

Mr Raymond Hancock

Fulford Nursing Home

Inspection report

43 Heslington Lane
Fulford
York
North Yorkshire
YO10 4HN

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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?	Outstanding ☆

Summary of findings

Overall summary

About the service: The service is a nursing home that provides care and accommodation for up to 28 people. At the time of the inspection the home was fully occupied.

People's experience of using this service: Improvements in medicine management had occurred since the last inspection.

The service was exceptionally well-led and people benefitted from the management team and staff promoting excellence at the service. Research was implemented to develop the standards of care provided for people. The service was a key participant in projects to promote and support people's independence. Staff wellbeing was promoted so they remained healthy and were able to support people living at the service. The management style was exceedingly open, friendly and inclusive. A very positive approach was taken by the management team and staff to make sure people received a person-centred service and developed positive relationships. People and their relatives told us they were very happy with the service they received.

Staff were caring, kind and compassionate and with respected people's privacy and dignity. People decided who they wanted to deliver their care and the rotas reflected people's expressed wishes. There was a person-centred culture and staff were highly motivated. Relatives told us the management team and staff provided excellent caring responses to their loved ones and to themselves.

People were protected from the risk of harm and abuse. There were safeguarding procedures to guide staff in the action to take should they suspect abuse has occurred. Risk assessments were in place to identify hazards and plan ways to reduce risk to people's health and wellbeing. Staff were recruited safely and there were sufficient staff to meet people's needs.

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

Staff received training, supervision and support. This enabled them to feel confident and skilled when meeting people's needs.

Staff supported people to meet their health and nutritional needs. People who came in from hospital or home to receive rehabilitation were supported and encouraged to develop and increase their independence. This enabled some people to go back to their own home. Staff worked with health care professionals to make this happen.

People were part of their community and accessed local social activities.

Rating at last inspection: The service was rated good overall at the last inspection. The last report was

published on 30 July 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule and will return within a year from the publication date of this report or sooner if we receive information of concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-led findings below.

Outstanding ☆

Fulford 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Fulford Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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: The inspection was unannounced. It was undertaken on 5 February 2019.

What we did: Before the inspection, we looked at information sent to us such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). The PIR 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. We also looked at information provided to us by the local authority.

During the inspection we met with the managing director and registered manager. We reviewed a range of documentation including three people's care records, medicine administration records (MARs), quality monitoring checks and audits. We looked at three staff recruitment, training, supervision and appraisal records. We spoke with six people living at the service, with three relatives, one health care professional and five staff.

Is the service safe?

Our findings

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

People were protected from abuse and avoidable harm. Legal requirements were met.

Staffing and recruitment.

- The management team kept staffing levels under review. They were increased for people to attend appointments, activities and support people receiving end of life care. Staffing levels were increased after tea to help people go to bed.
- A safe staff recruitment process was followed. Full employment checks were carried out before new staff started work at the service.

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

- The provider had safeguarding policies and procedures in place to guide staff. Staff completed safeguarding training and understood the different types of abuse that may occur.
- Staff and the management team reported safeguarding issues to the local authority and took appropriate action to protect people. A member of staff said, "I would report abuse straight away."

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Staff completed assessments of people's needs and their environment to identify any potential hazards. Records included information to guide staff about how to minimise risk to people's wellbeing without restricting their independence and choice. Risk assessments were reviewed and updated as people's needs changed.
- Personal emergency evacuation plans (PEEPs) were in place to inform staff about the support people they would require to exit the building in an emergency.
- People felt safe and supported. One person said, "I feel safe and protected by the staff and I can do my own thing." A relative said, "[Name] is the safest they can possibly be here."
- Effective infection prevention and control practices were in place. Work was being undertaken in the laundry to help to maximise infection prevention and control. Advice and guidance was sought from an infection control specialist.

Using medicines safely.

- In June 2016 we made a recommendation for the provider to follow best practice guidance about medicine management. This was because the index of the controlled medicine record was not used correctly, there were inconsistencies in how staff recorded they offered people 'as required' medicines. Also, instructions about prescribed creams were unclear and the date of opening eye drops had not always been recorded. At this inspection these issues had been addressed.
- The management of medicines had improved since the last inspection. Recording of controlled medicines was robust. Medicines and topical creams were managed well and people received their medicines as prescribed.

- People had detailed protocols in place to help guide staff about administering medicines and topical creams to be taken 'when required'.
- A new electronic medicine management system had been implemented to enable robust monitoring of medicine management to take place.

Learning lessons when things go wrong.

- There was a system for checking accidents and incidents to prevent any further re-occurrence. The management team monitored accident and incidents that took place and corrective action was implemented as required. Staff were informed about issues so that learning could take place.

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.

