The Salvation Army Social Work Trust

Furze Hill House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 18 and 21 January 2016 and was unannounced.

Furze Hill House is purpose-built and provides residential care for up to 40 people, some of whom may be living with Dementia. Accommodation is over two floors and all rooms have en-suite facilities. The home has a hairdressing salon, café area and chapel on site. At the time of the inspection, 37 people were living in the home.

There was a registered manager in post. 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.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's medicines were not managed in a consistently safe manner. You can see what action we told the provider to take at the back of the full version of this report.

People received care and support from staff who had the skills and knowledge to perform their roles. Staff were well-trained and safely recruited. Staff were happy in their roles and felt supported by the management team. The culture was one of openness and reflection with a focus on the development and improvement of the service.

The service has robust procedures in place to prevent and protect people from the risk of abuse. Staff understood the types of abuse that could occur and how these may present in the people they supported. They knew how to report any concerns they may have. People were protected from harm as risks to themselves and the premises had been identified, assessed and reviewed on a regular basis.

Medicines were not safely managed in a consistent manner. The recording of medicines administration put people at risk as it was not consistently accurate or complete. The service failed to identify that a person required medical treatment in order for medicines to be safely administered. The service stored medicines appropriately and safely.

Staff demonstrated that the training, support and development they had received contributed to people receiving compassionate and individualised care. The service encouraged staff to gain qualifications and improve their skills and knowledge. Staff knew the personal preferences of those they supported and choice was actively encouraged.

People benefited from staff who were happy in their work and felt valued. Staff demonstrated good team working and effective communication. The service encouraged people to contribute to the development of the service.

Staff demonstrated a caring, compassionate and courteous approach when assisting people. They demonstrated respect between themselves and others. People's dignity, privacy and independence were promoted.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Although the service had not assessed people's capacity in a time and decision specific way and staff's knowledge was variable, the service had made applications to the supervisory body for them to consider whether a person needed to be legally deprived of their liberty. Staff fully understood the need for consent and gained this when assisting people.

People received care and support in an individualised way as their care plans were detailed, person centred and relevant to them as individuals. People's needs had been identified, assessed and reviewed on a regular basis.

People had access to a variety of healthcare professionals that promoted their health and well-being. Staff sought specialist advice as required and acted upon recommendations. Staff had a good understanding of the health needs of the people they supported.

The home understood, and met, the social and leisure needs of the people living there. A variety of activities and events took place and people were encouraged to maintain relationships to avoid social isolation and promote well-being.

People had confidence in the registered manager and wider management team. They were supportive, visible and approachable. The service ensured staff were accountable and encouraged them to develop.

People were encouraged to provide feedback on the service they received and they felt listened to when they gave their view. They knew who to speak to if they had any concerns. Complaints were fully investigated and responded to in a timely manner. The home had systems in place to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always managed in a way that ensured people's health and safety was maintained.

People were protected from the risk of abuse by staff who were knowledgeable in safeguarding people. The service had robust reporting and management procedures in place.

Only those safe to work in care were employed following appropriate recruitment checks having taken place.

People were assisted by staff who knew their needs and the associated risks. Risks within the service had been identified, assessed and reviewed regularly.

Is the service effective?

Good

The service was effective.

Staff assisted people in a way that protected their human rights.

People benefited from staff who were well trained and who received encouragement and opportunity to develop their skills further.

People had a choice of food and drink and their nutritional needs were met. Assistance to eat and drink wasn't always delivered on a dedicated and individual basis.

Access to healthcare professionals was available to people on a regular basis and the service sought advice as necessary.

Is the service caring?

Good

The service was caring.

Staff consistently demonstrated warmth, respect and kindness when interacting with those they supported and others.

People were respected and their dignity, privacy and

independence were actively promoted. Staff demonstrated respect for people's opinions and encouraged participation in their plan of care.

