

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?	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

Furze Hill House is a service that provides residential care and support for up to 40 older people some of whom may be living with dementia. At the time of this inspection the service was full with a waiting list in place. The accommodation is over two purpose built floors that are accessible by a lift. There are a number of communal areas and the service has an accessible garden.

At the last inspection carried out in January 2016, the service was rated Good. At this inspection carried out in November 2017 we found the service remained Good.

Following our last inspection in January 2016, the service had been in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the risks associated with medicines administration and management had not been fully mitigated. At this inspection carried out in November 2017 we found that improvements had taken place and that the service was no longer in breach of this Regulation.

Effective processes were in place to help reduce the risk of harm or abuse to people both on an individual basis and collectively. Regular maintenance had taken place on the premises and equipment and adverse events such as the outbreak of fire had been assessed and mitigated. There were enough staff to meet people's needs on an individual basis who had been suitably recruited.

Staff had received the training and support to deliver appropriate care to people's assessed needs. Their practice was monitored and staff had the opportunity to develop their skills and knowledge. People's nutritional needs were met and they had access to healthcare professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The premises had been designed in consideration of those that used it and included clear signage and appropriate decoration.

Staff demonstrated a kind, caring and professional approach to the delivery of care and support. They were respectful towards those that used the service and each other. They supported people to maintain their dignity and independence and confidentiality was preserved. People had been included in the planning of the care they received and staff sought consent before assisting people.

A person centred service was delivered that took into account all aspects of people's lives. Information had been sought on people's life histories to help staff build meaningful relationships with them. End of life care was delivered sensitively. The service took complaints seriously and saw them as opportunities to further improve the service.

The service was well organised, well-led and appropriately managed. There was a registered manager in post who had experience, knowledge and understood their responsibilities and accountability. Systems were in place to monitor the quality of the service and these were effective at ensuring a good quality service

was delivered. People's feedback and suggestions were consistently sought on the service, listened to and acted upon as appropriate.

Further detailed information can be found in our full report.

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 has improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 7 and 23 November 2017 and was unannounced. One inspector carried out both days of the inspection. A delay occurred between our inspection visits due to an outbreak of an infectious disease within the service.

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

During our inspection we spoke with five people who used the service, one relative and one healthcare professional. We also spoke with the registered manager, the head of care, a team leader and two care assistants. We observed care and support being provided to the people who used the service on both days.

We viewed the care records for two people who used the service and the medicine administration records and associated documents for eight people. We also looked at records in relation to the management of the home. These included the recruitment files for four staff members, minutes from meetings held, staff training records, quality monitoring information and maintenance records.

Is the service safe?

Our findings

At our last inspection carried out on 18 and 21 January 2016, the service was rated Good overall but Requires Improvement in this key question. This was because we had identified a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that the people who used the service had not been fully protected against the risks associated with medicines administration and management. At this inspection, carried out on 7 and 23 November 2017, we found that improvements had been made and the provider was no longer in breach of this regulation. However, further improvements are required in the recording of medicines administered externally.

Following our inspection in January 2016, we asked the provider to complete an action plan to show what they would do and by when to improve this key question. This was received from the provider within the required timescale.

The people who used the service had received their non-external medicines as prescribed. Medicine administration record (MAR) charts were complete and gave staff information on how and when to administer medicines. For the stock counts we completed, these corresponded with the MAR charts confirming people had received their medicines as prescribed. For those people prescribed medicines of variable dose, MAR charts confirmed these had been given as instructed by the GP. Separate application charts were in place for medicines that were applied on the skin as a patch. For those people who administered their own medicines, the service had assessed, mitigated and managed the associated risks.

However, we found some gaps in the charts that recorded the administration of external medicines such as creams and lotions. Whilst records showed that these were being regularly ordered, records of application needed improving to ensure they were being administered as prescribed.

During our inspection we saw that medicines were stored appropriately and securely. For those staff that administered medicines, records confirmed that they had received training in this and that their competency to perform this task had been assessed. Regular audits on medicines management had been completed in order to monitor and improve this aspect of the service.

Those that used the service told us they felt safe living at Furze Hill House. One person told us they felt, "Safe and warm" whilst others told us there were enough staff to meet their needs.

The service had processes in place to help reduce the risk of harm and abuse to people who used the service. These included safeguarding training for staff and referring incidents to the appropriate organisations as required. Staff told us that they felt confident in raising any concerns they may have and that they would be dealt with appropriately.

The risks to those that used the service, visitors and staff had been identified, assessed and managed. Where people who used the service were at risk in relation to their health and wellbeing, this had been identified and appropriate action taken. For example, pressure relieving equipment was in place for people who were

at risk of skin deterioration and specialist diets were provided for those people with swallowing difficulties.

