Brownlow Enterprises Limited

St Francis Residential Care Home

Inspection report

65-67 Falmouth Avenue
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Website: www.ventry-care.com

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27 June 2016
22 July 2016

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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

St Francis Residential Care Home provides accommodation and support with care for older people and people living with dementia. It is registered for 29 people and at the time of this inspection there were 27 people using the service. At the last inspection in June 2014 the service was found to be meeting the legal requirements.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found staff knew how to report concerns or abuse. There were enough staff on duty to meet people's needs who were employed through safe recruitment processes. Risk assessments were carried out and management plans put in place to enable people to receive safe care. There were effective and up to date systems to check and maintain the safety of the premises. The provider had systems in place to ensure the safe management, storage and administration of medicines.

Staff received support through regular supervisions, appraisals and training opportunities. Appropriate applications for Deprivation of Liberty Safeguards had been applied for and authorised and staff knew when they needed to obtain people's consent. People were offered a varied and nutritious food menu and had access to healthcare professionals as required to meet their day-to-day health needs.

People thought staff were caring and staff knew how to build up positive relationships with the people using the service. Staff ensured people were given choices, their privacy and dignity was respected and their levels of independence were maintained.

Staff knew the people they were supporting including their preferences to ensure a personalised service was provided. A variety of activities were offered which included trips outside the home. The service dealt with complaints in accordance with their policy and timescales.

People, visitors and staff thought the manager was approachable and supportive. The provider held regular meetings for staff and for people and their relatives. People and their representatives were given the opportunity to complete feedback surveys. The provider had quality assurance systems in place to identify areas for improvement.

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 because the provider carried out the necessary building safety checks. There were enough staff working to ensure people were kept safe and the provider had carried out relevant recruitment checks for new staff. Criminal record checks were up to date. Staff were knowledgeable about raising safeguarding concerns and whistleblowing.

People had risk assessments in place to ensure risks were minimised and managed. There were appropriate arrangements in place for the safe administration and storage of medicines to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective because staff received support through regular training opportunities, supervision and appraisals to enable them to give care effectively.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005) and staff were knowledgeable about when they needed to obtain consent from people.

People were offered a nutritious menu and were given choices of food and drink. Staff were knowledgeable about people's dietary requirements. People had access to support from healthcare professionals as required.

Is the service caring?

Good

The service was caring. People told us staff were caring. Staff knew how to develop positive relationships with people using the service and were knowledgeable about their different needs.

Staff were knowledgeable about offering choices and promoting people's independence. We observed that people's privacy and dignity was respected and staff spoke to people in a respectful manner.

Is the service responsive?

Good

The service was responsive because staff were knowledgeable about people's individual needs and preferences. People's care plans were detailed and personalised and were regularly reviewed. Staff were knowledgeable about people's care plans and about giving personalised care.

The service employed an activities co-ordinator who organised a variety of activities for staff to do with people.

People and their representatives knew how to make a complaint and complaints were dealt with in line with the provider's policy.

Is the service well-led?

Good

The service was well led. There was a registered manager and people and staff told us they felt comfortable raising areas of concern with them.

Regular meetings were held with staff to keep them updated on service developments and to reinforce training. Relatives and residents had regular meetings to enable them to raise issues of concern and to keep them updated on changes. The provider had a system to obtain feedback from relatives and professionals visiting the service.

There were systems in place to carry out quality checks of the service which were done by the registered manager and the provider.

St Francis Residential Care Home

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on 27 June and 22 July 2016. One inspector and an expert-by-experience carried out this inspection on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited on the second inspection day.

Before the inspection, we looked at the evidence we already held about the service. This included the last inspection report and notifications the provider had sent us. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with seven staff including the registered manager, the deputy manager, three care staff, the cook and an activities co-ordinator. We also spoke with one visitor and twelve people who used the service. We observed care and support in communal areas and 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 to us. We reviewed three care records, five staff files and records relating to the management of the service including, food menus, medicines, staff training, policies, complaints and quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe. However one person was concerned about not being able to use the lift during a fire and what would happen if there was a fire at night because their reduced mobility meant they could not manage the stairs. We raised this with the registered manager who explained the bedroom doors were fire doors that would give protection to people in their rooms until the fire service arrived to assist people outside. The registered manager said this had been explained to people but that he would discuss with the person concerned to reassure them.

