Sentinel Health Care Limited

Fordingbridge Care Home

Inspection report

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31 March 2017

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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

We inspected Fordingbridge Care Home on 29 and 31 March 2017. This was an unannounced inspection.

Fordingbridge Care Home is registered to provide nursing care for up to 60 older people, some of whom live with dementia. There were 53 people living at the home at the time of our inspection. Accommodation is provided over three floors. The lower ground floor supports people who are more independent. The ground floor provides care for people with more complex cognitive needs. The first floor cares for people who are more physically frail. Each floor has a lounge, other communal areas, a dining room and a number of spacious bathrooms, in addition to en-suite bathrooms in all bedrooms.

The service had a registered manager in place. 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 were protected from abuse. Staff had received training in safeguarding people and were knowledgeable about the home's safeguarding processes and procedures. Staff knew how to report any concerns.

People received their medicines safely and systems were in place to manage the ordering, storage and disposal of medicines effectively.

Robust recruitment procedures were in place and appropriate checks were carried out before staff were employed to ensure they were suitable to work in adult social care.

Risks to people had been assessed and measures put in place to mitigate the risks. Incidents and accidents were recorded and analysed to learn from them and reduce the likelihood of them happening again.

Staff received training, supervision and appraisal to support them in their role.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005. People's capacity was appropriately assessed and any decisions made in people's best interests were documented appropriately.

Staff were knowledgeable about the deprivation of liberty safeguards (DoLS). The registered manager had applied for appropriate authorisation where people needed to be deprived of their liberty.

Staff were kind and caring and showed compassion when people became upset or anxious. Staff respected people's privacy, dignity and wishes about how they received their care.

People received the health care they needed. Staff organised visits from their GP, hospital appointments

and other assessments to support their care, such as speech and language assessments when required.

People and the relatives were involved in reviewing their care. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had an open culture. People and their relatives told us they felt able to discuss any concerns with senior staff, nurses or the registered manager.

A range of audits and quality assurance systems were in place to drive improvements within the home. Surveys were sent out to people and relatives to obtain feedback and the results were analysed to assess their satisfaction.

The management team was visible and staff told us they were given opportunities to participate in developing the service.

Health and safety within the home was managed effectively. Regular maintenance around the home and servicing of equipment was carried out by maintenance staff.

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 remains safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service was well-led. The management team were visible and often worked alongside staff, who told us they felt supported in their roles.

There were opportunities for people, relatives and staff to provide feedback, and to be involved in developing the service.

Quality assurance systems were in place to drive improvements within the home.

Fordingbridge Care 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 29 and 31 March 2017 and was unannounced.

The inspection team consisted of 2 inspectors and an expert by experience. An expert by experience is a person who has experience of working with, or supporting people with specific conditions. The expert by experience at this inspection had experience of supporting older people with dementia.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is when the registered manager tells us about important issues and events which have happened at the service. 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. We used this information to help us decide what areas to focus on during inspection.

We spoke with three people who use the service and nine relatives who were visiting. We spoke with five care staff, two nurses, an activities co-ordinator and a senior manager, the registered manager and a visiting health professional. We also spoke with the provider who was present on both days of the inspection. We carried out observations on both days of inspection in the lounges and dining rooms on all three floors. We reviewed five people's care plans and pathway tracked four people's care to check that they had received the care they needed. Pathway tracking is where we look at care documents to show what actions staff had taken, who else they had involved such as a GP, and the outcome for the person. We looked at other records relating to the management of the service, including eight people's medication files, five staff recruitment, training and development records, incidents and accidents, audits and health and safety records. Following the inspection we spoke with a second health professional for their views about the service.

We last inspected the service in January 2015 where we made a recommendation that the provider reviewed

their auditing systems.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. Relative's comments included "I feel [my relative] is very safe here" and "[My relative] is safe here and I have every confidence in the staff." Another relative told us "[My relative] bruises easily. They're well aware and are as careful as they can be."

