Fitzwilliam Healthcare Limited

Fitzwilliam House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Fitzwilliam House is a care home that provides accommodation and personal care for up to 40 older people, some of whom are living with dementia. There were 33 people living at the home at the time of this visit. There are internal and external communal areas. Internal areas included a lounge / dining area on the first floor which could be assessed by a lift or stairs. A separate lounge and dining area with a kitchenette was situated on the ground floor and there was an enclosed garden for people and their visitors to use. The home is made up of two floors and there are bedrooms on both floors. The first floor bedrooms and communal areas are for people living with dementia. Three bedrooms in the home have a hand washbasin and toilet, and a further three bedrooms also have a shower. There are communal bath/shower rooms for people to use.

This unannounced inspection took place on 11 July 2016.

There was a registered manager in place during this inspection. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Where people had been assessed as lacking capacity to make day-to-day decisions, decisions were made in their best interest. Applications had been made to the local authorising agencies to lawfully restrict people's liberty where appropriate. Staff demonstrated to us that they respected people's choices about how they wished to be supported. Staff were able to demonstrate a sufficient understanding of the MCA and DoLS to ensure that people would not have their freedom restricted in an unlawful manner.

Plans were in place to minimise people's identified risks and to assist people to live as independent and safe a life as possible. Records were in place for staff to monitor people's assessed risks, and their support and care needs. People's nutritional and hydration needs were met.

Arrangements were in place to ensure that people were supported with their prescribed medicines safely. People's medicines were managed, stored and disposed of appropriately. When required, people were referred to and assisted to access a range of external healthcare professionals. People were supported to maintain their health and well-being.

People were supported by staff in a caring and respectful manner. People's support and care plans gave prompts and guidance to staff on any individual assistance a person may require. This included the person's wishes on how they were to be supported, their likes and dislikes and what was important to them. Staff supported people with their interests and activities and promoted social inclusion. People's family and friends were encouraged to visit the home and staff made them welcome.

Staff were trained to provide care and support which met people's individual needs. The standard of staff members' work performance was reviewed during supervisions, competency checks and appraisals. This was to make sure that staff were deemed confident and competent by the registered manager to deliver people's care and support needs.

Staff understood their responsibility to report any suspicions of harm or poor care practice. There were pre-employment safety checks in place to ensure that all new staff were deemed suitable to work with the people they supported. There was a sufficient number of staff to provide people with safe support and care.

The registered manager sought feedback about the quality of the service provided from people, their relatives and stakeholders. People who used the service and their relatives were able to raise any suggestions or concerns that they had with the registered manager and staff and they felt listened to.

Staff meetings took place and staff were encouraged to raise any suggestions or concerns that they may have had. Quality monitoring processes to identify areas of improvement required within the home were in place and formally documented any action required.

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.

People were assisted with their medicines as prescribed. Medicines were stored, administered and disposed of safely.

Staff were aware of their responsibility to report any suspicions of harm or poor care practice.

People's care and support needs were met by a sufficient number of staff.

Safety checks were in place to ensure that new staff were deemed suitable to look after the people they assisted.

Is the service effective?

Good

The service was effective.

Staff were aware of the key requirements of the MCA and DoLS and made sure that people were not having their freedom restricted in an unlawful manner.

Staff were trained to meet people's needs.

Supervisions, competency checks and appraisals of staff were carried out to ensure that staff provided effective support and care to people.

People's health, nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

Staff were caring and respectful in the way that they engaged with people.

Staff respected people's privacy and dignity.

Staff encouraged people to make their own choices about things that were important to them.

People were supported by staff to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Staff encourage people to take part in activities and supported people to maintain their links with the local community to promote social inclusion.

People's care and support needs were planned and appraised to make sure they met their current needs.

People knew how to raise a complaint should they wish to do so. There was a system in place to receive and manage people's compliments, suggestions or complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

Audits were undertaken as part of the on-going quality monitoring process. Any improvements required were documented and were actioned or being worked upon.

People, their relatives and stakeholders were able to feedback on the quality of the service provided.

Fitzwilliam 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 11 July 2016, and was unannounced. The inspection was completed by one inspector.