People benefited from staff who knew them well. Staff had a good understanding of people's likes, preferences and wishes.

Is the service responsive?

Good

The service was responsive.

People received care and support in a way that was individual to them. The service listened to people and involved them fully in decisions around the support they received.

People's social and leisure needs were met on an individual basis.

People were happy with the care they received but knew how to raise a concern should they have one.

Is the service well-led?

Good

The service was well-led.

The management team was approachable, supportive and present within the home.

The service had an open and inclusive culture that reflected on events in order to improve and develop the service.

The management team had an overview of the quality of the service as systems were in place to regularly monitor its delivery.

Furze Hill House

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 took place on 18 and 21 January 2016 and was unannounced. The first day of our visit was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second visit was carried out by two inspectors.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local safeguarding team and the local quality assurance team for their views on the service.

During our visit we spoke with seven people who used the service. Some people could not talk to us about their experiences and we therefore spent time observing how they were being cared for by the staff. To do this, we 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 with us. We also spoke with four relatives of people who used the service.

We gained feedback on the service from two visiting healthcare professionals and two visitors to the home. We also spoke with the registered manager, head of care, three team leaders, two care assistants and one kitchen assistant.

We viewed the care records for six people and the medicines records for eight people who used the service. We tracked the care and support three people received. We also looked at records in relation to the management of the home. These included the recruitment files for four staff members, health and safety records, staff training records, the home's quality auditing system and minutes from meetings held.

Requires Improvement

Is the service safe?

Our findings

We checked to see how the home managed people's medicines. We looked at the storage, administration, disposal and recording of medicines. We also checked the medicines administration records (MAR) for eight people who used the service. These are records that give information on what medicines a person takes, when they take it and whether it has been administered.

Of the eight MAR charts we viewed, none gave details of the total amount of medicines the home had in stock. This meant that medicine audits could not be carried out in order to see whether people had been given their medicines as prescribed. When we discussed this with the staff member responsible for this task, they told us a stock take normally took place but that it had failed to happen this month. They could not give us a reason for this.

Although the MAR chart clearly showed what creams and ointments a person was prescribed, all of the records we viewed for the administration of these were incomplete. This meant we could not be sure that people had received these medicines as the prescriber intended. When we discussed this with the registered manager and the head of care they recognised this was an issue. They explained that they had tried a number of different processes to ensure the cream administration records were completed as required. They explained they were due to try a different approach and that the date for this would be brought forward.

One of the oral MAR charts we viewed contained a handwritten record for a medicine. The record showed only the name of the medicine. No details of the dose to be given, how many times a day it was to be administered or the medicine's warnings were recorded. We noted that there was no system in place for checking medicine entries made on the MAR charts. This potentially put the person at risk of harm. The record was inputted correctly during our visit and two staff members completed a stock count of the medicine which was recorded on the MAR.

Of the eight MAR charts we viewed, four contained either no information or inaccurate information as to why medicines had not been administered. For example, one person did not receive two of their medicines on two separate occasions. The MAR chart did not state why this had occurred. When we spoke with the person who had been responsible for administering those medicines they told us the person had been asleep. We saw no evidence that steps had been taken to administer the medicine at a later time.

We also noted that on one person's MAR chart that pain relief was being given through the night, however no record was made of the time this had been given. The lack of proper recording could have lead to an unsafe time interval between doses. This potentially put the person at risk of harm.

One person had received a blood test that would dictate what dose of Warfarin they required. However, the service had not received the result of this blood test nor the subsequent Warfain dose information. Staff had continued to administer the medicine at the prescribed dose prior to the blood test. The service had not identified this oversight and therefore not taken action to gain the new Warfarin dose. During our inspection,

we brought this to a staff member's attention. The staff member took immediate and appropriate action to ensure the person was safe and to rectify the situation.

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

We found that medicines were stored securely. We saw that people had locked cabinets in their rooms where their personal medicines were kept. Only authorised staff members had access to them. During our inspection all four of the cabinets we checked were securely locked.

