Care Quality Commission

Sudera Care Associates Limited

Fauld House Nursing Home

Inspection report

Fauld
Tutbury
Burton on Trent
Staffordshire
DE13 9HS
Tel: 01283 813642

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We inspected this service on 21 January 2015. This was an unannounced inspection. Our last inspection took place in November 2013 and at that time we found the home was meeting the regulations we looked at.

The service was registered to provide accommodation, personal and nursing care for up to 48 people. People who use the service have physical health and/or mental health needs, such as dementia.

At the time of our inspection 42 people were using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

Summary of findings

We identified that improvements were required to ensure people received their medicines safely. You can see what action we told the provider to take at the back of the full version of the report.

Some people were unable to make certain decisions about their care. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. We found that the staff did not have an up to date understanding of the DoLS to manage the restrictions they placed on people. We recommended that the provider ensures staff have the knowledge and skills required to meet the requirements of the DoLS.

We also made a recommendation that the provider reviewed the effectiveness of the tools they used to monitor and improve quality as these were not always effective.

Significant incidents were not always reported to us by the registered manager. This meant the registered manager was not meeting the requirements of their registration with us.

There were sufficient numbers of staff to promote people's safety and the staff had received training to enable them to meet people's needs. Staff understood how to keep people safe and reported safety concerns to the registered manager when required. The registered manager monitored safety incidents and took action to reduce any further incidents from occurring.

Care was provided with kindness and compassion and people's independence and dignity were promoted.

People's dietary needs were met. People chose the food they ate and specialist diets, such as; diabetic diets were catered for.

People's health and wellbeing were monitored and staff worked with other professionals to ensure people received medical, health and social care support when required.

Systems were in place to enable people to receive end of life care in accordance with their care preferences and needs.

People were involved in an assessment of their needs and care was planned and delivered to meet people's individual care preferences. People were also encouraged and enabled to participate in activities that were important to them.

The registered manager regularly sought and acted upon people's views of the care. This led to improvements in care. Complaints about care were managed in accordance with the provider's complaints policy.

There was a positive and inclusive culture within the home and a management structure was in place to support the staff and improve the quality of care. There had been a recent change in the management team and people and staff told us this change had led to some recent improvements in care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe. Systems were not in place to ensure people received their medicines safely.

With the exception of medicines people's risks were assessed and managed and staff understood how to keep people safe.

Requires Improvement

Is the service effective?
The service was not consistently effective. When people did not have the ability to make decisions about their own care the staff did not always understand the legal requirements to ensure decisions were made in people's best interests.

People's health and wellbeing needs were monitored and advice from health and social care professionals was sought when required.

Requires Improvement

Is the service caring?
The service was caring. Care was delivered with kindness and compassion and people were encouraged to make decisions about their care.

People were treated with dignity and respect and their independence was promoted.

Good

Is the service responsive?
The service was responsive. People were involved in the assessment of their care and care was delivered in accordance with people's care preferences.

The provider listened to and acted upon feedback from people who used the service to improve care.

Good

Is the service well-led?
The service was not consistently well led. Systems in place to monitor and improve quality were not always effective and the registered manager did not always tell us about safety incidents that had occurred at the service.

People and staff told us that a recent change in management had led to some noticeable improvements in care. This showed that people felt that quality was improving.

Requires Improvement

Fauld House Nursing 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 was 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 21 January 2015 and was unannounced. Our inspection team consisted of two inspectors.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan. Some of the information we held alleged poor end of life care, so we included this in our inspection plan.

The provider had not completed a Provider Information Return (PIR) prior to the inspection. 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 sent out the form to the provider but this was not returned to us.

We spoke with 13 people who used the service and six relatives. We did this to gain people's views about the care. We also spoke with six members of care staff, two nurses, an activity coordinator and the deputy manager. This was to check that standards of care were being met. The registered manager was not present during the inspection, but we spoke with them on the phone after the inspection.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at seven people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, staff rotas, training records and staff recruitment files.

Requires Improvement

Is the service safe?

Our findings

Medicines were not consistently managed safely. People's medicine administration records (MAR) were not always signed and completed correctly and the quantities of medicines listed on people's MAR did not always match the numbers of medicines stored at the home. We identified medicines discrepancies for three of the five people whose records and medicines we reviewed. This meant people could not always be assured that they had received their medicines as prescribed by their doctor.

People who had been prescribed the same liquid medicines were being given their medicines out of one person's prescribed bottle. This meant that the provider could not monitor each person's individual liquid medicine stock to ensure the medicine was being given as prescribed.

Effective systems were not in place to check that medicines were stored within the manufacturers recommended temperature range. We saw gaps on temperature monitoring forms where the provider could not show that temperature checks had been completed. Three of these gaps covered a three day period in January 2015 where the temperature of the medicines fridge had consistently not been monitored and recorded. Medicines that were temperature sensitive, such as insulin were being stored in this fridge. This meant that people could not always be assured that their refrigerated medicines would be safe or effective.