Before the inspection, we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law. We also received feedback on the home from Healthwatch Cambridgeshire and we used this information as part of our inspection planning.

We spoke with two people who lived in the home, four relatives and two friends of people who used the service. We also spoke with the registered manager, a team leader, the cook, a kitchen assistant/ care worker, a care worker and the head housekeeper. We talked with a visiting GP and community nurse. Throughout this inspection we observed how the staff interacted with people who lived in the home who had limited communication skills.

We looked at three people's care records, the systems for monitoring staff training and three staff recruitment files. We looked at other documentation such as quality monitoring, service users, relatives and stakeholder questionnaires, and accidents and incidents. We saw records of compliments and complaints, and medication administration records.

Good

Is the service safe?

Our findings

People who used the service and their relatives/friends said that they or their family member/friend felt safe in the home. This was because of how staff treated the people they assisted and the care provided. One person told us they felt, "Safer here rather than when I lived on my own, I had some falls at home so I now feel safer." A relative said, "I feel [family member] is safe here."

Staff said that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify the different types of harm and report any poor care practice or suspicions of harm. Staff told us what steps they would take in protecting the people they assisted and reporting such incidents. Staff were aware that they could also report concerns to external agencies such as the Care Quality Commission (CQC) and the police. There was a poster in a communal area of the home which gave details of organisations to contact if anyone had any concerns. This was for staff, people who lived at the home, and their visitors to refer to if needed. This showed us that there were processes in place to reduce the risk of people being harmed.

People had individual care plans and risk assessments undertaken to any identified risk, support and health care needs. These included but were not limited to, being at risk of poor skin integrity; being at risk of falls; moving and positioning; nutrition; and continence support. People, where deemed necessary, also had individual care plans in place for their medicine management; emotional well-being; mobility; personal hygiene; and oral assessment and intervention records. These risk assessments, care plans and staff guidance and monitoring records provided prompts to staff on how to check and support the people they assisted safely. However, we did note that food monitoring charts did not record detailed information for those people deemed to be at risk. We fed this back to the registered manager during the inspection and they said that they would review this.

People had evacuation plans in place in case of an emergency. The registered manager told us that following a recent visit by the local fire authority they were working on improving these plans to make them more individual and detailed to each person. We also saw that the home had a business continuity plan in place in the event of a foreseeable emergency as guidance for staff. This showed us that there were plans in place to assist people to be evacuated safely in the event of such an emergency, for example a fire.

Our observations showed that people were supported by staff to take their prescribed medicines safely and in a patient manner. Relatives we spoke with who expressed an opinion told us that they were happy with the management of their family member's medicines. One relative said, "My [family members] medication is time specific, staff even make sure that during hospital admissions the medicines go with [family member]." We saw that medicines were stored securely, at the appropriate temperature and disposed of safely. We were told that all staff who administered medicines had received training. Staff also said that they had their competency assessed by a more senior staff member. Records confirmed this. Stocks of medicines were audited four times a day to make sure that they were accurate. We saw that there were instructions for staff in respect of how and when people's medicines were to be administered safely. This included those to be given 'when required.' This demonstrated to us that there were systems and protocols in place to manage

people's prescribed medicines safely.

Staff told us and records confirmed that pre-employment safety checks were carried out prior to them starting work at the home and providing care. One staff member said, "My references and CRB [criminal records bureau check] were in place before I started." Checks included references from previous employment. A criminal record check that had been undertaken with the disclosure and barring service (previously the criminal records bureau), proof of current address, photographic identification, and any gaps in employment history had been explained. These checks were carried out to make sure that staff were of a good character and that they were deemed suitable to work with people living at the home.

We saw that during this inspection there were sufficient staff on duty to meet people's assessed needs. One person said, "Staff answer the bell [care call] quickly enough. Staff are quite prompt." One relative told us, "I would say there is never enough staff only because you would always want more, but staffing during the day when I visit seems okay… staff are only a care call bell away." People's current dependency requirements were assessed and this determined how much care and support from staff would be needed. The registered manager told us how this information then helped calculate the safe number of staff needed to work each shift. However, we noted that this information was not formally recorded or available during this inspection.