All the people we spoke with said they felt safe living in Furze Hill House. One person said, "I certainly feel very safe here and the staff make sure I stay that way". Another person told us, "I feel safe here; there is always someone I can call if I need them". One relative we spoke with said, "I do believe that my [relative] is very safe here. I think it's brilliant".

The staff we spoke with told us they had received training in how to prevent and protect people from the risk of abuse. They were able to give us examples of types of abuse and the changes in people that may indicate they were potentially being abused. For example, one staff member said they would become concerned if they noticed a change in a person's personality. Staff knew how to report any concerns they may have and told us they would feel confident in doing this. They were able to tell us what agencies they could go to outside of their organisation. We saw records that showed the service has reported safeguarding incidents appropriately and in a timely manner to the local authority safeguarding team. The service also had its own safeguarding team that monitored incidents. We concluded that the service took effective steps to protect people from the risk of abuse.

Risks to people's safety had been identified, assessed and reviewed on a regular basis. The staff we spoke with could tell us about the people they supported and identified individual areas of risk. For example, one staff member told us the medical conditions for one person and how this affected the care and support they provided to that person. We saw from the care records we viewed that risks to people had been identified such as where a person was at risk of falls, poor oral health or where their emotional wellbeing may deteriorate. We concluded that people were kept safe as staff had identified risk to people's safety and knew how to support that person in relation to those risks.

We saw records that demonstrated the service had identified and assessed the risks associated with the premises and work practices. For example, these included assessing the risks related to the use of lifting equipment and cleaning products. We also saw records that showed the service regular maintained equipment and the premises. The service had a contingency plan in place in the event of an emergency. This was up to date and thorough and included detailed plans of evacuation for each person living in the home. This ensured staff had the right information to be able to manage an emergency and assist in keeping people safe.

The service had processes in place for recording, reviewing and analysing incidents and accidents. The records we viewed demonstrated incidents were recorded in detail. Incidents were then reviewed 24 hours later to see if any further concerns had arisen before being reviewed by the management team. Incidents were logged in people's care plans to assist in identifying any patterns or concerns. This also assisted in identifying whether any actions needed to take place that may help in reducing further risk of occurrence. We did note however that, on one occasion, the three falls one person had experienced in a day, were not fully recorded although actions had been taken to ensure the person's safety.

People received care and support from staff who had been appropriately and safely recruited. Staff told us the service had sought employment references and a criminal records check before they started in their role. The recruitment records we viewed demonstrated these had taken place along with additional checks such as obtaining photographic identification.

The people we spoke with told us there was enough staff to meet their needs. One person who used the service told us, "They [the staff] are very good at responding to the call bell if I need them". One relative said, "When [relative] needs help they [the staff] are usually very good at turning up". All the staff we spoke with felt there was enough staff and that they could meet the individual needs of the people they supported. During our inspection, we saw that people's needs were responded to promptly.

Good

Is the service effective?

Our findings

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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.

When we spoke with the registered manager and the staff about the MCA and DoLS their knowledge was variable. Although they had received training in the MCA and DoLS, two of the staff we spoke with said they weren't confident in applying the principles. The registered manager told us they had also sought advice as required.

We saw from care plans that people's mental capacity had been assessed if there had been doubt regarding their capacity. However, we saw that, where somebody had been assessed as lacking capacity or that their capacity was variable, one assessment covered all areas of that person's daily living plus other areas such as finances. The principles of the MCA require that assessments are time and decision specific. We did however see that best interests decisions had been made where people lacked capacity and that appropriate people had been involved in these decisions. The service had also made applications to the supervisory body in order for them to consider whether a person should be legally deprived of their liberty. However, we could not be sure that the service had the knowledge to consistently apply the principles of the MCA and associated DoLS and therefore protect people's human rights.