Records showed that regular unannounced fire drills were carried out during the day and the night and there were up to date weekly checks of the fire alarm system with no issues identified. The service also had a fire risk assessment and care emergency plan which was last reviewed in November 2015. This meant the provider had systems in place to ensure the safety of people in the premises.

We saw building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, a gas safety check was carried out on 10 September 2015, emergency lighting was checked on 01 July 2016, and firefighting equipment had been checked on 15 February 2016.

Staff rotas showed there was enough staff to meet people's needs. We saw that nobody had to wait long for assistance when they asked for it. The registered manager told us they had the autonomy to change staff ratios to meet people's needs. We saw that agency staff were not used and staff absences were covered by the service's own staff. This meant people received consistent and continuity of care.

The service had a recruitment and selection policy. We saw there was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had been given written references. We saw that staff had criminal record checks carried out to confirm they were suitable to work with people and these were up to date. Staff were also required to complete a health questionnaire to check they were fit to carry out their role. This meant a safe recruitment procedure was in place.

Staff were knowledgeable about how to recognise and report concerns of abuse and about whistleblowing. For example, one staff member told us, "When we see wrong behaviours, we should report this to our manager, head office, CQC, the council and we have to take action." Another staff member told us, "If I'm seeing something one of my colleagues is doing wrong, I'm going to report it to the senior, the manager, safeguarding people, police, CQC." A third staff member told us, "Whistleblowing is when a person raises a concern about an issue of abuse to the manager, the local authority, the police or CQC."

People had risk assessments as part of their care plans regarding their care and support needs. Risk assessments included clear actions for staff to mitigate the risks. For example, people had a risk assessment of their cognition and covered the risks of falls, self-neglect and behaviours that challenged the service. Each person had a personal fire evacuation plan which indicated the nearest exit to their bedroom on the ground

or first floor and the assistance they required.

Medicines were managed safely. Records showed medicines were in date, clearly labelled and accounted for. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps in administration records and any reasons for not giving people their medicines were recorded. The provider had guidelines in place for people who required "pro re nata" (PRN) medicines contained in care plans. PRN medicines are those used as and when needed for specific situations. We saw PRN medicines had been administered and signed for as prescribed.

The provider had a medicines policy which included clear guidance to staff about respecting people's privacy and dignity when administering medicines, care plans including the level of support a person needed with their medicines, completing medicine records accurately and administering medicines safely. Medicines were stored appropriately in locked trolleys which were kept in a treatment room. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature and so would be fit for use. Controlled drugs were stored, administered and accounted for appropriately.

Good

Is the service effective?

Our findings

People thought staff had the required skills to give good care. Comments from people included, "The staff here are good", "The staff here are wonderful" and "The service here is very good." Staff told us and records showed that they had regular opportunities for training. For example, we saw that staff were required to complete core training such as manual handling, first aid, dementia training and mental health awareness. New staff were required to complete the Care Certificate as part of their induction. The Care Certificate is training in an identified set of standards of care that staff must receive before they begin working with people unsupervised.

The service had a clear supervision policy which indicated staff should expect a minimum of four supervision meetings per year with their line manager. The registered manager told us they aimed to give each staff member supervision every two months. Records showed and staff confirmed they received regular supervision and appraisals. We saw that supervisions were used to reinforce learning through tests and included records of observed practice. Appraisals were used to discuss the individual's performance over the previous twelve months and what they wished to achieve in the coming year.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of inspection, thirteen people had a DoLS authorisation in place. These applications had been made because the individuals needed a level of supervision that may amount to their deprivation of liberty. For example, some people needed to have a staff member present when accessing the community to help keep them safe.

Staff were aware of the principles of MCA. Comments from staff included, "Need to protect the residents who don't have capacity and need to act in their best interests" and ""DoLS is to protect the rights of people who can't make decisions for themselves." Staff were knowledgeable about the need to obtain consent. One staff member said, "When we want to do something for [person who used the service], we ask if they want our help. If they refuse we send someone else or come back in five minutes and try again." Another staff member said, "I ask [person who used the service] first. Even if they can't speak, they let you know."