Staff rotas were written to make sure that there were enough staff on duty with the right skills and knowledge. One relative confirmed to us that, "There is always somebody [staff member] on hand to speak to me." The registered manager told us that they used agency staff sometimes to cover shifts during the night. They explained the different ways that they were trying to recruit new staff and that they on occasion they, "Struggled to recruit." Staff when recruited stayed with the provider a long time and the turnover of staff was low. This was confirmed by the staff members we spoke with. Our observations during this inspection showed that people's requests for assistance were responded to promptly. Staff whilst they were busy, did not hurry or rush people, and supported people at their own preferred pace.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provided a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Records we looked at confirmed that people's capacity to make day-to-day decisions had been assessed and documented. The registered manager told us that where people had been assessed as lacking the mental capacity to make day-to-day decisions, decisions were made in their best interest. We saw that applications had been made to the local authorising agencies to lawfully restrict people of their liberty where appropriate.

Staff demonstrated to us that they respected people's choice about how they wished to be supported. Records showed that staff had received training in the MCA and DoLS. Staff we spoke with demonstrated knowledge about the MCA and DoLS. One staff member said, "You assume everyone has capacity until it's deemed otherwise." Another staff member told us, "You treat everyone like they have capacity unless it has been assessed that they don't." Staff were able to confirm to us that some people living at the home had an application sent to the supervisory body to put lawful restrictions in place. This meant that staff demonstrated to us a sufficient understanding of the importance of respecting people's decisions and 'best interest' decisions.

People who used the service and their relatives told us that they were happy with the food served in the home. One person said, "The meals here are nice and you have a choice." Another person told us, "You get a choice of food every day and you can have fresh vegetables and fruit." A relative said, "The food is good, [family member] is encouraged to take on fluids and always says that they have eaten well and he has never said he is hungry. Staff will offer visitors cups of coffee or tea and you can also help yourself." However, one relative said that they felt that staff could do more to promote people's fluid intake during the hot weather.

We saw that people were offered a choice of meals verbally and alternative dishes were available and special requests catered for. The cook talked us through any special dietary needs and how this would be catered for. This included food prepared for people with a specific health care condition or people who required their food to be in a softened form due to identified risks. People were provided with a selection of hot and cold drinks and snacks throughout the day. Our observations during the meal time showed that people could choose where they wanted to eat their meals. Tables in the dining room were dressed with table cloths, placemats, and flowers to make meal times an enjoyable and social experience for people. We noted that staff encouraged and supported people to eat at their own preferred pace. This showed us that

staff assisted people to maintain their own independence.

Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team. We saw that the provider had adopted the Care Certificate which is a national induction programme tailored to develop staffs' knowledge and skills. This was until they were deemed competent and confident by the registered manager to provide safe and effective care to the people they supported.

Staff members told us they enjoyed their work and were well supported. One staff member said, "I am happy working here." Staff said they attended staff meetings and received formal supervision, competency checks and an annual appraisal of their work. Staff told us that these meetings were a 'two way process' which meant that they were able to use this time to discuss anything that they wished to. This showed us that staff were supported within their job roles.

People who used the service, their friends and relatives were complimentary about the staff. One person said, "I love [named care worker], she looks after me and helps me." Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the record of staff training carried out to date. Training included, but was not limited to; moving and handling; fire awareness; infection prevention and control; first aid awareness; safeguarding; health and safety; and dementia. We also saw training undertaken on, equality and diversity; MCA and DoLS; nutrition awareness; end-of-life care and the administration of medicines. Staff told us that they felt that they had sufficient training. This meant that us that staff were supported to develop and maintain their skills and knowledge.

Records showed that staff involved and referred external healthcare professionals in a timely way if there were any concerns about the health of people living at the home. One person told us, "I am seeing the GP today; I can see the GP when I need to." A relative told us, "The GP is called if needed and the family is always communicated with." Two visiting healthcare professionals told us that staff were good at contacting them if they had any concerns. One said, "The communication is good and staff follow guidance as much as they can whilst respecting the individuals wishes…they are proactive when raising any concerns." A GP told us, "Communication is good; staff will liaise with us in writing which means there is a good audit trail. Staff follow guidance and suggestions well." This showed us that staff referred people to healthcare professionals when required.