However, all the staff we spoke with understood the importance of requesting a person's consent before assisting them with care and support. The people we spoke with confirmed this. One person said, "They [the staff] do always ask before they start any personal care". A second person told us, "They [the staff] are always polite and ask if they can do things for me". One staff member explained that they always promoted choice and assumed that people were able to make daily decisions. Another staff member was able to tell us how they would manage if a person did not want assistance with personal care when they were unable to complete this alone. This demonstrated that the staff member offered choice, gave the person information in order for them to make a decision and offered assistance in a way that did not restrict the person.

When we discussed this with the registered manager they told us they had taken advice from the local DoLS team about making applications. They also told us that they would feed our findings back to the provider as the capacity assessment forms they used were corporate and used throughout the organisation. The registered manager told us that further training in MCA and DoLS had been sourced and booked for the

management team.

The people we spoke with were complimentary about the skills and knowledge of the staff that supported them. One person said, "The staff certainly know what they are doing and how to do it". Another told us, "The staff seem well trained to do the things they need to do". A third person said, "The staff seem to know what they are doing particularly when it comes to specialist care". However, one relative we spoke with felt some staff lacked attention to detail although felt, overall, that the majority of staff were very good.

All the staff we spoke with felt they had received enough training to fulfil their role. Staff told us they were undergoing continuous training and that the provider was supportive in them achieving further qualifications and skills. Two staff members told us they were currently undergoing development programmes to assist them in their senior roles. The staff we spoke with said they received appropriate inductions and that they had had the opportunity to job shadow more experienced members of staff before starting in their roles fully. During our inspection we saw that staff demonstrated the skills associated with the training they had received. For example, we saw staff assist a number of people to mobilise with the use of equipment. People were assisted safely and we saw that staff communicated effectively with each other and the person they were supporting. We concluded that people were supported by well trained staff who were encouraged and supported to improve their skills and knowledge.

We asked the registered manager how they ensured staff performed their roles as required. They told us that this was achieved through regular supervisions, meetings, observations and working alongside their staff. The registered manager told us they saw the people who lived at Furze Hill House whenever they were on shift and that they gained their feedback through regular conversations and by forming open relationships. Although no written records were in place to demonstrate this, throughout our inspection we saw that the registered manager was regularly on the floor assisting staff and people who used the service.

The staff we spoke with were complimentary about the management team and the support they received. One told us, "[The registered manager] is always welcoming and supportive". Another described the registered manager as always willing to help. One staff member told us of an occasion where they had to telephone the area manager. They told us it was very early in the morning and that they were apprehensive about asking for assistance as it was the first time they had had to do it. The staff member told us the area manager was helpful, that they felt listened to and that their issue was resolved. All the staff we spoke with said they received supervisions, regular support and appraisals.

People were supported to eat and drink enough to maintain their health. However, the people we spoke with had mixed opinions about the food the home served. One person told us, "The meals I get are good and I can't fault them". Another person said, "The food has improved and is by and large good". However, another person said, "The food is all right but not outstanding and can be a bit repetitive". Three other people agreed that the food wasn't always of a required quality. One person said the food was bland whilst another said they ran out of items but that this was rare.

The staff we spoke with had an understanding of people's dietary requirements. The care plans we viewed showed that people's nutritional requirements had been assessed and reviewed on a regular basis. We saw that the service had requested specialist advice as required and that recommendations were followed. The information the kitchen had on people's dietary requirements was correct and matched the specialist's recommendations.

During our inspection we observed lunch being served on two separate occasions. We saw that people were offered choice as to where they wished to eat their meal and in what they would like to eat and drink. The

occasion was a social one with people chatting and interacting with each other and staff. However, only one staff member was available to assist two people to eat and drink. Although the staff member engaged with the people they were supporting, this meant they could not give each person their full attention and that people had to wait between mouthfuls of food.