We observed lunch being served on the first visit and saw the food was generous in portion size. Staff provided assistance to people who required it. We saw people enjoyed their meal. Comments from people

included, "The food is good, I like the breakfast", "Yes the food is very good here" and "There is no comment on it, it is very nice." One person told us, "Mustn't complain, but I do like fish" The menu for lunch on the first inspection day included fishcakes and on the second visit included salmon as an option for people. One person told us there was not much variety. However, records showed that people were offered nutritional and varied menus which contained two or three choices for lunch and dinner.

Staff, including the cook, were knowledgeable about people's dietary requirements. For example those who required a soft diet, or who needed their food fortified to help them gain weight and those who wished to eat food according to cultural needs. The cook had a list of people with their photo which gave information on food allergies and dietary requirements. The provider organised a four week rotating menu which was pictorial to help people make choices. We saw food was stored appropriately in the kitchen and an outside food storage room. Opened food was covered and labelled with the opening date.

Staff told us the chiropodist visited the home every two months and the GP visited twice a week but would come at other times if required. Care records confirmed that people were able to access support from healthcare professionals when needed. For example, we saw records of appointments with the optician, GP, district nurses and phlebotomist were recorded with the action taken and outcome.

Good

Is the service caring?

Our findings

People told us staff were caring. For example, comments made included, "The staff here are wonderful, They try ever so hard to help me", "No grumbles about the place, I enjoy living here", and "It's like living in a hotel." A visitor told us, "The staff here are really lovely." During the inspection we saw that people were treated with respect and in a kind and caring way. There was a calm and relaxed atmosphere in the home. We saw that staff took the time to listen to people.

There was a "Service User of the Day" system where each person had a day where staff made sure they had everything they needed and were happy with the service they were receiving. The person's care plan was also reviewed and updated when it was their turn for "Service User of the Day."

Staff told us how they got to know people and their care needs. One staff member told us, "I'm very fast to remember names. I observe body language, have nice conversations, be polite, by reading care plans because this is basic knowledge we need." Another staff member said, "By talking with them, try to know them better, what they like, what they used to do before. Try to talk to them and find out more about them" A third staff member told us that when people began using the service they could be anxious or worried and, "If you are kind and caring they might feel better. Important all people feel at home and feel safe." This meant staff were knowledgeable about how to build up positive relationships with people.

Staff told us people were given choices. Comments from staff included, "We try to give them the opportunity to choose. Ask them what type of activity they would like", "We give them the possibility to do what they like and what they want" and "We encourage them to choose their clothes by opening the wardrobe so they can see." This meant people's preferences were accounted for.

Staff were knowledgeable about how to provide people with privacy and dignity. One staff member told us, "Always I have to close the curtain and door and my language should be with respect for them." Another staff member told us, "Make sure we are knocking on the door asking permission to help. Explain step by step what we are doing." A third staff member told us, "Never disclose private things to other residents or staff. Knock every time before entering room. When showering, if they want privacy, stay outside the door." We observed that staff knocked on doors and waited to be invited in before entering people's rooms. This meant people's privacy and dignity was respected.

Staff described how they encouraged people to maintain their levels of independence, "Sometimes [person who used the service] says 'Don't worry, I can manage' so I give them time to do [the task] themselves", "If able to do what they want for themselves, I leave to do themselves, wait nearby, shut the door and tell them to press the buzzer or call my name when they are ready" and, "Try to let them do things by themselves, if they can wash their face or try to encourage them to walk if they can." We observed staff encouraged people's independence. For example, staff were seen encouraging those who could eat independently or walk using a walking aid to do so.

Good

Is the service responsive?

Our findings

Staff told us what personalised care was. One staff member told us, "They have different needs and come from different places. Every person is individual. I try to do some actions [with each person], talk to them. Very important is body language and communication." Another staff member told us, "They are all different. Not all the people have the same needs so have to treat people different."

Care plans were comprehensive and personalised with the person's basic details and photograph. Records included people's individual preferences and level of independence. Care plans included a summary of the person's care needs including communication, the activities the person enjoyed and their cultural or religious needs. We saw evidence that care plans were reviewed every month and these were up to date. The registered manager confirmed that if a person's needs changed their care plan was reviewed sooner.