Accidents and incidents were managed and assessed after each incident in order to mitigate future occurrences. Although analysed, the registered manager had recognised that improvements were needed in the analysis of accidents and incidents and was due to implement a new system which we saw during our inspection. The risks relating to equipment and premises had been identified and systems were in place to reduce those risks. For example, regular servicing and maintenance had taken place on equipment and assessments were in place for such risks as Legionella and fire. During our inspection we saw that confidential records were securely stored and access controlled.

Furze Hill House had a stable staff team and the people who used the service told us there were enough of them to meet their needs. One person who used the service told us that, when assistance was required, "I never have to wait long." The staff we spoke with agreed with one also describing the staff as, "Well organised" in meeting the needs of the service and those people that used it.

The provider had processes in place to reduce the risks associated with employing staff not suitable to support the people who used the service. These included completing appropriate checks on potential staff before they began working in the service such as a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. In addition, references from previous employers and identification confirmation had been sought.

The prevention and control of infection had been assessed and managed and systems were in place to address this. This included the provision of personal protective equipment for staff and regular cleaning of the premises and equipment. During our inspection we saw that the service was clean and odour free. Furthermore, between our inspection visits, the service had an outbreak of an infectious disease and we saw that this was managed appropriately in order to reduce the risk to those people who used it.

To further safeguard people who used the service, we saw that staff had received training in both health and safety and infection prevention and control.

Is the service effective?

Our findings

At our last inspection carried out on 18 and 21 January 2016, the service was rated Good overall and in this key question. During this inspection carried out on 7 and 12 November 2017, we found that the service maintained its Good rating in this key question.

The people who used the service told us that staff had the skills and abilities to provide them with the care and support they required. One person who used the service described the staff as, "Lovely" whilst another particularly praised the care they received from staff throughout the night. The healthcare professional we spoke with told us of the beneficial nature a stable staff team had on the people who lived at Furze Hill House.

The needs of those people who used the service had been assessed on an individual basis to ensure the service could meet them. Where required, equipment had been used to enhance people's experience, safety and independence. For example, moving and handling equipment was available and assistive technology was used as appropriate.

Staff had received the training and support to provide individual care and support to those people that used the service. Staff had received not only training in the subjects the provider deemed mandatory but additional topics that helped to enhance the experiences of people. For example, staff had received training in topics such as falls management, person centred care planning and understanding the consequences on people who have swallowing difficulties.

Staff talked of a supportive management and staff team that worked well together. One staff member described the staff team as, "Welcoming" and told us they received the support to improve their skills. Another staff member told us, "Staff are mutually respectful of each other." Records showed that staff had received regular supervisions and an annual appraisal to discuss their role and performance. We also saw that their competency to assist people to move safely, effectively and in line with training had been assessed.

Communication was effective amongst the management and staff teams which enhanced the service people received. Staff told us that management communicated change well. A number of tools were in place to further assist this which included communication books and handover meetings. Handover meetings took place at the start of shifts to ensure staff were fully aware of any changes that had taken place within the service or to those people that used it. In addition, regular meetings also took place so topics could be discussed openly and amongst the staff team.

People's nutritional needs were met, they received enough to eat and drink and there was a choice in what food and drink they were served. All except one person we spoke with told us the food was to their liking. The service had, however, identified that improvements could be made in this area and had consulted people on ways in which this could be achieved.

We observed lunch on one day of our inspection visit and saw that people received the assistance they needed. This was seen as being encouraging and respectful. A choice of drinks was offered throughout lunch and we saw that people had a choice over what they had to eat. For those that required and wished for it, adapted equipment was available.

From the records we viewed we saw that people's nutritional needs, and the risks associated with them, had been identified and planned for. For example, associated health professionals had been involved as necessary and monitoring of people's weight had occurred to help reduce the risks of malnutrition and the associated effects such as poor skin viability.

People's healthcare needs were well managed and they had access to a wide range of health professionals. The GP attended each week and as required in between their weekly visit. We saw information displayed within the service that showed when other healthcare professionals were attending. The records we viewed confirmed that health professionals had been involved in people's wellbeing and referrals made appropriately.

The service's environment was bright, light and spacious which contributed to people's wellbeing. To help guide people around the service we saw that there was clear signage in place in a large font accompanied with pictures. Each person's room had a door that depicted the front door of a house. This meant people could receive their own post via a letter box as well as seeing who was at the door through a door viewer. Doors had knockers attached and were bright and colourful to aid orientation. To further assist people in identifying their rooms, each person had personalised information attached to the outside of their doors depicting them with items or people that were important to them. The registered manager also told us that they had plans to further improve the communal areas to assist with people's wellbeing and privacy. However, the service had a number of areas where people could spend time away from their room either in private or with others.

