Sudera Care Associates Limited

Fauld House Nursing Home

Inspection report

Fauld
Tutbury
Burton On Trent
Staffordshire
DE13 9HS

Tel: 01283813642

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 24 February 2016 and was unannounced. Our last inspection took place on 21 January 2015 and we found the service was not meeting the legal requirements where people were being restricted in their best interests and did not have systems in place to ensure that medicines were managed safely. The provider sent us an action plan and told us the legal requirements would be met by March 2015. We found that some improvements had been made, but identified that other improvements were needed.

Fauld House provides accommodation, personal and nursing care for up to 48 people. At the time of the inspection, 47 people were using the service. There was a registered manager at the 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.

People received their medicines when they needed them but some improvements were required to ensure medicines were recorded accurately in order that administration could be monitored effectively. Further improvements were needed to ensure the quality monitoring checks carried out by the registered manager were effective in maintaining and improving the care people received. The provider had taken action to ensure that where people were restricted of their liberty in their best interests, this was authorised in accordance with the legal requirements. However, although staff understood they should support people to make their own decisions, they did not fully understand how to apply the Mental Capacity Act 2005.

People felt safe living at the home and if they had any concerns, they were confident these would be addressed by the staff and management team. Risks to people's health and wellbeing were assessed and managed and safeguarding procedures were in place to protect people from abuse. People's care was regularly reviewed to ensure it continued to meet their needs. There were enough staff to keep people safe and promote their wellbeing. Staff had been recruited using clear guidance and staff received training so they had the skills and knowledge to provide the support people needed.

People received personalised care and were offered opportunities to join in social and leisure activities. Activities coordinators tailored or adapted the activities to meet people's individual needs and abilities. Staff knew people well and encouraged them to have choice over how they spent their day. Staff were kind and caring and promoted people's privacy and dignity and supported them to maintain important relationships. People told us the food was good at the home and they were supported and encouraged to eat and drink enough to maintain a healthy diet. People accessed the support of other health professionals to maintain their day to day health needs.

People and their relatives felt comfortable approaching the registered manager and staff with any concerns and were confident action would be taken. The registered manager investigated and monitored complaints and made improvements to the service where needed. People and their relatives were asked for their views

on the service and were satisfied this was acted on where possible.

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. Improvements had been made to ensure people received their medicines safely. Risks to people's safety were assessed and managed and staff knew how to keep people safe. There were sufficient staff and the provider followed recruitment procedures to ensure they were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not consistently effective. Improvements had been made and where people were being deprived of their liberty in their best interests, the correct authorisations had been applied for. However, the staff did not fully understand the requirements of the Mental Capacity Act 2005. Staff received the training and support they needed to support people. People received sufficient to eat and drink and had their health needs met.

Is the service caring?

Good

The service was caring. Staff had caring relationships with people and respected their privacy and dignity. People were able to make day to day decisions and encouraged to remain as independent as possible. People were supported to maintain important relationships with family and friends.

Is the service responsive?

Good

The service was responsive. People received personalised care and were able to take part in social and leisure activities that met their individual needs and preferences. Relatives told us they felt involved in people's care and staff kept them informed of any changes. People felt able to raise concerns and complaints and were confident they would be acted on.

Is the service well-led?

Requires Improvement

The service was not always well led. Further improvements were needed to ensure systems to monitor and improve quality were consistently effective. People and their relatives were encouraged to give their feedback on the service and where possible this was used to make improvements. Staff felt valued

and supported in their role.

Fauld House Nursing 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 unannounced inspection took place on 24 February 2016 and was carried out by one inspector and a specialist nurse advisor.

We reviewed the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and a safeguarding investigation which raised concerns about the management of skin problems caused by pressure. As a result of this information we involved a specialist nurse advisor who had experience in this area. Before the inspection, 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.

We spoke with eight people who lived at the home and five relatives. We spoke with four care staff, two nurses, the activities coordinator, the duty chef, an administrator and the registered manager. We also spoke with two health care professionals. We observed care and support being delivered in communal areas and observed how people were supported to eat and drink at lunch time.

We looked at nine people's care records to see how their care and support was planned and delivered. We reviewed three staff files to check people were recruited safely. We looked at the training records to see if staff had the skills to meet people's individual care needs. We reviewed checks the acting manager and provider undertook to monitor the quality and safety of the service.

Good

Is the service safe?