We spoke to a senior staff member, who was also the activities coordinator, responsible for organising activities. Activities on offer were displayed in the communal area and included a monthly visit from different entertainers and weekly visits from church representatives. People could choose to take part in different exercise sessions including musical exercise, morning exercise or a walk in the park. Other activities offered included reminiscence or group discussions, makeover sessions for men or women, ball or board games, trips to Epping Forest, the shops, and the cinema.

We observed people participating in activities but some people found the communal area too noisy at times. We discussed this with the registered manager who acknowledged the open plan design of the communal area made it difficult to separate the activity area from the quiet area. The registered manager told us there were plans to build an extension at the back of the premises and said they would be discussing with the provider if the extension plans could include a quiet area where people could choose to spend time if they did not wish to participate in the activities.

People and their relatives told us they knew how to make a complaint. For example, a relative told us, "I would speak with the [staff]." A person said, "I would tell the Manager". Another person told us, "I would speak either to the Manager or my [relative]. The provider had a clear complaints policy. We reviewed the complaints records and saw three complaints had been made in 2016. These complaints had been dealt within the timescales of the policy, the outcome and the satisfaction level of the complainant was recorded. For all three complaints the person making the complaint was recorded as being happy with the outcome.

Good

Is the service well-led?

Our findings

The service had a registered manager. People and their relatives told us the registered manager was approachable. For example, one relative told us, "Yes I know who he is and he is very approachable." We saw one person approached the registered manager several times during our visit and spoke in their own language. The registered manager was able to respond to this person because he was fluent in the language being spoken.

The provider held quarterly meetings for people and their relatives. We reviewed the record of the most recent meetings held on 8 March and 14 June 2016. We noted at the meeting in March there was a discussion around the menus offered and most people were pleased with the rotating menu choices. Activities were also discussed at this meeting and we noted people expressed their happiness with the activities offered.

We saw the main topic discussed at the meeting in June was the environment and people's rooms. One person said, "I like the home, it is nice and my room is all right." Another person had said, "I like my food and lovely decoration." We noted that most people were pleased to hear the home was to be refurbished.

Staff spoke positively about the registered manager. For example, one staff member told us, "When I have questions I can ask [registered manager]. He's like a colleague working with us, helpful and supportive." Another staff member said, "Yes, he's good." A third staff member told us, "He is helping us, he supports us, he's a good manager."

The registered manager held quarterly staff meetings. We reviewed the record of the most recent meetings held on 3 March and 23 June 2016 and saw discussions included care plans, hygiene, infection control, and general concerns. The meeting on 23 June 2016 was also used to reinforce staff training and knowledge around dementia and DoLS.

The provider had a system to obtain feedback from professionals and relatives visiting the service. This system involved asking visitors to complete a questionnaire. We saw four health professionals had agreed a good standard of care was provided and the staff were helpful, worked with them as a team and communicated well. The provider had received six responses from relatives and comments included, "Very grateful for everything and everyone's help"; "I also liked activity today with music and people holding a long scarf because it managed to involve everybody" and "Extremely impressed by the kindness and helpfulness of all the staff." We noted that one relative had commented that, "Home could do with a lick of paint" and the provider had taken action by planning a refurbishment of the whole home.

We saw there were builders on the premises at the time of inspection. The registered manager explained the premises were in the process of being refurbished as a result of feedback from people and visitors. They told us the bathrooms were being refurbished one room at a time and following on from this there were plans to build an extension to the back of the building. When asked about the extension, the registered manager told us, this would mean the three rooms currently being shared would become single rooms.

The registered manager had a system in place to carry out regular night checks and the reports were then countersigned by the provider. We saw from records that the outcome of the visit was discussed with the relevant staff during supervision. For example, one issue was identified on 29 April 2016 when a staff member was observed to be standing doing nothing. The action taken was recorded that the staff member was advised that there is always something to do and was allocated tasks. Records showed that this was also discussed with the staff member in supervision. We saw that no issues or concerns were noted for the night visit on 14 June 2016.

The provider carried out regular themed quality checks on the service provided. We saw checks were carried out in February 2016 on how well-led and safe the service was with no issues of concern identified. The provider's visit on 26 April 2016 checked on the responsiveness of the service using observations, a review of records and spoke with people using the service and staff. We saw the outcome of this visit was a recommendation to involve a family more to support one person using the service.