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

- Staff completed assessments of people's needs and obtained information from relevant health and social care professionals and discharging hospitals.
- People who used the service told us staff had the skills they needed to be able to meet their needs. One person told us, "Staff know what they are doing." A relative said, "Staff are very sensitive to people's needs and they understand them."
- Staff were aware of good practice guidelines and used them to support the delivery of care.

Staff support: induction, training, skills and experience.

- New staff were provided with a structured induction.
- Staff undertook training in a variety of subjects to develop or maintain their skills and knowledge. A member of staff told us, "Lots of good training is provided for us."
- Nurses working at the service undertook re-validation with the Nursing and Midwifery Council to evidence that their knowledge and skills were up to date so they could continue to practice.
- Staff received supervision and a yearly appraisal to discuss any further training and development needs.

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

- Staff supported people to meet their nutritional needs. People were encouraged to eat and drink by patient attentive staff. A healthy diet was promoted and people's special dietary needs were catered for.
- The chef spoke with people to gain their views about the food provided and acted upon what was said.
- Innovative measures were taken to encourage people to drink. For example talking beakers were used to prompt people to drink.

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

- People had access to health care professionals. Visits to health care appointments were undertaken and instructions for staff about the care and support people needed to receive to maintain their wellbeing were followed.
- Information was shared with other agencies if people needed to access other services such as hospitals.
- People's independence was encouraged as part of their rehabilitation process. People were supported by occupational and physiotherapists.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.

- Staff knew people and recognised when they were unwell. A health care professional told us, "Staff understand people and their needs and they act on them." A relative we spoke with said, "[Name] has complex needs, physically and psychologically. They are dependent on the care they receive which is effective. Staff pick up on things that are wrong."

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

- The accommodation met the needs of the people who lived there.
- The home was well-maintained and decorated in line with people's suggestions. Pictorial signage was present to help people living with dementia find their way around. Pictures on bedroom doors helped people find their bedroom.

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

- Staff spoke with people and gained their consent before care tasks were undertaken and gave examples of how they managed to gain consent. People who used the service told us, "I say what I want and I rule my own life" and, "I make my own choices about my clothes, personal hygiene and my diet, for example."
- The provider and staff worked within the law in relation to MCA and best interest decisions were made with consulting people's relations and relevant health care professional.

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 authorisation procedure 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, whether any restrictions had been authorised and whether any conditions on such authorisations were being met.

- People's liberty was only restricted to make sure they were safe following 'best interest' decisions made in discussion with family members and relevant health care professionals.
- Staff undertook training about MCA and DoLS. Staff understood what constituted a deprivation of liberty and applications had been submitted to the local authority where required.

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.

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 confirmed they were treated very well and received support from extremely helpful, kind, dedicated and caring staff. People told us, "The staff who look after us are exceptionally kind", "Staff have made a massive difference to me. They are all amazing. Everyone has been so helpful, so welcoming, and supportive", "The staff are a marvellous team and they all work so hard to support us" and "My improvement is down to the loving caring atmosphere here."
- People's relatives were extremely complimentary about the caring support provided. Relatives told us, "The staff are amazing, so patient. They are lovely which is a huge comfort. I cannot rate this home highly enough." and [Name is a completely transformed person. Their psychological and physical care is delivered by high quality care staff. The staff actually do really care."
- People chose which staff they wanted to support them which helped them feel at ease. A person said, "All the staff are shining examples of teamwork. They deliver cheerful care at this home." Staff told us this was a great way of working because they were empowered to build positive relationships which had a positive impact on people's wellbeing. A member of staff said, "We all do our very best. We have time to sit and chat and we know people's life history's well this helps a lot."
- People told us they were truly at home. One person told us, "This is a place that we can call home." One relative said, "All in all, it is a special place which feels more like the best sort of family home than a care home."
- People's diversity was respected and valued. People were encouraged to be themselves and live the life they chose. One person told us, "If I want to peel the vegetables I can do this. I like to be a loner. I am valued by the staff for living my life my way." Relatives confirmed there was a strong person-centred culture which supported people's diversity. One relative said, "[Name] is treated as an individual with friendship and respect."
- There was an inclusive culture, which focused on developing support for people and their relatives. For example, a relative lived away and was not able to be present for their relations admission to the service. They told us, "From my first contact with the home I was impressed and reassured by the professional caring staff who were willing to go the extra mile with genuine care and respect. They sent me an e mail detailing how [Name] was and how they were settling in. We are very happy we found this home which is a safe and secure loving and happy environment for [Name]."

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

- Staff encouraged people to communicate in their way and at their own pace. White boards were used by people to communicate. Staff observed people's body language and facial expressions. Which told them if people were unwell or in pain. Staff gained good eye contact with people to aid good communication. One relative told us, "The staff are knowledgeable, very compassionate and kind in their day to day

communication with [Name]. This has led to a noticeable improvement in their wellbeing."