We received mixed feedback about the level of staffing in the home. Most people, relatives and staff felt there were enough staff on duty most of the time, although this varied depending on the number of agency staff on duty. A staff member told us "They do get agency in. It would be nice to have more of our own. They are recruiting. Sometimes it's half agency, half regular. When new agency staff are on they don't know residents so well. The agency do try and send regular staff." Other comments from staff included "Could sometimes do with an extra member of staff on this floor. There is one nurse and two care staff. It's not always enough." A relative commented "Afternoons can be a bit thin on the ground. There's often no-one around to keep an eye on things." However, people told us that staff came quickly if they used their call bell. We observed staff attending to people promptly both in the communal areas and in their rooms.

We spoke with the registered manager, a senior manager and the provider who told us they were taking action to address their staffing needs. They told us they were constantly advertising and were in the process of recruiting new staff. Some appointments had been made, pending relevant pre-employment checks. Additional overseas nursing staff were also in the process of being employed. The provider told us they had purchased a house nearby to provide additional accommodation for staff which would hopefully encourage more applicants. The main building also had provision for six 'live in' staff bedrooms to make it easier for staff to work at the home.

Recruitment processes were in place to assess the suitability of staff before they commenced employment. Applicants provided details of previous employment and references were taken up as part of the pre-employment checks. Staff were required to complete a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work in an adult social care setting.

Staff confirmed they had received safeguarding training and were able to explain how they would identify and report suspected abuse. Staff understood the safeguarding policy and who they could report concerns to outside of the home if they needed to. Safeguarding information was also displayed around the home for people, their relatives and staff. Staff had access to the whistleblowing policy and said they would use it to protect people if they needed to. Whistleblowing is where staff can raise concerns, either within the home or externally, about poor staff practice.

Arrangements were in place to manage and administer people's medicines safely. Nursing staff managed medicines independently on each floor. Medicines were kept in a locked medicine cabinet and controlled drugs (CDs) were stored in a secured cupboard. Controlled drugs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971. There were robust systems in place to ensure medicines were ordered in good time, and disposed of when no longer required.

A nurse was observed dispensing medicines to people in a patient and caring manner. They took time with each resident to explain what they were doing. They ensured drinks were available for each person to help them swallow their medicines.
Each person had a medication file which included a photograph, a record of allergies, such as Penicillin, protocols for administering PRN (as and when) medicines and information about pain management. We reviewed 27 medicine administration records (MAR) which had all been completed and signed after each medicine was successfully dispensed.

Individual risk assessments had been completed to identify any risks to people's health and wellbeing. For example, risks of pressure sores, malnutrition and falls. Environmental risks had also been identified, such as the use of equipment and manual handling. Measures had put in place to mitigate risks and staff were aware of the guidance to follow.

Regular tests of firefighting equipment and alarms were carried out and recorded. Staff had completed fire safety training and regular fire drills were undertaken. Equipment within the home, such as hoists and assistive baths were regularly serviced and maintained. Staff reported any environmental or equipment repairs to the maintenance staff who addressed these promptly. The home environment was clean and tidy, and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. Training records showed that staff had completed training in infection prevention and control. The home was clean and tidy and there were house-keeping staff working through-out the home.

The home had an emergency plan which contained useful phone numbers and contingency plans in the event of emergencies, including if the home had to be evacuated. Personal evacuation plans had been completed for each person, detailing the specific support they required to evacuate the building.

Good

Is the service effective?

Our findings

People and their relatives thought staff were trained and competent. One relative said "[My relative] is very severely affected by dementia. They do look after them well." Another relative said "I appreciate how difficult it is. They do a fantastic job. The care is very good." A third relative told us the staff were skilled in supporting their family member which had reduced instances of behaviour that could be challenging. They told us "[My family member] has settled in very well. Staff give him space to move around freely. They do not intervene unless necessary. I used to be called all the time at the previous home" and went on to say they "had not been alerted to any behaviour issues."

