

Approach Community Homes Limited

Fullwood House

Inspection report

67 Lord Haddon Road
Ilkeston
Derbyshire
DE7 8AU

Tel: 01953880417

Date of inspection visit:
14 September 2016

Date of publication:
27 September 2016

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

This inspection was unannounced and took place on 14 September 2016. The service was registered to provide accommodation for up to ten people, who have a mental health condition. At the time of our inspection eight people were using 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 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 home is situated in the town centre of Ilkeston and provides good access to local shops and services. People who used the service told us they felt safe and well cared for. There were always plenty of staff on duty to meet the needs of the people and the manager reflected the level of staff based on people's needs. Training was available to staff and covered a broad range of training to support them in their role. The provider had a robust recruitment policy and we saw this was followed.

We found staff had established positive relationships with people. The staff team was consistent which provided people with assurance of continuity of support. Staff showed respect for people's choices in relation to privacy and how they wished to spend their time.

People were able to choose the meals they wish to eat and alternatives were provided. They were encouraged to be independent for some of the meals. We saw that medicines were managed safely and administered in line with people's prescriptions. Referrals had been made to health care professionals and any guidance provided had been followed.

Staff used information from the person and family or relatives to support the completion of the care plan. People's care plans were personalised and they had been encouraged to be involved if they wished so that their own wishes and words would be reflected.

People were encouraged and supported with activities they wish to engage in. Any complaints had been addressed and resolved in a timely manner.

People told us they found the service to be kind and friendly. Staff felt supported by the manager and there was a clear process in place to cascade information about the service and the needs of people. People had been encouraged to give feedback about the service. There was a routine approach to completing audits to ensure the service provided continued good service and reflected any continuous improvements.

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.

Staff understood their responsibilities to keep people safe from harm. Any identified risks had been completed and guidance provided. There were sufficient staff and they had been recruited ensuring the appropriate checks had been completed. People received their medicines as prescribed and medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received ongoing training and there was an induction package to provide new staff with the skills to support people. People were supported to make decisions about their care. People were encouraged to be part of the menu planning and were able to make choices about their day to day food. Referrals were made to health professionals when needed.

Is the service caring?

Good ●

The service was caring

Staff knew people well and had positive caring relationships with them. They encouraged people to make choices about their day. Staff ensured people's dignity was respected. People were supported to maintain relationships which were important to them. When required people were supported by advocates.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people and their likes and dislikes which were reflected in the care plans. People had the opportunity to participate in activities they enjoyed. There was a system in place to manage concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

Staff told us they were supported by the manager and provider. The provider had effective systems in place to monitor and improve the quality of the care people received. The manager

understood the responsibilities of their registration with us.

Fullwood 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. Our inspection visit was unannounced and took place on 14 September 2016, and the team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service and two relatives. All the people we spoke with were able to tell us their experience of their life in the home.

We also spoke with two members of care staff, and the registered manager. We reviewed two staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe when they received care. One person told us, "It's a home not a hospital, I was frightened there, but I am not here." One relative said, "My relation is safe without a shadow of doubt."

Staff had received training in safeguarding and understood the different possible signs of abuse around safeguarding and how to raise a concern. One staff member told us, "People are safe, there is always staff around." Another staff member said, "I would report any concerns and ensure I had documented things, dates, time." They added, "I feel assured any concerns would be taken seriously." The provider was aware how to raise any concerns and when they had been raised appropriate action had been taken.

We saw that risks to people's safety had been assessed. The assessments covered any area of concern and guidance was provided to reduce the risks. People were able to access the local community independently and there were safeguards in place to ensure their safety. One person told us, "When I go out, I tell the staff and they give me my money." Another person told us, "You just have to let the staff know and that's just for safety." The manager told us they kept the front door locked and everyone used the rear entrance. This entrance was locked each evening at 10.30pm, anyone who was out after this time then had to knock to gain entry. Everyone was able to go out independently and this was encouraged. For example, we saw a staff member accompanied one person to the bank, once the support required had been provided the staff member returned to the home. The person remained in the town for some time independently shopping.

People told us and we saw that fire risk assessments had been completed and an individual plan considered. The general emergency plans were displayed in each bedroom and around the home. One person told us how they would exit through the back door and wait at the meeting point. We saw records which showed regular fire drills had been completed. The service had received a fire safety inspection which had identified the need to replace some cupboard doors for fire retardant ones. We saw these had been replaced to ensure the service was compliant with the fire regulations.

There were sufficient staff to support people's needs. One person said, "There is enough staff, always someone if I need them." This sentiment was echoed by all the people we spoke with. Staff also felt the service was staffed at the right level. They said, "We all work as a team, the people get individual time and all the things get done."