- The service supported people to express their views. Staff worked with solicitors, the Court of Protection and Independent Mental Capacity Assessors (IMCAs) to make sure people's views were known and decisions made about their care.
- People were encouraged by staff to make decisions about their care and support. Information about people's health was discussed with them and their relatives, where necessary. A relative told us "Staff never failed to keep us informed about [Names] health" and "I am kept informed. I am immensely grateful for the care and support provided tailored to [Names] needs and wishes.
- Staff told us they encouraged people to make decisions about their care.
- Relatives confirmed people made decisions about their care. A relative said, "Staff have individual relationships with staff who know [Name] well. [Names] life is good and they receive care that is skilful, kind, respectful, friendly and responsive."

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

- People told us staff respected their privacy and dignity and staff supported them to remain as independent as possible. One person said, "Staff show great respect and confidentiality towards private matters."
- People's privacy and dignity was promoted by staff providing care and support behind closed doors and in bedrooms with the curtains closed. People also confirmed they were addressed by their preferred name.
- Staff were aware of the need to maintain confidentiality. All records, including electronic records were stored securely.
- Staff made sure people living at the service were taken home to spend quality time with their family. Couple's were encouraged to spend time privately together.
- People admitted for rehabilitation confirmed their independence was promoted and staff encouraged them to do as much as they could for themselves. A member of staff told us, "We encourage people to undertake their physiotherapy so people can go back home as soon as they can."
- People's daily records described how people maintained or developed their independence. For example, they detailed specific physiotherapy or occupational therapy to be undertaken as well as activities people had managed to complete for themselves.
- The handyman helped people to design the layout of their room to promote their independence, where this was possible.
- People's privacy and dignity was promoted by staff providing care and support behind closed doors and in bedrooms with the curtains closed. People also confirmed they were addressed by their preferred name.
- Staff were aware of the need to maintain confidentiality. All records, including electronic records were stored securely.

Is the service responsive?

Our findings

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

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

End of life care and support.

- People were given the opportunity to discuss their end of life wishes and plan for them. Care was provided at the end stage of their life for people and their family. Support from community health professionals was gained if required. Additional staff were placed on duty to support the person and their family, who were invited to stay with their loved one if they wished.
- Compliments about this care and support had been received at the service. For example, a relative told us, "I was touched by the compassion of staff when a resident passed away. Relatives were supported in a very dignified way." A member of staff told us, "One person who had passed away had a favourite colour which was pink. Staff had walked behind the hearse in respect of this person and all staff wore pink in memory of them."

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

- People had assessments, care plans and personal profiles.
- Plans provided staff with guidance on how to deliver care to people in the way they preferred.
- Plans provided staff with guidance on how to recognise and manage behaviours which caused the person to become anxious or distressed. A relative told us, "Staff put music on when [Name] is anxious. They know this sooth's them. They also check to make sure there is no physical cause for the anxiety, such as an infection. The staff are very sensitive. They provide brilliant person-centred care which also helps to supports me."
- People's care plans were reviewed regularly or as their needs changed.
- People told us they received care and support that met their individual needs and staff contacted health care professionals for help and advice to maintain their wellbeing. A health care professional said, "Staff ask for guidance and follow our directions. They fully embrace our support and encourage people's mobility and independence."
- Staff were aware of the accessible information standard and ensured information was available to people in a format that met their needs.
- Relatives we spoke with praised the responsiveness of staff. One relative told us how staff were responsive when managing a complex medical condition. They said, "The staff are amazing, they manage this so well. I can pick up the phone and speak to staff who provide me with detailed sensible feedback. Staff give me the full picture. They ensured the dietician and district nurse gave advice about the best diet for [Name] to maintain their wellbeing."
- People were involved in the local community. For example, people attended events at the local church and went out on shopping trips for or to the theatre or York Races.
- Staff encouraged and supported people to undertake their hobbies and interests. For example, colouring in art books or going out with their family and friends.

- Staff were aware of people's diverse needs and protected characteristics such as age, disability and gender; staff had completed training in equality and diversity.

Improving care quality in response to complaints or concerns.

- The provider's complaints policy was provided to people in a format that met their needs.
- People told us they would raise issues and could complain but had not needed to.

Is the service well-led?

Our findings

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others.