People were supported to maintain their health and wellbeing. People had access to nurses employed by the home, and also to other healthcare professionals from outside of the home when required. For example, GPs, community mental health nurses, speech and language therapists and consultants. Staff were knowledgeable about people's health needs and the signs to look for that might indicate they were becoming unwell. Action was taken promptly when any concerns were identified. A health professional told us "They will always ring for advice if they are unsure and will always follow instructions." Relatives told us they were involved and kept informed most of the time. One relative said "Generally if something happens they call me. Sometimes they let [another relative] know. We are always able to ask." Records showed people's representatives had been asked how they wished to be involved, for example by telephone or at review meetings.

People's rights were protected because staff had acted in accordance with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA 2005 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. The registered manager demonstrated a good understanding of The Mental Capacity Act 2005.They had carried out appropriate assessments to establish whether people had capacity to make specific decisions. Best interest decisions were made when required and clearly documented. Evidence had been obtained to confirm where people had a legal representative to make decisions on their behalf.

Staff understood the principles of the MCA 2005 and were confident in applying them. Before providing care, staff sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others required appropriate support in relation to best interest decisions.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities and had submitted appropriate DoLS applications to the local authority for authorisation where required.

Staff were provided with training and supervision to support them in their roles. New staff were required to complete an induction period and this included shadowing experienced staff and completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The provider had an annual training plan in place for 2017 for staff which ensured they remained up to date with knowledge and skills. This included topics such as safeguarding adults, health and safety, food and nutrition and the Mental Capacity Act 2005. Staff were rostered on their training days which ensured they were able to attend. Staff confirmed they received appropriate training to support people. One staff member told us "The training is really good. We have study days. I'm equipped to deal with people's needs." A health professional who delivered training to staff confirmed "They're very willing and always participate in any training. The nurses soak up knowledge!"

Staff confirmed they received regular supervision with their line manager and told us this gave them opportunities to discuss their job role, training and any concerns they might have. Staff received an annual appraisal, a formal process during which they reviewed their job performance and training and development needs with their line manager.

People had sufficient food and drink that was prepared in a way that met their needs. A relative told us "[My family member] has problems eating and drinking and needs full assistance. They manage it well. They weigh her and she hasn't lost weight." Another relative said "Food wise, it's first rate."

We observed staff patiently assisted people to the dining room when their meals were ready and asked them where they would like to sit. Some people were supported to eat in their rooms. Equipment, such as adapted plates, was provided to people to help them maintain their independence where required. People ate at their own pace and were not rushed. Staff were observant and gave verbal prompts and encouragement to people when required to ensure they ate as much of their meal as they wanted. Alternative choices were offered where people did not want the main choices. Staff offered snacks and ice creams during the day or if people asked.

People's care plans included nutritional assessments and details of their dietary requirements, such as low carbohydrate foods and soft diets. Guidance for staff included when to prompt people to drink and when they needed full assistance. During both days of our inspection we saw staff consistently replenishing people's drinks and assisting them to drink. Where people were at risk of malnutrition or dehydration, staff monitored their food and fluid intake and recorded it on a daily chart. Staff were knowledgeable about people's dietary needs and how to monitor them for any risks of malnutrition. One staff member described how they would report concerns to the registered manager and give a list of people at risk to the chef. They told us that extra calories could be given, "There is milk, cream and butter in the fridge and we give extra snacks. They might not eat meals but will eat little snacks. We can give them sandwiches, fruit, biscuits."

The environment in the home was spacious and designed to meet the needs of people living with dementia. There were seating areas decorated and designed to encourage reminiscence and reflect the local area. For example, one area was set up as an old train carriage and another had a bench seat set into a tree trunk with a woodland scene. Appropriate signage and memory boxes assisted people to recognise communal rooms and their own bedroom. A relative told us "We looked at twenty homes before we chose this one. We liked the fact that it is specially designed for people with dementia."

Good

Is the service caring?

Our findings

People and their relatives told us they thought that staff were caring. One relative said "A lot of the staff are very caring." Another relative told us "They [staff] are very caring. They keep [my family member] clean and maintain her dignity."