People told us they had access to a GP and other health professionals. The care plans we viewed confirmed this. During our visit we saw that a GP attended to one person whilst a foot health practitioner provided treatment to others. One of the visiting healthcare professionals told us they felt the care the service provided was very good. The same person also told us that staff always acted upon the information they provided in regards to maintaining a person's health and well-being.

Good

Is the service caring?

Our findings

All the people we spoke with talked highly of the staff that supported them and the care they received. One person told us, "The staff are really caring and put me first". Another said, "The staff are very caring here and nothing is too much trouble for them". One relative we spoke with said, "The staff never cease to amaze me with the love and affection they show to people. They always put them first and are always there for them". Another relative told us, "I can honestly say that this is the best place; I'd recommend this to anyone".

When we spoke with staff it was clear they had a good knowledge of the needs and preferences of the people they supported. One staff member told us, "It's all about person-centred care. The more attention you pay in getting to know people, the easier your job is". Another staff member was able to tell us about a person that needed encouragement to drink to maintain their health. This was confirmed when we spoke to the relative of this person and viewed their care plan.

Throughout our inspection we saw staff interact with people, each other and visitors with warmth, respect, care and consideration. For example, we saw a staff member gently wake a person by sitting next to them, talking to them and softly stroking their arm to ensure they roused gradually. We also noted that staff ensured they smiled and met people's eye when they assisted them whilst also offering reassurance if required.

The people we spoke with told us they felt respected by the staff. One person said, "The staff really show that they care. They always speak so nicely to all of us". Another told us, "They [the staff] are all very polite and treat me with respect". One relative said, "They [the staff] always speak politely to my [relative] and treat them with real respect which makes me happier about [relative] being in a care home".

Throughout our visit we saw that people's dignity, privacy and independence was promoted and respected. When we spoke with one staff member about how they promoted people's dignity they said, "I always say to people that if they're uncomfortable with anything I'm assisting them with then they must let me know". The same staff member told us that, when assisting a person with personal care, they liked to keep the conversation going so as to try and put the person at ease. Another staff member told us, "You just have to put yourself in the person's position".

During our inspection we saw that personal care was completed in private and that staff knocked on people's doors before entering. We also saw that people's rooms were personalised as was the doors to their rooms. Each had their name clearly displayed and these were individualised with art and photographs. The doors to people's rooms were different colours and represented their front door. For example, to aid privacy each had its own door viewer so people could see who was at their room door. Letterboxes were also in place so people could receive their mail in their room.

We saw that, when assisting people to mobilise with the use of equipment, staff ensured people's dignity was maintained by covering people's legs with blankets and by being as discreet as possible. Staff encouraged people to be independent by offering prompts and reassurance when they were assisting

people to mobilise. We saw people freely walk around the home throughout our visit and that they were encouraged to do so. One person was observed sitting in the administrator's office having a cup of tea with staff.

The people we spoke with told us staff spoke to them appropriately and communicated well with them. One person said staff had a pleasant manner about them and respected their need to do what they wanted. One relative told us, "They [the staff] always talk to [relative] even though [relative] doesn't respond but [relative] does smile much more now". During lunchtime we saw staff using pictures to assist some people to communicate and make choices. There was lots of interaction around this time and staff used the mealtime to make conversation, offer encouragement to people and to generally ensure people were well and happy. We also noted that staff were quick to offer a person reassurance when they became distressed by using appropriate language and touch.

People told us they had been involved in the planning of their care. One person said, "The managers do ask my opinion when there are changes". The care plans we viewed showed that people and, where appropriate, their relatives, had been involved in making decisions around the care and support required. We saw that a document was in place that allowed people and their relatives to specify when, and under what circumstances, relatives were to be called. This was signed by both the person and their relative. We also saw that people and their relatives received a welcome pack that contained detailed information on the service the home provided. This gave people information to assist them in planning their day to day lives and the care and support they required.