The provider discussed the staff numbers with the manager, and these were dependent on the needs of the people using the service. For example we saw on the rota that additional staff members had been added to support healthcare appointments. This ensured the people at the home still received the same level of care and the person with an appointment was also supported. The manager told us they had recently made changes to some roles in the staff team. The home used to have the roles of a cook and a domestic staff in addition to the support care staff. These roles had been incorporated so that all the staff within the home were now support care staff. One of the staff members who had changed roles told us, "This role has freed up more time for the people." Another staff member told us they felt supported when the roles changed.

They said, "My confidence has returned with the support I have received." We saw that before these staff roles had changed, staff had been consulted by the provider. All the changes had been communicated in the staff meeting notes and in the meetings held with the people who use the service.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions.

People told us they were supported to take their medicine and this had been their choice. One person told us, "I used to take my own medicine, but I made a mistake so I am happy with the staff supporting me, they never forget." Another person told us, "I used to do mine, but I kept getting up late and this had an effect on my medicine so staff are supporting me, but I want to do them again when I can." We discussed the medicines with the manager who confirmed they aimed to follow people's wishes and support independence; however they had to ensure people had taken their medicine at the correct time to maintain their health care condition. We saw in the weekly meetings for people who used the service, there had been a reminder about the importance of medicines being taken on time.

We observed staff administering people's medicines. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this. The staff had received training in medicine administration, and those we spoke with and observed showed knowledge about the medicine, why it had been prescribed and any impact this may have had on the person. We saw that medicines were stored safely and regular stock checks had been completed in relation to the prescription requirements and stock levels. This demonstrated that the service managed people's medicines as prescribed and in a safe way.

Is the service effective?

Our findings

The staff had received a range of training appropriate to their role. One staff member told us, "We have recently done some training on behaviours that challenge, the techniques were interesting and we talked about prevention." Another staff member told us, "The training is good, a lot of online. The recent medicine training was very in depth, its good it makes you think." We saw that staff had been supported to access qualifications to support their role, for example the team leader was completing a national qualification.

There was a consistent staff team at the service, and a new staff member was starting in the next few weeks and the manager discussed their induction programme with us. This covered the mandatory training and shadowing with experienced staff across different shifts and a monitoring period. The manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and was planning to introduce this for all new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People told us they felt supported to make their own decision, "I am able to make choices and staff listen to you." We saw that when people made decisions that were of a concern, the risks were discussed with the person and support offered. A risk assessment was also completed to ensure the staff team understood the person's wishes and how they should support the person to reduce the risk. The manager told us, "It's the person's decision; we need to oblige it and protect them at the same time."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

All the people using the service had capacity to make their own decisions, however they were supported by healthcare professional when required. For example one person had refused medical appointments relating to their health needs, the staff had requested a mental capacity assessment to ensure the person understood the decisions they were making.

People told us they enjoyed the food and that they had a choice. One person said, "The food is good here, I cannot complain about the food." Another person told us, "Fry up is my favourite." People told us and we saw that they had been involved with the menu planning at a weekly meeting. Staff said, "The menu is a guide and we try to meet people's choices if they change their mind."

The service had a main kitchen which was locked for safety, however outside the main kitchen there was an area where people could be independent in making their own drinks throughout the day. This area was also used at breakfast and lunchtime where/when a selection of food was presented and people were able to choose what they wished to eat. Any additional requests made were supported, for example one person asked for porridge and they were assisted in the main kitchen to make it. Throughout the day we saw this area was used by all the people using the service. The evening meal was provided by the staff, and each day there was a choice of two meals, however people could choose an alternative if they wished. We saw one person had chosen a different meal to that from the menu.

We saw where concerns had been made about people's weight and appetite, a referral had been made to the relevant healthcare professional. The guidance they provided had been implemented into the menu and that person's nutritional intake.

People told us they had access to healthcare professionals when needed, and one person said, "I have regular doctor's appointments, and they make me an appointment when I ask for the GP." The manager told us they maintained a diary to remind the people of their appointments. This also ensured the staff were available to accompany them. We saw where a person had experienced difficulties mobilising in the bathroom a referral had been made to a healthcare professional and some equipment was provided to support the person to remain independent. This demonstrated that people were supported with their healthcare needs.

Is the service caring?

Our findings

People told us they had positive and caring relationships with the staff. One person said, "Staff are kind and it's clean." Another person said, "Staff here help support me and guide me."

We saw interactions between the people and staff and these were positive with friendly banter and a focus on guiding the person with their own independence. For example one person was encouraged to consider having a bath. Records for this person show that there had been some concerns in this area and that guidance had been provided for staff to encourage the person in this area of their daily care.

People felt able to make their own choices, and one person said, "They listen to me." Another person told us, "I get up when the staff come in to support my personal needs, however I don't get dressed. I have a coffee and a cigarette, then a shower later." We saw people got up at different times and felt comfortable in their night wear until they wished to get ready for the day. The staff we spoke with told us, "We always place ourselves in their situation, what they prefer and how we can support them." Another staff member said, "We encourage people to be independent and let them lead the way."

