

# Mrs Toni Stevens and Mr Iain Dunlop

# Faith House Residential Home

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

This inspection took place on 13, 14 and 19 August 2015 and was unannounced.

The last inspection was carried out on 12 September 2013 and there were no breaches of legal requirements at that time. Prior to this inspection concerns were shared with us by health and social care professionals who had visited the service.

Faith House provides accommodation for up to eight older people. At the time of our visit there were eight people living at the service.

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

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Staff knew people well enough to understand their preferences; however, they were not all familiar with the Mental Capacity Act 2005 (MCA) and their legal responsibility to support people who lacked capacity. People's mental capacity to make day to day or significant decisions had not been assessed.

Risks had not been assessed and the appropriate assessments were not in place to reduce or eliminate the risk.

Limited activities were available and were not planned around people's individual interests and care needs.

Effective procedures for monitoring and assessing the quality of the service were not in place.

Staff were knowledgeable about recognising the signs of abuse. All staff had received training in safeguarding adults.

Medicines were administered to people safely by staff that had been trained.

Staffing numbers on each shift were adequate to ensure that each person's care and support needs could be met. Staff were provided with regular training.

People were satisfied with the quality of the food and drink provided. Food and fluid intake was monitored where risks of weight loss or dehydration had been identified. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so.

Staff were caring and compassionate. They understood people's needs and developed caring professional relationships with people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risks to people's safety had not been appropriately assessed and managed.

Pre-employment checks were carried out on staff before they started working at the service to ensure they were deemed suitable to carry out their roles and responsibilities.

Medicines were administered safely by appropriately trained staff and stored securely.

Requires improvement



### Is the service effective?

The service was not always effective.

Whilst staff supported people to make decisions about their care, they did not always understand the concept and principles of the Mental Capacity Act 2005 (MCA) and how this impacted people.

People received care and support from staff who were knowledgeable about their needs.

People were looked after by staff who were well supported. Staff received training to ensure they had the necessary knowledge and skills.

People received a nutritious and balanced diet.

Requires improvement



### Is the service caring?

The service was caring.

We observed staff treated people with dignity, respect and kindness.

Staff were very knowledgeable about people's needs, likes, interests and preferences.

People said they were very happy with the care and support they received.

Good



### Is the service responsive?

The service was not always responsive.

Activities were not centred on people's social interests and wishes.

People's care needs were not always assessed, recorded and monitored.

People were cared for and supported in accordance with their individual wishes. People told us they were happy with the care and support they received.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not always led.

The systems in place to monitor the quality and health and safety of the building were not effective.

Significant events and incidents were not always communicated to the Care Quality Commission (CQC) as required by law.

Staff were clear about their roles and responsibilities.

Staff were supported by the management team and they were asked for their views.

**Requires improvement**



# Faith House Residential 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, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13, 14 and 19 August and was unannounced. The inspection team consisted of one inspector and one specialist advisor. We carried out this inspection because of concerns shared with us by health and social care professionals who had visited the service.

Prior to the inspection we looked at the information we had about the service. This included information we had received from the local authority safeguarding team and notifications that had been submitted by the service.

Notifications are information about specific important events the service is legally required to report to us. We did not request the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make.

Two health and social care professionals were contacted in order to gain their views about the service. However, no comments were received.

During our visit we met and spoke with four people living in the service and two relatives. We spent time with the registered manager, deputy manager and spoke with three staff members. We looked at three people's care records, together with other records relating to their care and the running of the service. This included employment records for three members of staff, policies and procedures, audits and quality assurance reports.

# Is the service safe?

## Our findings

We asked people if they felt safe living at the service. Comments included, “I am happy here and feel safe”, “Yes I feel safe living here and have no concerns”, “The staff are very kind here and make me feel safe”.

Visitors to the service were required to sign the ‘visitor’s book’ kept in the entrance area. Visitors recorded their name, the time they arrived and left the service. Staff advised people they had a visitor and sought their permission before they allowed the visitor to see the person.

Staff had received training in safeguarding vulnerable adults. They were able to explain to us what abuse was and the different types of abuse. The arrangements for safeguarding people from abuse were confirmed in a written procedure. The registered manager showed us the Faith House safeguarding procedure dated May 2015. Although this procedure contained information about how to raise safeguarding alerts when they suspected abuse, the procedure was incorrect as it stated the registered manager should investigate concerns before reporting to the local authority. However, it was clear from discussing this with the registered manager that they would not investigate abuse without firstly informing the local authority. The registered manager immediately changed the procedure during the inspection to reflect this. The contact details of the agencies to be notified such as the local authority, CQC and the police were contained within the policy.