Furze Hill House had no set visiting times and people's friends and relatives could visit as they pleased. The home had a number of areas where people and their visitors could sit in private and there were facilities in place for visitors to make refreshments.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs. People described staff as knowing their likes and dislikes. The people we spoke with said all staff engaged them in conversation whilst assisting them and that this helped staff to get to know people. One person told us, "They [the staff] certainly know what I like and when a new carer arrives they always ask you what you like and don't like which means they all understand". Another person said, "I am happy living here as they allow me to be me". One relative said, "The staff do know what my [relative] likes and does not like as we discussed it when we first came to the home. They do everything to satisfy [relative's] needs".

The staff we spoke with demonstrated a good knowledge of the people they supported. They could explain people's preferences and personal histories. For example, one staff member told us how a newly admitted person mobilised, liked to spend their day, their medical conditions and what assistance they required with personal care. During our inspection we observed a handover meeting from one team leader to another. We saw that the staff member giving the handover knew the current health and well-being status of each person they supported. They were able to give a clear and concise overview of people's medical conditions, emotional well-being and any medicine changes as well as any up and coming appointments.

We viewed the care records of six people. We looked to see if people's needs had been identified, assessed and consistently met in an individualised way. We saw that the care records were clear, well organised and easily accessible for staff. We also saw that reviews of people's needs had taken place on a regular basis and that the people involved had been part of this process. The care plans gave staff detailed information that helped them to support people in a person-centred way. For example, we saw that they recorded how people wished to be addressed and included a document entitled 'Who Am I?' This document recorded information such as, what was important to the person, things they wanted staff to know about them and details of the person they felt knew them best. Care plans also included important information such as what assisted the person to relax and what caused them to feel anxious.

Each care plan we viewed contained comprehensive information to assist staff to have meaningful conversations with the people they supported. For example, detailed occupation and family histories were evident as was information on how to meet the person's religious and spiritual beliefs. One care plan we viewed recorded information that assisted a person to sleep better at night. For example, it stated how many pillows the person liked, what drink they preferred before bed and how they liked the lighting. During our inspection we observed staff responding to people's needs in a timely and appropriate manner. We saw that people were being supported as detailed in their care plans.

However, on the first day of our inspection we saw that little information was in place for a person who had been admitted a few days earlier. When we discussed this with the staff member responsible for care planning, they told us care plans developed as they got to know the person and their family. We were concerned that staff did not have enough information to be able to support this person safely. However, when we discussed this person's needs with staff members they had an understanding of what assistance the person required and their medical conditions. There was a basic care plan in place on the second day of

our inspection that gave staff the information to be able to care for this person.

Furze Hill House employed an activities coordinator whose role was to ensure people's social and leisure needs were met. When we spoke with people about how these needs were met, people spoke positively about this aspect of their lives. One said, "I am able to do the things I love. I am also able to go to the local church and on occasions to Norwich if someone takes me". Another person told us, "I am still able to do all the things I like and I love going to town." One person said, "Nobody tells me what to do and I can make all my own choices".

We saw that a current weekly activities planner was on view. This enabled people to plan their week and gave them the opportunity to participate in activities if they chose to. We also saw that people had telephones in their rooms to assist them in maintaining relationships with those important to them. During our inspection we saw a number of activities taking place, all of which were well attended. People were engaged and stimulated during these activities. People were well supported to participate and they were seen chatting and laughing amongst themselves. The service had a dedicated hairdressing salon and a chapel on site. A chaplain was available five days a week.

Everyone we spoke with knew who to speak to if they had any concerns or complaints. All bar one person said they had had no reason to complain. The one person who had raised a concern in the past told us their complaint had been fully investigated by the service and responded to. Other people we spoke with told us, "I have no reason to complain, I am very happy" and, "I like it here and have no reason to complain". One relative told us the service had responded well to a request raised by the person who used the service. The example demonstrated that the service listened to people and acted upon their concerns.