The manager told us, "People here feel able to advocate for themselves, however we know about the options available if a person needed an advocate." An advocate is an independent person who will represent the person's wishes without judging or giving their personal opinion.

People were encouraged and supported to maintain family contacts. The manager told us people were able to use the office phone on request to call family or friends if they wished. One relative told us, "We are kept informed of any concerns and appointments." They added, "Staff are very respectful when discussing anything about [name] and respect their wishes and independence."

People told us they felt their privacy and dignity was respected, one person said, "Staff always knock before coming into my room." We saw staff prompt a person to fasten their dressing gown to maintain their dignity. Staff told us, "You should speak to people how you expect to be spoken to."

Each person had a key to their own room. One person told us, "I like that security." Staff told us it was important to respect this, they said, "We have a master key, however we would only use it if we had concerns for the person and it was urgent we got in the room." This demonstrated that people's respect was considered and supported.

Is the service responsive?

Our findings

Records showed that before people moved to the home the manager completed an assessment to ensure the home could meet the person's needs. From this and information obtained from family and friends the care plan was developed.

We saw the care plans reflected people's needs and covered all aspects of the person's life. There was guidance to cover each person's daily living requirements. We saw how the plans provided choices, for example the time people wish to rise or go to bed and any routine aspects which help to make the person feel contented. Staff told us they found the information to be useful and accurate, "It's a big part of choice here, people having choices and their own independence."

We saw people had signed consent for their care needs and that they were reviewed on a monthly basis, any changes were noted and the person had an opportunity to add comments. For example, one person had written, 'I still feel safe at Fullwood'; another comment under choice and control said, 'I feel valued and my opinions are listened to.'

The staff completed a daily worksheet which covered any changes which occurred with people and any actions required by the next staff member who was working. This ensured that people received continuous care as their needs changed.

People chose what they wished to do. Some people had a weekly plan other people took each day as it came depending on how they felt. One person told us they attend a centre three days a week, they said, "It's good for me there I enjoy it." We saw the home had a weekly meeting to discuss the coming week which covered any appointments, food choices and any additional activities people wished to consider. Each week people had some allocated one to one time to support them to clean their room, change the bed etc. People told us they enjoyed this time, one person said, "Staff are kind and friendly." Another said, "They have some fun with you." Staff told us people enjoyed the one to one time, they said, "It's an opportunity for people to talk about things they don't usually mention." This meant people were encouraged to engage in activities of interest to them.

People told us they felt able to raise any concerns and several people told us they felt listened to. One relative we spoke with said, "I have no complaints, however I feel I could raise any concerns if needed." The home had a complaints procedure and we saw that any complaints had been addressed formally and records kept.

Is the service well-led?

Our findings

People told us they felt there was a relaxed atmosphere at the home. A relative told us, "All the staff treat everyone with respect in my experience." One staff member we spoke with told us they enjoyed working at the home, they said, "It's really nice, great colleagues and everyone is approachable."

Staff we spoke with told us they felt supported by the manager. One staff member said, "You can go to the manager anytime." Staff told us they received supervision, they said, "We are bit behind, but I know I could pick the phone up or ask for support and I would get it." The manager confirmed they were a bit behind with supervisions due to the holiday period but meeting dates had been arranged.

Staff told us they felt able to raise any concerns under the whistle blowing policy. This is a policy to protect staff if they have information of concern. One staff member told us, "We need to speak up for people if needed." They also told us they felt confident anything raised would be dealt with confidentially.

The manager felt supported by the provider. There was the opportunity for daily contact through email and telephone and the provider visited every month. During the providers monthly visit the manager received supervision and they completed a maintenance check of the building. The provider had two other services, and the managers from these met on a quarterly basis to discuss the homes and any shared learning. The managers all covered an 'on call' system across the three homes to support staff with any concerns they may have whilst working out of hours. The manager told us, "All staff know all the managers, and if needed mostly call for reassurance."

In the PIR it identified the provider was recruiting a team leader to support the manager with their role and when they were not at the home. We saw this had happened and the new person was progressing towards their team leader qualification.

The manager had a routine of audits covering all areas of the home and care provided. We saw the medicine audit raised concerns on some missed signatures and that this had been addressed in the communication book and staff meeting. There was an overarching quality assurance audit which combined paperwork and areas of the home to ensure all aspects had been considered. The audits showed action had been taken to review risk assessments following minor incidents and maintenance issues had been checked to ensure they had been completed.

The provider had asked for feedback from the people who use the service and relatives. There was no specific request for any changes however the manager said, "We review these questionnaires and take on board any comments."

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.