Records of people’s risk assessments were not thorough or adequately detailed to give staff guidance on how to support people to reduce their individual risks. Risks were not regularly reviewed or accurately detailed in people’s care records. Whilst each person had individual risk assessments in place for mobility and handling this assessment did not give further instructions to staff regarding how the highlighted risks were to be reduced. An example being one person had fallen 11 times within six months and was assessed as having a high risk of falls. The manual handling risk assessment did not give clear guidance to staff on how risks should be minimised.

Staff confirmed they felt there were enough staff on duty each day to ensure people’s safety. As well as people being supported by the registered manager two care staff were rostered to work the morning and evening shift. One staff member covered the sleep in duty during the night and were on call. We looked at the staff roster for the four weeks prior to the inspection and found staffing had been planned in advance to ensure sufficient staff were available to support people.

Vacant staff posts were covered by permanent staff as overtime with no shortfalls identified. Staff we spoke with confirmed this was the daily allocation of staff. Relatives also said they felt there were enough staff on duty and that they had not encountered any difficulties in requesting staff help. Staff we spoke with told us the registered manager looked at people’s needs to understand staffing levels and was flexible in increasing staff as required. An example being if any person required a staff member to go with them to an appointment then an extra staff member was arranged.

We looked at three staff recruitment records and spoke with staff about their recruitment. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service (DBS) checks had been completed and evidence of people’s identification and medical fitness had also been obtained. A DBS check allows employers to check whether the staff have any convictions which may prevent them working with vulnerable people. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed.

There were policies and procedures in the safe handling and administration of medicines. People’s medicines were managed safely. There had been no errors involving medicines within the last 12 months. The registered manager told us about the action they would take if a medicines error was made by staff. This included seeking medical advice on the implications to people’s wellbeing, providing further training and support to staff to assess their competence. We observed the medicines administration at lunch time which was carried out safely by staff.

# Is the service effective?

## Our findings

People said they felt staff at the service were suitably trained and experienced to support them. Comments included, “I have no complaints the staff seem to know what they are doing”, “Yes the staff seem well trained to care for us”.

Staff received an induction when they started working at the service. Staff said their induction had consisted of completing mandatory training, getting to know the people and working shadow shifts with experienced care staff. Staff said they were encouraged by the registered manager to achieve further qualifications. An example is a national qualification in health and social care.

Staff received comprehensive support to carry out their role. Staff we spoke with said they had regular supervision and attended staff meetings. This gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The staff files we looked at showed staff had received supervision on a regular basis. Records confirmed staff had received an annual appraisal to discuss their development.

Staff said they had access to training relating to people’s specific needs. We viewed the training records for the staff team and records confirmed staff received training on a range of subjects. Training completed by staff included nutrition, safeguarding vulnerable adults, medicines, first aid, infection control, fire awareness, food hygiene and moving and handling.

Staff were not always clear about the principles and concept of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and where relevant, other professionals. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Staff told us and records confirmed they had attended courses relating to the Mental Capacity Act and Deprivation of Liberty safeguards however

we found when we spoke to staff they were not always able to relate this training to their daily care practices. For example, people choose to stay in their bedrooms or what they would like to wear. However, staff were unable to describe the process of how they would support a person to make a specific decision about their care and wellbeing.

We reviewed people’s care records and found they had not signed their care plans. Staff had recorded on each person’s care plan “cognitive impairment, unable to sign care plan”. We found no evidence that people’s capacity had been assessed or best interest decisions had been made. We reviewed care records which demonstrated Deprivation of Liberty Safeguards (DoLS) applications had not been submitted to the local authority for any person who used the service. These applications would be submitted if people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff. Unless they were able to consent to these arrangements. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. This meant people’s needs were not always appropriately recognised because staff did not have the appropriate knowledge and skills.

Staff did not fully understand the principles and concept of the Mental Capacity Act and how this impacted on the right of people to make decisions about their care. People were not being assessed in relation to their mental capacity to make decisions.

**This was a breach of Regulation 11 (1) (3), Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.**

Where decisions had been made about end of life care, the GP’s involved with the service had completed and signed a Do Not Resuscitate form which was a nationally recognised Resuscitation Council form. These forms allowed any consultations with relatives to be recorded along with the members of nursing staff included in the decision-making process. Two completed documents did not include a reason for the decision to ‘do not resuscitate’. Two completed forms did not state whether the person or significant other people had been involved in this decision. During the inspection the deputy manager contacted the GP surgery to ask for the forms to be reviewed.