Our findings

At our last inspection in January 2015, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's medicines were not managed safely. At this inspection, we found the required improvements had been made. We saw that medicines were stored in accordance with manufacturer's guidelines and administered correctly. We saw staff spent time with people and encouraged them to take their medicines. Protocols were in place for medicines given on an 'as required basis' and where people could not communicate their need for the medicine, guidance was in place to ensure staff could identify the person's need for pain relief. The provider had told us they would introduce an additional medicines trolley and training to enable care staff to administer medicines for people who did not require nursing care. We saw this was in place which meant people received their medicines in a timely manner. Staff we spoke with confirmed they had received training and had their competence checked to ensure people received their medicines as prescribed. This showed the provider had suitable arrangements in place to minimise the risks associated with medicines.

We spoke with the registered manager and staff about a safeguarding investigation in December 2015 and found that improvements had been made in response to lessons learnt. A system was in place to monitor people's skin condition on a daily basis. The nurse told us that any deterioration was escalated to the tissue viability nurse to obtain advice and support. We reviewed the records for a person who had a complex wound and was at high risk of developing skin damage through pressure. We saw that risk assessments and risk management plans were all in place and had been updated in response to the person's deteriorating health and reflected their current care needs. This demonstrated that suitable systems were in place to keep people safe from avoidable harm.

People told us they were well looked after and felt safe at the home. One person told us, "The staff are really lovely, there are no troubles at all". A relative told us, "Never had a doubt about [Name of person's] safety". Risks to people's safety were identified and assessed and care plans we looked at had risk management plans in place for all aspects of people's care. We saw that where people needed support to mobilise safely, plans were in place which detailed the equipment needed and the number of staff needed to keep the person safe. We observed staff followed the plans to keep people safe, for example when moving people using equipment. Personal evacuation plans were also in place, setting out the support people needed in the event of an emergency.

Staff we spoke with had received training in safeguarding and could tell us about the different types of abuse and what action they would take if they suspected someone was at risk of being abused. A member of staff told us, "I would go straight to the manager if I was worried about anybody". Another told us, "I was worried about a resident and reported it to the manager and it was dealt with". Staff were confident that the registered manager would take action but told us they had telephone numbers for the local safeguarding team and CQC if they needed them. Our records confirmed we received notifications from the registered manager when safeguarding concerns were raised at the home. This showed the registered manager and staff understood their responsibilities to keep people safe from harm.

We saw there were enough staff on duty to meet people's needs and keep them safe. People told us there were enough staff and they did not have to wait long when they asked for assistance. One person said, "Staff are very busy but they come quickly when I press my buzzer". A relative said, "I don't see people waiting for staff to help them and I know they check on Mum through the night to make sure she is safe". Call bells were answered promptly and we saw staff stopped to chat with people from time to time. The registered manager told us they had a minimum staffing level based on the number of people at the home but this was regularly reviewed and increased to ensure people's changing needs were met. They told us, "I regularly review people's needs with the nurses and attend handover daily to make sure we have enough staff at all times". Staff absences were covered by permanent staff working additional hours to keep the use of agency staff to a minimum and ensure people received continuity of care. Staffing rotas confirmed that the minimum staffing numbers were met and consistently exceeded.

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The registered manager also checked PIN numbers to ensure that nurses were registered with the Nursing and Midwifery Council. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in January 2015, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had not understood their responsibilities to obtain authorisation under the Mental Capacity Act 2005 (MCA) where people needed to be deprived on their liberty and restricted to the home's environment in their best interest. The MCA and associated Deprivation of Liberty Safeguards (DoLS) provide 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 people 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. At this inspection we found that the required improvements had been made and the registered manager had made referrals for authorisations where required. We saw that one approval had been received and assessments were awaited. This showed the registered manager understood their responsibilities under the DoLS.

We found that the provider was not consistently acting in accordance with the MCA. Care plans we looked at showed that people's capacity had been considered and where people were unable to make decisions, mental capacity assessments had been completed and where best interest decisions had been made, these were documented. However, we found that some assessments were not decision specific and in some cases staff were carrying out assessments where people had the capacity to make decisions themselves. This was unnecessary and demonstrated that although staff told us they had received training in the MCA and DoLS, there was a lack of understanding about the legal requirements of the MCA.

