ate and drank.
- People's weights were monitored. We saw one person had been able to stop using food supplements as they had started eating more since moving to Fownhope.
- Where required, people had adapted cutlery and crockery to support them to eat as independently as possible.

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

- A thorough assessment of people's needs was completed before people moved to Fownhope. This included visits to people's homes at different times of the day to observe their different support routines and speak with their families or current carers.

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

- Fownhope had been extended and renovated so it was fully accessible to meet people's needs. All rooms had track hoists and were spacious so there was room for people to move around their home in their wheelchairs and for staff to safely support people.
- Bathrooms were accessible, with an adapted bath and shower trolleys. Decking had been built so people could access the outside of the house.
- People's rooms were personalised, with people having their own personal items, pictures and photographs.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Support workers offered people choices in their day to day lives. Care plans identified how people would communicate their preferences and how support workers should present the options people had so they could make a decision.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed positive, warm interactions between people and support workers throughout our inspection. People were relaxed and support workers gave people choices and explained what they were doing when supporting them. People said, or indicated non-verbally, that they liked living at Fownhope. One person said, "It's good here, the staff are kind."
- Relatives were also positive about the care and support provided. Relatives said, "It's gone so much better than we expected. I'm pleased he has settled, it's all down to staff at Fownhope" and, "[Name] couldn't be in a better place. They are transformed, they interact and have better awareness. There's so much going on, it's a great place."

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

- Staff explained how they looked for people's reactions to different things, for example foods or activities, to know if they liked them or not. Care plans included details of how people would express they needed support.
- Relatives told us they had been very involved in the initial assessment assessments of people's care and support needs and agreeing the support plans.
- Relatives said communication with the staff team was good. A relative said, "[Service manager] rings us at home and says [name] is doing this or going to the GP or hospital appointment. They are really good, and they keep us well informed."

Respecting and promoting people's privacy, dignity and independence

- Support workers explained how they maintained people's privacy and dignity whilst supporting them. When people wanted some time on their own, this was respected.
- Care plans detailed what people were able to do for themselves and support workers prompted people to be involved in their own care and tasks around the house as appropriate. A support worker said, "People have learnt new things with us and it's nice to see that."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. People's support routines for key parts of the day, for example morning and evening, were clearly identified.
- Guidance was also provided by external professionals, where applicable, for the staff team to follow. Staff knew people, and the support each person needed, well.
- Relatives we spoke with all said they had been involved in agreeing their relative's care plans. Annual reviews had started to be held with social services and relatives. More were planned as the anniversary of people moving to Fownhope was reached. One relative said, "We've done that, [name's] been there just over 12 months" and another told us, "We're due one in fact, [service manager] phoned me after Christmas and said it's approaching 12 months and said we need to organise a review and dates. At the end of last year, we went to a review with Social Care and signed off and discussed things; we feel very much part of it, yes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records contained information about how people communicated, including what people's sounds and facial expressions may mean. Picture cards were used to support people to make choices.
- Support workers explained how people communicated. Relatives told us the staff team knew how to communicate with their relative. One relative said, "Staff learnt his ways of communicating and appreciate things take longer with [name]. They give [name] time for interactions; there's a rapport there."
- The service manager was working with one person's family and the speech and language team (SALT) to introduce a new communication tool called eye gaze. This uses eye movements as a way of communicating. The relative said, "Trafford SALT and the home are helping [name] to get eye gaze, and the home are keen to be part of that."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed a range of activities, including swimming, going to local cafes, parks and church. People were in the process of planning a holiday for later in 2023.
- Relatives said people had a range of things they enjoyed doing. One relative said, "We go down and they

tell us where [name's] been and show us photos; like the cinema and out to different places" and another told us, "In the last few months there is more going on. Yes, I feel there is the level of care [name] needs to access activities."

Improving care quality in response to complaints or concerns

- A complaints policy was in place. No formal complaints had been received since Fownhope had opened.
- Relatives we spoke with said they were confident to raise any concerns they had with the service manager and that these would be listened to and resolved. One relative said, "If I had concerns I'd speak to [service manager's name] or [deputy manager's name]. They sort things out. I did raise a concern about [name's] foot and they acted on it. It's a partnership with Stockdales (the provider), I'm very happy the way it turned out."

End of life care and support

- No one currently living at Fownhope was receiving end of life support. The service manager told us people's wishes for their end of life support were due to be discussed in people's forthcoming annual reviews.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Fownhope was well managed. The service manager managed Fownhope on a day to day basis, supported by a deputy service manager. They said the registered manager visited the home each week and was contactable at any time.
- A quality assurance system was in place. A range of daily, weekly and monthly checks were made for medicines, health and safety and people's finances. These were reviewed by the service manager.
- The service manager wrote a monthly quality report which covered people's health, medicines, incidents and staffing. This was agreed with the registered manager and circulated to the provider's senior management team.
- Monthly managers meetings were held so service and deputy managers could share their experiences and learning. A monthly professional development meeting was also held where particular topics were discussed, for example completed supervision meetings, to improve knowledge and practice across all the providers homes and services.
- The provider, Stockdales, continued to be accredited by the Investors in People standards. Investors in People uses a framework to assess the culture, employee engagement and communication of an organisation.

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

- The feedback we received from people's relatives was extremely positive. They said the staff team were kind, caring and respectful. Comments included, "When we visit every week we sit in the home living room and can see [name's] well cared for and safe" and, "The standard of care is outstanding. The staff are great and there's lot of them, with excellent consistency of staff. I can't fault them, it's absolutely great."
- Feedback from the staff team was also positive. Staff said they were well supported and could speak with the service manager or deputy manager whenever they needed to. Regular staff meetings were held, and staff were asked for their input. One member of staff said, "I laugh every day and really enjoy it. We get listened to and we will try any ideas we (the staff) have."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives said the communication with the staff team was good. They were informed of any changes in health or support needs of their relative and felt involved in planning and agreeing their care and support.

One relative said, "I feel we've got a very good relative/staff and management relationship. I feel very welcomed and informed. We can ring up and ask anything."

- Regular resident meetings were held to find out what people wanted, for example activities and meals. A relative said, "They have resident's meetings to discuss what they want to do. Some residents struggle to communicate, but they (the staff) find a way."
- The provider carried out annual surveys for people, staff and relatives. Due to some people recently moving to Fownhope, not all relatives had received the 2022 survey. The survey results were collated, and actions agreed for any issues raised.

Working in partnership with others

- Then staff team worked in partnership with a range of professionals, including GPs, speech and language team and physiotherapists. We were told there was a waiting list for physiotherapy support, with the service manager working with relatives to source alternative advice and support.

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 and service managers were aware of their legal responsibilities and submitted notifications to the CQC and local authorities when required.