## Is the service effective?

The registered manager told us people were not at risk of malnutrition. People's care plans recorded information about their nutritional intake and the support they needed to maintain good health. Records confirmed people's weight gain or loss was monitored monthly so any health problems were identified and people's nutritional needs met. We were told by staff that some people were diabetic and therefore followed a sugar free diet. This showed people at an increased risk of malnutrition were provided with food choices which supported their health and well-being. We noted where people's intake of food or fluid was being monitored records were maintained.

People spoke favourably about the quality, quantity and choice of food available. Comments from people included, "The food is nice and traditional how I like it", "We do have nice meals here. The food is homemade", "I always look forward to my meals. I am always asked if I would like more to eat". Menus were displayed within the dining area and people said they could have an alternative meal if they did not want what was on the menu. We observed meal times were a social affair with most people sitting at the dining room table with the food prepared by the staff on duty.



# Is the service caring?

## Our findings

We spoke with relatives regarding the care and support their family members received. Comments included, “I visit most days and have no concerns. The staff seem lovely and very caring”, “My relative looks very well cared for and we have no concerns”.

We asked people who lived at Faith House if they thought the staff were caring. Comments we received from people included, “Yes the staff are very caring of us all. They look after me and the others very well”, “I am very happy here and the staff are lovely”, “I have no complaints. They do a wonderful job”.

We spent time at the service observing how people were cared for by staff. Throughout our inspection people were cared for and treated with dignity, respect and kindness. People told us the staff knew them well, understood their history, likes, preferences and needs. We observed good interactions between staff and people. Staff were able to explain to us people’s needs and their likes and dislikes. The conversations we heard between people and staff were polite and friendly. We noted that the service had a friendly and welcoming atmosphere. There were two communal areas which included a lounge and kitchen dining area. People also had their own bedrooms which they were free to access at any time.

People’s dignity and privacy was respected. One person we spoke with told us, “When my bedroom door is closed the

staff will knock and call out my name. I then say come on in”. We observed people were supported to be suitably dressed in clean clothing. Personal care was offered appropriately and discreetly to meet people’s individual needs. Where people spent time in their rooms, staff knocked on their doors before entering and greeted people in a friendly manner. Where information needed to be shared with other staff, this was done discreetly, maintaining people’s confidentiality. We noted that people’s names were not displayed on their bedroom doors, which would help people to identify their rooms.

The service had good links with the local community including local churches. People told us their faith had played an important part in their lives before coming to Faith House. We were told by the staff that the local church visited the service monthly conducting a small service if people wished to attend.

People were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by the local district nurse team. Necessary services and equipment were provided as and when needed. When people were nearing the end of their life people received compassionate and supportive care in the way they preferred. Staff we spoke with told us they had completed a 12 week end of life training course. The registered manager told us this ensured the staff were aware of people’s wishes and would be treated with dignity, comfort and respect at the end of their life.

# Is the service responsive?

## Our findings

Throughout our inspection we observed people being cared for and supported in accordance with their individual wishes. People told us they were happy with the care and support they received. Comments included “I am happy with the care I get here, the staff are very good”, “I have everything I need here and feel I am cared for well”.

Staff told us they felt working within a small staff team with continuity of staff helped them to get to know people and respond effectively to their individual needs. Handover sessions were held at the beginning of each shift to help ensure staff had adequate information about each person’s care and wellbeing. Staff confirmed handovers were undertaken by the management or the staff on duty and that valuable information was shared amongst staff. An example being information was shared with staff about daily changes in people’s care needs and their wellbeing.

People’s healthcare needs were managed appropriately. People had access to local healthcare services such as dentists, nurses, opticians and chiropodists. People were registered with one of the local GP surgery’s within the vicinity. Most people were not able to attend the surgery. The GP visited the service weekly to see people, or sooner if this was required. The registered manager told us they were supported by their local GP surgeries and by the community district nursing team. Contact details of relevant health professionals and local authority services were kept in care records which meant referrals could be made quickly.

Staff spoke with us about specific risks relating to people’s health and well-being and how they responded to these. This included liaising with the district nursing team and GP surgery. These included risks associated with falls, weight loss, maintaining skin integrity. We reviewed people’s care records and found body maps were not in place for staff to monitor people’s ongoing skin integrity. An example being where people had fallen and bruising or injury had records were not maintained for staff to monitor the ongoing healing process. This meant there was no clear documentation of people’s progress regarding their well-being.