Although records were not clear regarding people's capacity, we saw that in practice staff understood the need to support people to make their own decisions. One member of staff told us, "We always offer people choice, even when they can't tell us what they want. They can still hear and understand and can nod if they want something". We saw examples of this throughout the day and observed a member of staff asking people what they wanted to watch on television and getting their agreement before changing the channel. This showed staff recognised the importance of gaining consent.

People and their relatives told us staff had the necessary skills to meet their needs and promote their wellbeing. One person told us, "I used to think I'd like to be a carer but I wouldn't have the patience they have". Another said, "I can't praise them enough". A relative told us, "The staff go on training courses, particularly for lifting people. I've watched them, they know what they are doing". Staff told us and we saw that they received the training they needed to care for people effectively and were encouraged to develop their skills, for example the home was taking part in a project relating to skin tear prevention and management. The registered manager monitored training to ensure staff received regular updates in subjects that were relevant to the needs of people living at the home. There was an induction programme in place for newly appointed staff. One member of staff told us they were new to care and the induction had prepared them for their role. They told us, "I shadowed staff initially and then worked with a senior carer. The training was good and I wouldn't have been able to do the job without it". We saw that the induction

followed the Care Certificate, which is a nationally recognised set of standards which support staff to achieve the skills needed to work in health and social care. These arrangements ensured staff had the skills and knowledge they needed to support people effectively.

Staff told us they felt supported to carry out their role. Staff received supervision from the nurse or the registered manager although some were not sure when they last had a meeting. Staff told us this gave them an opportunity to discuss their performance and any training they would like to go on. This showed they were supported to fulfil their role.

People were provided with meals that met their dietary needs and preferences. Everyone we spoke with told us they liked the food at the home and that they were encouraged to eat and drink enough to maintain good health. One person told us, "There is more than enough to eat and they will always bring you more if you ask". We saw that people were offered a choice and people told us alternatives were provided if required. We saw staff asking people if they wanted more and drinks were offered throughout the day. People were supported to eat their meals where needed. We observed staff talking with people and involving them whilst they sat and supported them. Staff did not rush people and checked they were ready before offering more food. The chef had information on people's nutritional needs and told us how they provided any specialist diets, for example soft diets for people with swallowing difficulties and supplements for people at risk of weight loss. We saw that people's weight was monitored and they were referred to the GP and dietician when needed. This showed people were supported to eat and drink enough to maintain a healthy lifestyle.

People told us they were able to access the support of other health professionals to maintain their day to day health needs. One person told us, "I can see the GP whenever I need to and they visit every two weeks". Another said, "I have diabetes, the staff check my glucose levels and speak to the GP if there are any problems. I also get to see the optician and chiropodist". People's relatives told us their relations were referred to other health professionals when needed. One told us, "[Name of person] seemed to go downhill in the last month or so but the staff have been proactive and got the doctor involved". A visiting health professional told us the communication was good at the home, "People are always aware we will be visiting. There is consistency in the member of staff that we deal with and there is always someone to feedback to after the visit to make sure our advice is acted on".

Good

Is the service caring?

Our findings

Everyone we spoke with told us they were happy with the care they received. One person said, "The carers are wonderful, they know what I like". Another person said, "The girls are really lovely, I'd give them all a medal if it was up to me". Relatives we spoke with were equally positive and told us their family members had formed good relationships with the staff. One relative said, "It's like a little community here, they know all the staff well". They told us their relation had a particular favourite and we saw the person smiling and laughing with the member of staff. Another relative told us, "You can see from the way [Name of person] is with the staff that they have a good relationship. I've seen [Name of person] makes eye contact and acknowledges the staff which he doesn't always do with us". We saw staff were caring and treated people with kindness. Staff were able to tell us about people's needs and preferences and one relative told us the staff seemed to understand what their relation wanted, even though they were unable to communicate verbally. They told us, "Staff seem to understand, just by picking up on the odd word". We saw a member of staff engaged the person by sitting with them and making eye contact and listening closely to what the person was saying and replying occasionally. A member of staff told us, "The staff really care about the residents".

We saw staff reassured people when they were moving them using equipment such as the hoist and explained what they were doing throughout the manoeuvre. One person told us, "The staff are very gentle when they move people, I've watched them". We saw that when staff offered care the person's dignity was promoted. We saw staff ensured that people's clothing remained in place when they were moving them using equipment. Staff spoke discreetly with people when assisting them to go the bathroom and took them to their rooms to support them with personal care. One person told us, "Staff give me my medicines when I'm in the lounge but they always take me to my bedroom to put my cream on". People's privacy was respected because staff knocked on people's doors and waited to be asked in.