The people we spoke with told us they had opportunities to voice their opinions on the service on a regular basis. Meetings were held for people who used the service as well as their relatives and friends. The service had recently sent out questionnaires to the people who used the service, their relatives and health professionals. We saw some that had already been returned which showed people were happy with the service provided. Records that showed written complaints had been responded to appropriately and thoroughly.

Good

Is the service well-led?

Our findings

Everybody we spoke with was complimentary about the service and the management team. One person said, "I am very happy with the care I get and the facilities that are here". Another told us, "I am happy in this home and get what I need when I need it". One relative we spoke with told us, "I am very happy with the care my [relative] gets in the home. It is well organised and the managers are approachable". One visiting health professional told us they felt the standard of service was high.

There was a registered manager in post who was experienced and had been at the service for a number of years. We know from the information held about Furze Hill House that the service had reported events in the past as required. When we spoke with the registered manager about this, they had an understanding of what events they were required to report and to whom. They told us they felt supported in their role and that help was always available to them from the provider and their colleagues. They told us they saw their line manager every month and that they provided them with support and supervision.

The staff we spoke with talked positively about the management team. Staff told us they felt supported in their roles and were happy to work at Furze Hill House. One said, "I'm proud to work here". While another told us that they really enjoyed working in the home and found the registered manager to be 'lovely'. During our inspection we saw that there was a clear line of management and that the home was organised, calm and friendly. We saw that staff welcomed people with a smile and that they had time to speak to people.

The staff demonstrated team work and commitment to each other and the people they supported. All the staff we spoke with said they received the support to fulfil their role. One staff member told us, "Everybody works as team, there's such a good vibe when you walk through the door. I smile when I'm going to work". Another staff member said, "People like coming into work". A third staff member said everybody helped each other. During the inspection we saw that staff communicated well with each other and that the service ran smoothly. Staff regularly updated each other on their whereabouts and what they were doing. Staff were accountable for their actions by being assigned responsibilities each day. There was a keyworker system in place which meant staff had particular responsibilities around certain people they supported. A visiting healthcare professional told us this system ensured staff knew people's needs well and that they demonstrated this.

The service encouraged an open and inclusive culture. All the people we spoke with told us they felt the management team was approachable. One relative told us the registered manager always spoke to everyone on a regular basis. Staff told us they felt comfortable in talking to the registered manager and other management team members. They said they felt confident that if they raised any concerns that they would be addressed appropriately. One staff member told us they felt the registered manager was responsive to concerns and that any raised were discussed with the staff team. We saw from the records we viewed that concerns were addressed in staff meetings and on a one to one basis if more appropriate. From the records we viewed, it was apparent that regular meetings were held that gave staff the opportunity to discuss their work and the service provided.

We asked the registered manager how they ensured staff were performing their roles to the standard required. They told us that staff had to initially pass their probationary period which included regular meetings and performance monitoring. After this period, staff had regular supervisions to address any areas for improvement. The registered manager told us by being on the floor working alongside staff gave them a good indication of how staff performed. They also told us that they spoke to the people they supported on a regular basis and built relationships with them. This gave people the opportunity to speak to the registered manager if they had any concerns with the service.

The quality of the service was monitored on a regular basis. A number of quality audits were in place that were completed by the management team. These included auditing areas such as the catering provision, health and safety, care plans and finances. The area manager also completed regular monitoring visits. The service audited the medicines management on both a weekly and monthly basis. The weekly audit was completed by the head of care and the monthly one by the registered manager. Although these had been completed regularly and in depth, neither audit had identified the issues with medicines highlighted in this report. We could see from the audits that they did not cover the areas of concern so were therefore not audited, identified and addressed.

When we discussed this with the head of care and registered manager they told us they would adapt the medicines audits to cover the areas where concerns had been raised. They also told us they would discuss these audits with the provider to ensure it was communicated throughout the organisation.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe medicines management. Regulation 12 (1) and (2) (g)