The atmosphere in the home was calm and relaxed. There was positive interaction between people and staff with lots of smiles, laughter and friendly banter. Staff were observant and responded to people's requests for support discretely and patiently. Staff had a good knowledge of the people they supported and quickly identified if they were becoming anxious or agitated and provided reassurance. For example, a staff member dealt with a potential incident between two people, gently moving one person away whilst singing with them. The staff member used appropriate touch, with their arm around the person's shoulder to help them keep calm. They held their hand and offered verbal reassurance. A relative told us "You see. This is what I mean. They are always like this. I couldn't be happier." A health professional told us "They are so kind and caring." They told us one of the nurses had "A heart of gold. She's excellent. I can't speak highly enough of her kindness to [people]. The healthcare workers are lovely too."

Staff were thoughtful and observed when people needed to be made more comfortable. For example, when assisting a person in the dining room a staff member said to them "Are you a bit chilly? I'll go and get you a cardigan." Another staff member went to get a blanket for a person sitting in the lounge when they said they were a little cold." Another person was helped by a staff member to sit more comfortably in their easy chair. They propped a cushion down by their side to support the person and checked they were comfortable before moving away to assist someone else. A staff member told us "I love working with the residents [people]. I enjoy it. It needs patience but I want to give them the best life they can have."

Staff respected people's privacy and dignity. People received personal care in the privacy of their rooms. We observed staff knocked on doors before entering people's rooms and asked for permission before providing any care or support. They waited for a response and respected people's wishes if they refused and returned to try again later. Where people chose to spend time in the privacy of their rooms, this was respected by staff. Staff had signed up to be dignity champions to ensure dignity was always an integral part of people's support. A dignity tree had been created and put on display in the lower ground floor corridor. People, relatives and staff had the opportunity to add their comments to the tree, describing what dignity meant to them.

People were clean, well-groomed and smartly dressed and where they wished to do so, wore make up, jewellery and had their nails painted. Staff encouraged people to maintain relationships with their families and friends who were welcome to visit at any time. A relative told us "I visit every week and increase my visits if [my family member] is unwell." A staff member told us "The residents are like my second family. I'm always on the same floor. I know their needs, their likes and their families."

People's rooms were personalised with their own belongings which were familiar to them, such as photographs, pictures and ornaments. The staff encouraged this to help people feel at home as much as

possible.

People were encouraged to maintain their independence as much as possible. A staff member told us "Some people can do some things themselves and just need prompting. It depends on each person." A relative commented "The colour coded hand rails around the building help people to maintain their independence." Another relative said "They [My family member] are free to wander around which is a good thing. They are more relaxed."

People received compassionate end of life care. The home had designated a member of their nursing staff to attend training at a local hospice and to act as link nurse in palliative care. They told us how important it was for people to feel safe, peaceful and comfortable at the end of their life and described how they supported a family through a recent bereavement. We saw letters of thanks from families thanking staff for their kindness and support. Comments included "To be with [our relative] pretty much all hours in that last week is something we are particularly grateful to you for" and "It's a source of great comfort to us to know how well our loved one was cared for" and "The tenderness and compassion shown by staff was exemplary."

Good

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care they received but if they had a concern said they felt able to raise this with staff. One relative told us "I would go to the nurse in charge. I think they would take me seriously." Another relative said "I was asked to put a concern in writing. They were very open to my concern and dealt with it." Information about complaints was provided to people when they first moved into the home and was also on display around the home. We reviewed the provider's complaint records and saw they had responded appropriately to any concerns received.

People and their relatives were involved in planning their care. Each person had an initial assessment of their needs before moving into the home which included information about their life history, medical history, mobility, nutrition and personal care needs. A relative told us "I was involved and consulted during the care assessment" which took place before their relative was admitted to the home.