People were supported to maintain their independence where possible. Some people moved freely around the home and we saw staff supporting others to move around using their walking frames. Staff encouraged people and did not rush them. People told us they could choose how they spent their day. One said, "It's a pretty free for all place, you are not tied down". We saw some people stayed in their rooms whilst others spent time in the communal areas. One person told us, "I like to get out for some fresh air. The staff took me out for a walk this morning and it's perked me up". We saw people looked at ease in the company of staff and we heard some light hearted banter between them. One person told us, "The staff are cheery, we pull one another's legs sometimes, but nothing nasty".

People were encouraged to maintain important relationships. Visitors were encouraged to come in whenever they wanted and we saw one person having a birthday party with family and friends. A member of staff told us, "We always make a birthday cake and make sure people have cards and presents, especially those who have no relatives. You can see it means a lot to people". People were able to stay in touch with relatives who lived overseas using the computer. A member of staff told us, "One person has met their great grandchild and another person is able to talk to a relative who can't visit anymore because they are unable to drive". Relatives we spoke with told us they felt involved in people's care and were kept informed of any

changes. A relative said, "The staff tell us how [Name of person] is and let us know if anything has happened, such as a fall or if the doctor is coming to see them". Another relative told us the staff were very supportive and looked after them as well as their relation, "They look out for me, and check I'm okay".

Good

Is the service responsive?

Our findings

People we spoke with told us they received care that met their individual needs. One person told us, "The staff look after me well and know how I like things. I can't see too well and they make sure I get my hair and nails done, they are very good that way". Another person said, "If there's anything you want they get it for you. They take me out shopping sometimes and I have my hair and feet done". Information about how people wanted to receive their care and support was recorded in their care plans, along with details about their life history and important relationships. Where people were unable to provide information for themselves, their relatives had been consulted. A relative told us, "We were asked about what [Name of person] did and didn't do and they have tried to keep to that. When they first came from hospital, they were in a dreadful state and very confused. They are amazing now, I've seen a real improvement. Staff worked with them and got them back into their routine. It suits [Name of person] because they don't like change". Staff demonstrated they knew people well, for example using the names their families used, rather than their recorded names. Staff told us about a person who liked to play the organ and sing along. The person was celebrating their birthday and received cards and presents and we heard them playing the organ at their party later in the day.

People's needs were assessed prior to moving into the home and their care was regularly reviewed to ensure it continued to meet their needs. One person told us they were involved in reviewing their care, "They ask some questions to see how you are managing. I'm mobile and can get about so I'm okay". People's relatives told us they were invited to attend reviews and were kept updated about any changes in people's care. Staff told us and records confirmed that they recorded the care people received on a daily basis and any concerns that other staff should be aware of. This was discussed during the shift handover which ensured incoming staff were kept up to date about people's needs. One member of staff told us, "We have a good 15-20 minutes handover and if you have been away on leave or sick, you get an update from the nurses so you are aware of any other important changes affecting people's care".

People and their relatives told us there were opportunities to take part in leisure and social activities both in the home and outside. A relative said, "They don't just leave them in here, they go on trips to garden centres, and the shops and go out for meals". We saw people taking part in armchair exercise, supported by an activities coordinator. People looked relaxed and appeared to be enjoying themselves. We saw the activities coordinator using the TV to stimulate conversation among people, for example people were discussing their favourite sweets and singing along to TV advertisements for well-known sweets. People were given choices about what they wanted to watch on TV and we saw a TV programme prompted some reminiscing about the midwife who used to deliver babies in the local village. People told us and we saw that they were supported to follow their religious and spiritual beliefs.

The activities coordinator told us how they adapted activities to meet people's individual needs and levels of ability. For example, they used voice instructions to enable people with impaired vision to take part in skittles and quoits games and played beanbag throwing games from people's chairs. We saw that sensory items were available to provide stimulation for people living with dementia. For example, we saw one person was holding a hand muff which had different textures such as ribbons and buttons inside and out.

The activities coordinator told us, "Some people just enjoy holding them, or going to sleep holding them". An activities calendar showed plans were in place for special events, including people's birthday parties. We saw staff kept a photographic record of the events that took place at the home. These were on display in the communal areas to remind people of occasions they had enjoyed.