Good

Is the service caring?

Our findings

The majority of people who used the service, their relatives and visiting friends had very positive comments about the service provided. One person said, "The staff are kind…I am happy [here]." Another person told us the home was, "Very pleasant, very good indeed…I don't think you can find a more pleasant residential home." One relative told us the care provided was, "Absolutely brilliant…staff are exceptionally respectful and polite." Another relative said, "The care here is very good, the staff are very attentive."

We saw that staff took time to assist people when required. Staff when supporting people, undertook this at the persons preferred pace and without hurrying them.

Staff talked us through how they made sure people's privacy and dignity was respected and promoted when they were assisting them with their personal care. They confirmed that this support was given behind closed doors. A relative told us about the positive differences that had been made since their family member came to live at the home. They told us that their family member, "Looked so much better and staff do things for her and are only a care call bell away." Another relative said that their family member who had been staying at the home on respite, "Looked well and cared for." A third relative told that they, "Couldn't praise staff enough…everybody is friendly and has helped me accept that my [family member] is in a home."

The majority of relatives and visiting friends we spoke with said that they felt that their family member/ friend were well cared for. One relative said, "The personal care given is good, [family member] is always well presented, I have no concerns." A person told us, "I have just had a bath…staff will ask you if you want a bath now or later." Another relative said that their family member was always, "Clean and tidy."

We saw that staff knocked on the door of the person they were about to assist before entering. Staff were observed waiting for a response from the person before they entered their room. One person said, "There is a nice atmosphere here. Staff will knock on my bedroom door before entering." A visiting healthcare professional told us, "Staff seem very caring." This showed us that staff treated the people they were supporting in a caring and dignified manner.

We saw that staff were polite and addressed people in a respectful manner and by the name they preferred. We noted that staff' asked people if they needed support with their personal care in a dignified way. One person said, "Staff are respectful and kind." A relative told us, "Staff will respect the persons own space." We noted that people were appropriately and cleanly dressed for the temperature within the home.

People's rooms were personalised with their own possessions. A visiting GP told us, "This is a local care home for local people; it has a nice feel to the place." We saw that efforts were made by the registered manager and staff to make a person's room feel personalised, individual and homely.

Care records had been written in a way that promoted people's privacy, dignity and independence. Staff had endeavoured to collect personal information about people living at the home. This also included their individual likes and dislikes, any preferences they had, and their individual support and care needs. Care

plan reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs. Evidence showed us that people and/or their appropriate relative, or power of attorney was involved in the setting up and agreement of these records and reviews.

We saw that staff knew the people they were supporting when talking to them. We observed that when a person displayed signs of anxiety staff were quick to reassure them in a patient and caring manner. This enabled the person's anxiety to decrease. This showed us that staff got to know and develop an understanding about the people they were supporting.

Staff told us how they encouraged people to make their own choices to promote and maintain people's autonomy. For example, what people would like to wear, where they would like to take their meals or what they would like to eat. People we spoke with said that they could ask for help from staff when needed and told us how they were encouraged by staff to make their own choices. This showed us that people were supported by staff to make their own decisions and that staff respected these choices.

People's friends and family were encouraged to visit the home at any time by the registered manager and staff and made to feel welcome. One relative said that staff, "Make you feel at home."

Advocacy services information was available for people should they wish to use this information. We saw evidence that the home had supported people to use an independent mental capacity advocate when needed. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People, their relatives and visiting friends had mainly positive opinions on the activities on offer at the home. During this inspection we saw people knitting, reading the newspaper, watching television, singing, and impromptu dancing with staff members. There was bingo arranged for people and their visitors who wished to take part. There was an art and craft session where people could make and decorate hair bands. We also observed people watching and taking part in an armchair exercise programme which was on a DVD in the ground floor communal lounge. One relative said, "Staff will ask [family member] to join in [activities], but only if [my family member] wants to." However, another relative told us that, "There are bingo and quizzes happening, but perhaps there could be more engagement." A visiting friend also told us that they would like to see more personalised engagement from staff when supporting their friend who was living with dementia. They felt that staff could support their friend further, by giving them roles within the home to, "Keep their hands busy." This was because the person had been a very active person previously. They thought that this support would help stimulate them. We fed this back to the registered manager about this during the inspection, who told us that they would look into this.