- The service had a systematic approach to working with other organisations to improve care outcomes. The Clinical Commissioning Group (CCG) commissioned a number of beds to help prevent unnecessary admissions to hospital. This scheme was working very well. Their representative told us, 'The management team have had a key role in the local care community representing this excellent model of care.'
- A health care professional told us, "This service took part in this pilot scheme. Now the project is in place the home is fully on board and fully embraces the scheme. Staff encourage and support people to mobilise and strive for their independence. The managers work with us and when they can accommodate our requests for help, then they do."
- The management team work with ENRiCH- Enabling Research in Care Homes. The managing director had given talks to other providers about the benefits of taking part in research. Their representative told us, "Fulford Nursing Home have something very special. It is down to the leadership of the two managers."
- The service had implemented good practice by adopting the 'React to Red' to help prevent potential pressure damage to people's skin.
- The management team had attended study days about preventing isolation in care homes and how this could be prevented. This research had been implemented to help staff prevent people encountering this. Staff monitoring people's eye sight and ensured they had sight tests and looked for and acting on signs of loneliness, such as people being depressed or withdrawn.
- The management team had adopted the 'Stop Watch Tool.' This scheme looked for subtle signs and symptoms of declining health in people. Staff observed deterioration and asked for GP reviews straight away to maintain people's wellbeing. Corrective action was taken by staff to promote people's wellbeing.
- The service had strong links with the local community. Church representatives and children from a local school attended on a regular basis to spend quality time talking with people living at the service.

Planning and promoting person-centred, high quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The managing director and registered manager demonstrated clear visions and values and were passionate and committed about providing an excellent person-centred service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.
- The registered manager told us, "This is my life. To promote excellence here is what I strive for." The managing director told us, "We just want to be the best we can be. That is really very important to everyone here."
- The management team and staff excelled at promoting person-centred, high-quality care and support for

people admitted for rehabilitation. The help they received allowed some people to gain strength and return home.

- The managing director and registered managers leadership was exemplary with a strong emphasis on promoting independence and inclusion. All the feedback we received was overwhelmingly positive and people were delighted with the service they received.
- People said the way the service was well-led, outstanding and distinctive and confirmed they were placed at the heart of the service. Family values, happiness and people's health and wellbeing were at the forefront of the support provided. One person said, "I really am at home here and I feel valued."

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

- The management team led by example and provided very clear guidance for staff about their roles and the standards and values promoted at the service. They were compassionate, inclusive, effective and demonstrated a high level of experience and capability to deliver excellent care.
- Staff were clear about their role and about the quality of service to be delivered. A member of staff told us, "The management team are outstanding, they go above and beyond making sure everything is perfect and always striving to improve."
- There was a strong framework of accountability to monitor performance and risk. The management team saw this as a key responsibility, they spent quality time at the service and met with staff and people daily to gain their views. Feedback received was acted upon straight away.
- The management team developed their leadership skills and those of others. One member of staff told us, "I have developed from my role as a carer and now I have been supported to develop into a management position. I am thrilled. They have developed my confidence and my skills have grown enormously." Another said, "This is a great service and I love working here. I am very well supported in my role and have a fantastic relationship with the people who use the service."
- Staff were highly motivated and were very proud to work at the service. They told us they felt extremely valued and respected. A member of staff said, "I get a lot of support from the management team. That is why I have been here so long and would never leave"
- There was highly effective management oversight of people's needs and what was happening in all areas of the service.
- The commitment to continuous improvement was underpinned by a comprehensive range of checks and audits focused on positive outcomes for people.
- The provider planned ahead for events that may affect the running of the service, for example, a flu vaccination clinic was held for staff to have their vaccination to protect their wellbeing and that of people living at the service.
- Brexit planning had taken place to mitigate potential risk regarding staffing or equipment.
- General Data Protection Regulation (GDPR) responsibilities were understood by the provider, had been implemented and were shared with other providers.

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

- There was a particularly strong emphasis on continuous improvement. The views of people who used the service were at the core of quality monitoring and assurance arrangements. There was an improvement plan designed in a star shape that placed residents at the centre of the service. The aim was to find out what mattered to people and to review and undertake activities to empower people using the service through the culture and values promoted there.
- There was a 'Residents Forum' chaired by people living at the service and attended by staff. This helped people to own their views and feel empowered.

- A 'welcome pack' for new people joining the service had been produced in collaboration with people living at the service by asking 'What did you wish you had been told' and 'What would you want to know?'
- The management team communicated regularly with staff. Two care staff attended management meetings.

Continuous learning and improving care.

- Learning from concerns and incidents was a key contributor to continuous improvement. Daily 'Safety Huddle' meetings were held so staff from each department could share information that was vital to maintain people's health, safety and wellbeing.
- Input was provided by an impartial, external company to help the management team broaden their horizons and thinking. They were involved in projects to develop the service to its full potential. For example, the electronic medicine management and care records system and people's medicines were now stored securely in their bedrooms not centrally which helped to improve stock control.
- The management team took part in research and educational programmes to develop excellence.
- A new pager system had been introduced to help ensure people received a timely response. This alerted the nurse in charge and management team if a person has not received help within a set time scale which improved the care and support people received.