People and their relatives were confident they could raise concerns with the registered manager or the staff team. One person told us, "I would tell the staff if I wasn't happy but I haven't had any occasion to". One relative told us about an issue that they raised with the manager when their relation had first moved into the home that had been resolved quickly and had not reoccurred. They said, "I know the manager will sort things out if I have any concerns and I would be happy to go to them at any time". Records confirmed complaints were recorded and responded to in line with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in January 2015, we found the provider's systems were not always effective, in driving improvements in the quality of the service. Medicines audits had not identified that temperature monitoring was not consistently completed. Where quality concerns had been identified, action plans were not always in place to ensure the required improvements were made. At this inspection the improvements needed had been made but we found other concerns regarding the recording of medicines. The registered manager's checks had not identified that staff were not keeping accurate records of medicines administered. We found that on five occasions where medicine had been stopped or changed, there was no reason given on the notes section of the medicine administration record (MAR) and staff had not countersigned the changes for accuracy. On checking, this was found to have been recorded in people's care records rather than on the MAR. Where people were prescribed creams, an additional MAR was held in the person's room that only included these preparations and should be signed by carers as they applied the products. However, although care staff had recorded in the person's daily records when the cream was applied, they did not always sign the MAR chart as required. The registered manager also showed us a pharmacy audit carried out in December 2015 which had highlighted the recording issues we found but no action plan was in place to address this. This meant the administration of medicines was not always being effectively monitored to ensure people received their medicines as prescribed.

We found that where people were at risk of dehydration, fluid charts were in place but these were not effective in monitoring fluid balances to ensure prompt action could be taken to address any concerns. For example, where people had a catheter, a separate document noted the output volume but no actual fluid balance was calculated. Discussions with staff confirmed that staff understood people's needs and any concerns were escalated to the nurse in charge. The nurse told us they had recognised this shortfall and a fluid balance chart was to be introduced.

We found that the system to check the safety and performance of foam pressure relieving cushions was not effective. Tests to check for wear and tear were carried out but there were no checks for contamination of the foam. On unzipping and checking three pressure relieving cushions at random, there were signs of contamination in the inside of the cover and the foam. This was discussed with the registered manager who assured us that the checks would be carried out immediately.

We saw the registered manager monitored accidents and incidents, including falls on a monthly basis. When any trends were identified, action was taken to reduce the risk of reoccurrence, for example referrals were made to the falls clinic. However, we saw that the last review had taken place in December 2015. The registered manager told us they had fallen behind with this but would bring it up to date as soon as possible.

There was an open and inclusive atmosphere at the home. People and their relatives told us they found the registered manager and staff approachable and thought the home was well run. A relative said, "It's a big thing leaving your loved one, all the staff are very friendly and we're happy with how things are run". We saw the registered manager knew people well and regularly came out of her office to speak with people, relatives

and staff. The manager notified us of any important incidents that occurred in the service in accordance with the requirements of their registration, which meant we could check that appropriate action had been taken.

Staff told us they worked as a team and supported each other to make sure people received the care they needed. One member of staff said, "The manager will always help on the floor if needs be". Another member of staff told us, "The manager is very caring, you get good support". Staff told us they were able to give their opinions on the running of the home during staff meetings and felt able to raise any concerns they had. Staff knew about the whistleblowing procedures at the home and said they would have no hesitation in using them. One member of staff said, "I would be happy to go the manager or the provider, the safety of residents is paramount".

People and their relatives told us they were invited to give feedback on the running of the home through questionnaires and meetings. One relative told us, "We are asked for our feedback and have attended meetings. If you can't attend, the minutes are available by email or here at the home". Another said, "We have meetings to talk about what's happening at the home. You can bring up anything you like. They talked about where to have Christmas dinner at the last one I went to. It was decided to have Christmas dinner at the Dog and Partridge at Tutbury. It was great". Relatives told us changes had been made as a result of people's feedback, for example redecoration in the home and repairs to the car park. The registered manager confirmed that a programme of residents and relatives meetings was in place and a notice was on display in the lobby for the next meeting in March. We saw questionnaires had just been sent out to people's relatives and the results were being analysed. Most of the responses were positive and showed that people were satisfied with the care their family members were receiving. This showed the provider took people's views into account and made improvements to the service where needed.