Activities did not appear to be adapted to meet people’s physical/sensory needs or for people living with dementia. There was little social interaction and recreational

opportunities for people. We observed during the inspection, that people spent most of their day resting or sleeping in the lounge or sitting in arm chairs. The lounge area had a TV, however, this was turned off for most of the time. Limited activities in the service were provided by the staff. We did not observe any activities taking place during the inspection. However, staff told us they often played ball games, held movie nights or completed puzzles in the evening. Staff also told us they offered regular activities to people such as flower arranging, puzzles, ball games and exercise; however people often declined to participate. One person living at the service told us there was not a lot to do in terms of activities within the service. We reviewed the activities records kept within the service for each person. They did not record when people had declined to participate in activities. Limited activities had been recorded monthly on people’s records, often there were as few as two entries in a month.

People’s care records did not reflect people’s personal needs and preferences. Records confirmed care plans were reviewed on a monthly basis. However, they had not always been updated to reflect peoples changing care needs. An example being one person’s care plan had not been updated to reflect their increased risk of falls and that they had a catheter. Another person’s care plan stated this person liked to go out for daily walks and attend a weekly lunch club within the community.

People’s personal and social needs and preferences were not always assessed or met. There was a lack of stimulation and activities for people

**This was a breach of Regulation 9 1) (a) (b) (c), Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.**

People and relatives said they felt able to raise any concerns or complaints with the registered manager, deputy manager and staff. Comments we received included, “I am happy here and if I wasn’t I would tell the staff”, “If I had a complaint I would talk to the staff. I do not have any complaints though”; “My relative is looked after here and if they were not I would complain to the management”. The service had a complaints system in place and details on how to make a complaint were available in the entrance hall of the service. Records were kept about each complaint received, along with

## Is the service responsive?

information about how each complaint was investigated and the outcome. There had been one formal complaint about the service that was made verbally. Records showed the complaint had been fully investigated and concluded.

# Is the service well-led?

## Our findings

People and relatives we spoke with said they felt the registered manager was approachable and that the service was well led. Comments we received included, “We visit daily and are made to feel welcome by the staff and manager. We are given updates about our relative’s wellbeing”, “The boss comes in to the lounge when they arrive at work to say hello. They are friendly”.

The registered manager had a clear vision and values for the service. They told us their main aim was to make sure the people they care for were happy and their needs were met. The registered manager told us their focus for the next 12 months was to carry out some minor decoration within the service including installing a new bathroom suite. They told us they also planned to have a lift installed within the service and that quotes had already been obtained in relation to the works.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a registered manager in day to day charge of the service that was supported by the deputy manager. The registered manager said they received good support from the deputy manager and the staff team. The registered manager and staff knew what their roles and responsibilities were. They were also clear on the lines of accountability within the service.

Staff meetings were organised and minutes were made available for us to see. The registered manager told us that alongside individual staff supervision sessions, four full staff meetings were held every year. Staff confirmed they were given opportunities to voice their opinions and make suggestions they thought would benefit the people who lived in Faith House.

Although the registered manager told us they were aware when notifications of events had to be sent in to CQC there had been two occasions when this has not been done. A notification is information about important events that have happened in the service and which the service is

required by law to tell us about. The registered manager did not inform the Care Quality Commission of planned sickness during a period of June to August 2015. This meant the CQC were not aware of the management arrangements of the service during this time. We were also not informed of an occasion where a person living at the service sustained a serious injury in March 2015. The registered manager had failed to submit a notification to the CQC to notify us of events or occurrences that happened at the service.

There were various systems in place to ensure that the service was reviewed and audited to monitor the quality of the services provided relating to people's care. The service had a programme of audits and quality checks and these were shared out between the registered manager and deputy manager. Audits relating to the management of medicines and nutrition were completed on a monthly basis.

The provider did not have effective systems in place in respect of health and safety of the building. For example, we found two en-suite toilet seats were broken and not fit for purpose. Staff told us the dishwasher within the main kitchen was not working. The registered manager told us the dishwasher had been condemned and they planned to replace this. We also found four tiles on the wall in the main downstairs bathroom had become uneven. During the inspection we showed the defects to the registered manager who told us they would take immediate action. We reviewed audits relating to health and safety and found they had not identified these areas to ensure the appropriate action had been taken to rectify the defects with clear timescales.

The registered manager had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

**This was a breach of Regulation 17 (2) (a), Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Good governance.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**How the regulation was not being met:** Staff did not fully understand the principles and concept of the Mental Capacity Act and how this impacted on the right of people to make decisions about their care. People were not being assessed in relation to their mental capacity to make decisions. Regulation 11 (1) (3).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**How the regulation was not being met:** People's personal and social needs and preferences were not always assessed or met. There was a lack of stimulation and activities for people Regulation 9 (1) (a) (b) (c).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:** The registered manager had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (2) (a).