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 interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the 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.

The service had adhered to the MCA. This had been achieved by appropriately assessing people's capacity to make specific decisions. These had been recorded and, where decisions had been made in people's best interests, other people had appropriately been involved in these decisions. For example, where people required their medicines to be administered covertly (hidden in food or drink) the GP or pharmacist had been involved in these decisions. Where there was a need for a person to be deprived of their liberty, applications had been submitted as required in order for this to be carried out legally. Where other people could legally make decisions on people's behalf we saw that this was recorded in people's care records and adhered to.

Is the service caring?

Our findings

At our last inspection carried out on 18 and 21 January 2016, the service was rated Good overall and in this key question. During this inspection carried out on 7 and 12 November 2017, we found that the service maintained its Good rating in this key question.

People spoke of staff that were caring, kind and warm in their approach to care and support. Our observations during our inspection visits confirmed this and we saw that people's dignity was maintained at all times.

One person who used the service told us staff were, "Friendly" whilst another described them as, "Brilliant." This person told us that they would find it difficult to imagine that staff could demonstrate more kindness and care than they already did. We saw and heard, through our discussions with staff, that they were content in their roles and spoke about people with affection. One staff member told us they felt, "Lucky" to work in such a good environment and with such, "Lovely residents."

During our inspection we saw examples of staff demonstrating thoughtfulness and considerate care. When one person became distressed we saw that staff were quick to offer verbal and physical reassurance. We saw that the staff member offered soothing words of comfort whilst offering physical reassurance in the form of a gentle stroking motion. On another occasion we saw that a staff member noticed a person was in short sleeves and was quick to ask if they were warm enough or whether they needed them to fetch them a jumper. This request was accepted and the staff member quickly fetched the person a jumper before asking if they needed help with getting it on. We also saw that staff spent time sitting with people who used the service, chatting and engaging with them.

The people who used the service told us they had been involved in the planning of their care and that their consent was sought prior to staff assisting them. A document entitled 'Preferred Priorities for Care' assisted people to do this. This was a document that people could complete giving staff relevant and important information to help them provide meaningful support. For example, it gave people the opportunity to record what was important to them and what their preferences and priorities were in relation to the support they wished for.

People's dignity was promoted by staff who understood its importance. Observations showed that staff were considerate of people's dignity. From the records we viewed we saw that staff meetings were used to prompt staff in ways to maintain and improve dignity for people. For example, we saw that a discussion was had on the importance of ensuring people's hearing aids were working effectively. On another occasion we saw that staff had been reminded to assist people in wearing clean and appropriate clothing whilst ensuring people's appearance were as they wished. Key workers also assisted people to ensure they had enough supplies to maintain their appearance and personal hygiene. The care plans we viewed also recorded information on what tasks people wished to do for themselves and those they needed support with. This helped to promote people's choice, dignity and independence.

Equipment was available to support people's independence and we saw that staff encouraged this. Confidentiality was maintained and we did not see any confidential records unsecure during our inspection visits. Staff spoke about confidential matters in private. We also saw that people's preferences were adhered to. For example, one person who used the service told us that, following their request not to have a particular gender of staff member assist them with personal care, this was immediately adhered to.

There were no restrictions on visiting times and people's friends and relatives could attend at any time. Visitors were made to feel welcome and refreshments and seating areas were made available to assist the people who used the service to welcome their visitors.

Is the service responsive?

Our findings

At our last inspection carried out on 18 and 21 January 2016, the service was rated Good overall and in this key question. During this inspection carried out on 7 and 12 November 2017, we found that the service maintained its Good rating in this key question.

The people who used the service received care that was planned individually for them and person centred in its delivery. People had their own, individual care plans in place that covered areas of daily living such as personal care, emotional wellbeing, nutrition, night care and spirituality. From the care plans we viewed, we saw that these were accurate and reflected the needs of the person. Care plans had been reviewed on a regular basis.

People's priorities, preferences, likes and what was important to them had been captured to help staff build meaningful and trustful relationships. Information on how people liked to relax, communicate and what may worry them was also recorded to further aid this.

Family and friends information was also recorded to help staff understand people's relationships and to support them in maintaining these. The risk of isolation was also recognised and taken into account when planning the care and support people received or wished for.

The people who used the service had had the opportunity to record such information as their life history, working life, hobbies and interests, their personality traits and other relevant information in regards to who they were and what had made them the people they were. This again helped staff to support people in the way they wished and understand their history and how this impacted on them.