We saw that the home had a pet cat for people to help look after should they wished to do so. The registered manager told us that their activities co-ordinator had recently left the home. However, we observed that care staff were supporting people with various activities and their interests throughout our visit.

People who used the service were supported to maintain their links with the local community. Photographic evidence demonstrated to us that external entertainment was booked on occasion to visit the home as an activity. For example, we saw an Elvis impersonator had visited. We also noted that there had been trips out for people to the local garden centre and local zoo.

We saw that religious services took place in the home for people who wished to attend. We also noted that people's friends and relatives were supported and encouraged to take their friends out for walks or trips out, where appropriate. During this inspection one visiting friend and their pet dog had been out for a walk in the local village with their friend who lived at the home. On returning to the home, the visiting friend was encouraged by staff to walk their dog around the home, much to the delight of the other people who lived there.

Care and support plans were developed by staff in conjunction with the person, and/or their family. These provided guidance and prompts to staff on the care and support the person needed and their wishes. The individual support that people received from staff depended on their assessed needs. Support included assistance with their personal care a, prescribed medicines, and meal time support. Reviews were carried out regularly to ensure that people's current care and support requirements were recorded, updated and met the persons current care needs. This was then used as information and guidance for the staff that supported them.

We saw that the home had received compliments from relatives as feedback on the quality of the service provided to their family member. Relatives told us that that they knew how to raise a suggestion or

complaint should they need to do so. A relative said, "If I had a concern or suggestion I could speak to staff or the management. I think they would listen." Another relative talked us through how they had made a suggestion regarding their family member and that this had been listened to and resolved quickly and to their satisfaction. We noted that there had been four complaints raised with the provider since 1 January 2016. We saw that all of the complaints had been investigated and responded to, with any action taken as a result of learning documented. Staff said that they knew the process for reporting concerns or complaints. Records showed that complaints received had been responded to in a timely manner and resolved where possible.

Good

Is the service well-led?

Our findings

There was a registered manager in place and they were supported by care staff and non-care staff. People who used the service and relatives told us that they knew who to speak with and spoke positively about the registered manager and staff. One relative said, "The [registered] manager and staff are approachable. You can ring them at any time…nothing is too much trouble. They go out of their way [to help]."

Quality monitoring systems were in place to monitor the quality of the service provided within the home. These checks included, but were not limited to; the management of people's prescribed medicines; infection control and housekeeping. Audits were also undertaken on kitchen audits; night time and weekend audits; staff training; and people's care plans. We also noted that there was a regional director internal audit which highlighted any areas of improvement required. We saw that any improvements needed were either completed or being worked on and that these were documented in an action plan.

Accidents and incidents were also looked at as part of the quality monitoring of the service. Learning from these incidents was documented with the aim of reducing the risk of reoccurrence. This showed us that there was a system in place to monitor the on-going quality of the service provided.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC in a timely manner.

Staff told us that they were free to make suggestions, raise concerns about the quality of the service provided, and that the registered manager was supportive to them. One staff member said, "The [registered] manager supports me and the staff work well as a team." Another staff member told us, "The [registered] manager is happy to listen to any suggestions or concerns I might have." Records we looked and staff confirmed that staff meetings happened. These meetings were also used as opportunities to update staff on the service and for staff to raise any suggestions or concerns.

Staff we spoke with were able to demonstrate to us the culture and values of the service. One staff member confirmed to us that the embedded culture was, "Care to the resident."

The registered manager sought feedback about the quality of the service provided from staff by asking people who lived at the home, their relatives and visiting stakeholders to complete questionnaires. Questionnaires returned showed that the feedback was mostly positive. Any improvements noted from these results were documented and were either actioned or being worked upon. We also noted that residents and relatives meetings were planned and that at these meetings, people were asked for their suggestions and comments. This meant that people, their families, and stakeholders were given the opportunity to formally feedback their views on the quality of the service provided.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This

showed us that they understood their roles and responsibilities to the people who used the service.