People and their relatives were involved in discussions about their preferences in how they would like their care to be delivered. Care plans were detailed and person centred and provided staff with guidance in how people would like to receive their care. A signature of the person or their relatives was recorded on their care plan to confirm their agreement. Risks assessments had been completed for each identified risk, such as falls, skin integrity or malnutrition. People's care was reviewed regularly and their relatives were also asked how they would like to be involved in on-going reviews, such as in a face to face meeting or by telephone. This was recorded in the person's care records.

Staff completed daily records which show the care and support people had received. These included, for example, details of how they had received their personal care, medication and nutrition and hydration. Appointments with health care professionals, such as their GP or optician, were documented for staff in the daily diary at the nurse's station and the outcome of each visit and any follow up appointments were recorded in the person's care records. This information was shared at handover meetings when staff changed shifts which ensured staff on duty had up to date information about any concerns, appointments or if people's care needs had changed. It was clear that staff knew people well were knowledgeable about their care needs, likes, dislikes and preferences.

Activities staff were employed to promote on-going social and physical engagement. Organised activities included, for example, ball games to encourage gentle exercise and quizzes for mental stimulation. People also chatted together in small groups, read books or newspapers and some people chose to spend time in their rooms watching TV or listening to the radio. People who were unable to take part in group activities received one to one support from staff who sat and chatted or looked through picture books with them. We observed one member of staff say to a person they were supporting "Do you want to watch TV or I can take you around the garden if you like, after you've finished your tea?" On the first day of our inspection five people and a relative were taking part in an art group which was facilitated by an external art therapist. People were engaged and chatting amongst themselves, comparing their art work and encouraging each other. An area on the wall in the dining room was set aside to display their work.

Good

Is the service well-led?

Our findings

People and relatives told us the management team was visible within the home. Most relatives knew the Director of Care and everyone we spoke with knew who the registered manager was. A relative told us "Overall they are pretty good here." Another relative told us they thought the registered manager was "Great" and was very complimentary about the service in general. A health professional commented "It's one of my best homes. The [registered manager] tries desperately hard. It's a big home with massive expectations. They're really good."

Staff felt supported by the management team. They told us the culture within the home was open and they could raise any concerns or ideas with managers and would be listened to. One staff member said "The [registered manager] is very approachable and very helpful. She is understanding." Another staff member said "I get regular support from the [registered manager] who is very supportive. I feel valued." They went on to say they also saw senior management in the home regularly.

The registered manager and senior managers understood their legal obligations under the Health and Social Care Act 2008 and notifications about specific events were submitted to the Care Quality Commission as required by law.

Regular staff meetings were held which kept staff up to date with any changes or events happening in the home. Minutes of the most recent meeting showed staff had discussed topics such as training, annual leave, staffing and menus. Staff confirmed they found these meetings useful. One staff member told us "It's a chance to get together and discuss things. I can add things to the agenda and I'm listened to."

Quality assurance systems were in place to drive improvements within the home. For example, surveys were sent out to obtain feedback from people and relatives about the service they received. The most recent results showed a high level of satisfaction. A range of audits were in place to monitor the practices and records within the home. These included health and safety, care plans, medication and staff personnel files. Action was taken to address any shortfalls identified.

Incidents and accidents were investigated, recorded and analysed to assess any trends or themes and to ensure any learning was shared with the staff team to reduce the risk of re-occurrence.

Residents meetings took place regularly and the minutes of a recent meeting showed topics discussed included menus, activities, new staff and how to make a complaint. Relatives meetings had taken place in the past however, the registered manager told us attendance at these meetings had fallen and they were looking at other ways to engage families in providing feedback and ideas about improving the home. For example, one idea was to hold a drop in café where families could come and chat more informally. This had been put in place at another home run by the provider and worked well.

Information about how the home was run, its values and mission statement were included in an information pack which was given to each person when they moved in to the home. This included a statement of the

home's aims and objectives, the values (including privacy, dignity and respect and people's right to make choice), the complaints procedure, health and wellbeing such as chiropody and hairdressing, and practical information such as transport. Staff understood the home's values and promoted these when supporting people.