The service supported people in maintaining their interests and this was achieved by providing activities within the home and support to access the community. For example, people had regular opportunities to practice their faith and this could be accessed either within the home or community. During our inspection visits we saw that activities took place and that a dedicated staff member was responsible for ensuring this provision. We saw that activities such as quizzes, board games and trips outside of the home were available.

Concerns and complaints were used to improve the service and we saw that a complaints policy was in place and accessible to people. The people who used the service told us they would be comfortable in raising any concerns and confident they would be dealt with appropriately. The registered manager told us they saw the complaints procedure as, "A learning opportunity for improvement." From minutes of meetings held with the people who used the service, and their relatives, we saw that the service's complaints policy was regularly discussed at these meetings to ensure people understood its purpose. Furthermore, records showed that complaints were taken seriously, thoroughly investigated and responded to. We saw that apologies were given and that written responses were in place.

The service worked closely with those that used the service, those important to them and health professionals in order to plan for people's end of life. However, they recognised that these discussions

needed to be had at appropriate times and were sensitive to that. At the time of our inspection, the service was in collaboration with the GP in order to assist people to make end of life plans. The GP confirmed this to us. Furthermore, the service had achieved an accreditation with the Gold Standard Framework, a nationally recognised standard in providing end of life care. However, the service had recognised the importance of as much knowledge and skills as possible in this area and had booked staff onto a locally recognised accreditation scheme called Six Steps. Six Steps is run by the local National Health Service (NHS) Trust and is run by palliative care experts.

The registered manager told us how important it was to have these discussions with the people who used the service before they became ill. They told us this was to ensure end of life wishes were thoroughly discussed, understood and recorded so that they could be confident they would be met. The registered manager told us it was important people received care at the end of their lives that was dignified, pain-free and met their preferences and wishes.

Is the service well-led?

Our findings

At our last inspection carried out on 18 and 21 January 2016, the service was rated Good overall and in this key question. During this inspection carried out on 7 and 12 November 2017, we found that the service maintained its Good rating in this key question.

A registered manager was in post at the service and was supported by administrative staff, a head of care and team leaders as well as senior managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke positively about the registered manager. One person who used the service described them as, "A good person." Another told us the registered manager was, "Very nice." Whilst a third said the registered manager appeared, "Very committed."

Staff agreed that the registered manager was adept in their role. One staff member told us the registered manager was approachable and supportive whilst another said they encouraged training and staff development. This staff member also told us that the registered manager, since they started in post in June 2017, had understood the impact of change and ensured any were made gradually. This helped to ensure staff, and others, understood the rationale and were engaged in the changes.

Through discussions with the registered manager we saw that they were knowledgeable in their role and the responsibilities that came with it. They demonstrated commitment and an openness to further improve the service. They demonstrated that they were committed to ensuring the people who used the service had a voice and received the best care possible. From the information we hold about this service, we know that events within the service had been reported to us as required by law.

We saw that staff worked well as a team and they told us they were supportive of each other. Observations during our inspection confirmed this. Staff spoke of a welcoming and friendly team of staff that communicated well amongst themselves and with the management team.

A system was in place that effectively monitored and assessed the quality of the service. This included a number of regular audits and seeking feedback from those that used the service and others. Audits were completed on all aspects of the service and a senior manager for the provider also completed regular audits. These covered aspects of the service such as staffing, the environment and the financial viability of the service. From all the audits we viewed we saw that, where issues had been identified, associated action plans had been drawn up to rectify the issues. These action plans recorded who was responsible for the completion of the action and by when ensuring accountability.

The people who used the service, and others, had had regular opportunities to feedback and make suggestions on the service. We saw that any suggestions or feedback was listened to and acted upon as

appropriate. For example, following some negative feedback received on the standard of food within the service, the registered manager had arranged some taster sessions for people who used the service. We saw that they ensured everyone had the opportunity to take part in this and that included those people that chose to remain in their rooms. We also saw from minutes of meetings held that changes had been made to the food provision as a result. We saw that a change in a supply product had also been implemented in response to feedback received.

However, the provider had recently decided on making some substantial changes to the care model delivered at Furze Hill House and the people we spoke with were unhappy about this. We saw that although meetings had taken place to discuss this, people told us, and we saw from the minutes of the meetings, there had been a lack of consultation on the proposed changes. As a result, however, the provider had delayed making the final decision in order to consult people further.

The service worked in collaboration with others to ensure people received effective and individualised care and support. We saw that the registered manager recognised the importance of this and they told us of the people they worked with and planned to work with. The people who used the service accessed the local community and professionals worked with the service as required. For example, healthcare professionals, training providers and volunteers.

People were happy living at Furze Hill House and we saw a number of cards thanking the staff for the care and support shown. This included complimenting the staff on their dedication, kindness and respect shown as well the thoughtfulness shown to family members.