Some people self-administered their topical medicines (creams). No risk assessments were in place to show that the risks around the storage and administration of these medicines were being managed to keep people safe. One person who self-administered their topical medicines stored these medicines insecurely in their ground floor room. Staff told us people who were confused and disorientated could access this room. This meant there was a risk that people could access medicines which may cause harm.

The above evidence shows there had been a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective systems were not in place to protect people from the risks associated with their medicines.

We saw there were sufficient numbers of staff to meet people's needs. Call bells were answered promptly and people were supported in an unrushed manner.

However, people gave us mixed feedback about staffing numbers. One person said, "They [The staff] mostly come straight away when I ring the bell". Another person said, "I get a good, fast service in the morning". However some people told us they occasionally had to wait for periods of up to 30 minutes before they received assistance to have their care needs met. One person said, "Sometimes when I've rang the bell I've waited for half an hour". This person confirmed that they were kept updated by staff when they did have to wait for longer periods of time. They said, "They [The staff] do explain they are helping others". This showed that people were kept updated by the staff in the event of a delay in the provision of care and support.

We saw that the registered manager regularly reviewed staffing levels to ensure they were based on the needs of people. The deputy manager told us, "We employ housekeeping, laundry and kitchen staff to free the care staff up so they can 'care'". We also saw that staff absences were covered as required so that the provider's minimum staffing levels were consistently met.

People told us they felt safe. One person said, "Oh I'm very safe here. I'm not on my own and the staff even check on me several times during the night". All of the staff we spoke with explained how they would recognise and report abuse. One staff member said, "I would have no hesitation in reporting any mal-practice. Our loyalties are to residents and not to staff." Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were effectively followed when required.

People told us that the staff helped them in a safe manner. One person said, "I was hoisted this morning because I wasn't able to stand safely". We saw that risks were assessed, managed and reviewed to consistently promote their safety. For example, we saw that one person's falls risk assessment had been reviewed and updated following a fall. Another person's risk of malnutrition and dehydration

Requires Improvement

Is the service safe?

had increased so their care plan was updated to record how this risk should be managed. Staff demonstrated an understanding of people's risks and we saw that people were supported in accordance with their risk management plans.

The registered manager monitored incidents to identify patterns and themes. When themes had been identified, appropriate action was taken to reduce people's risks.

Procedures were in place to help staff keep people safe in the event of an emergency. For example, every person had an up to date personal emergency evacuation plan (PEEP) in place. PEEP's record how staff and emergency services should support people to evacuate the premises in the event of an emergency.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. Regular checks were also made that ensured nurses were correctly registered with the Nursing and Midwifery Council.

Requires Improvement

Is the service effective?

Our findings

People who had the ability to make decisions about their care told us that staff always sought consent before they provided care. This showed that under these circumstances staff only provided care and support once people's consent had been gained.

Some people who used the service were unable to make certain decisions about their care. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure that decisions are made in people's best interests when they lack sufficient capacity to be able to do this for themselves. Staff told us about the basic principles of the Act and we saw that mental capacity assessments were completed when required. However none of the staff were able to tell us about the current requirements of the DoLS. This meant that staff could not always act in accordance with legislation when people were unable to make certain decisions about their care.

We asked the staff and registered manager if any people who used the service were being restricted within the home's environment in their best interests under the deprivation of liberty safeguards (DoLS). We were informed that no one had or required a DoLS authorisation because no restrictions were in place. However, we identified one person who requested to return to their previous home on multiple occasions during our inspection. Staff told us it would not be safe to allow this person to leave the premises because they would be at risk of harm. The staff also told us that the person did not have the capacity to make the decision to leave the premises. This showed the person was potentially being restricted to the home's environment and required assessment under the DoLS. The staff agreed that a DoLS referral was required and confirmed they would complete this. This meant that the staff had failed to independently recognise that this person was potentially being restricted and required a DoLS assessment. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the staff were suitably skilled to meet their needs. One person said, "I know that the staff know what they're doing because they explain everything to me so that I know what they're doing too". Staff told us they had received suitable training to provide them with the skills they needed to provide care and support. This included; an induction to the home, moving and handling people, dementia awareness, fire safety and safeguarding people. One staff member who had recently completed dementia awareness training told us, "It really opened my eyes and I pay more attention to how people with dementia see the world". Training records confirmed that training had either been completed or booked for the staff.

Staff also told us they were able to meet with the registered manager to discuss their development needs and opportunities. One staff member said, "[The registered manager] met with me and I signed up for my level three diploma (qualification in health and social care). I'm really enjoying it".

People told us that they could access sufficient amounts of food and drink. One person said, "The food is fabulous, I couldn't wish for better". Another person said, "We have nice dinners here". People also told us they could choose the food they ate. One person said, "There's always a choice at breakfast, lunch, dinner and supper". Another person said, "If you don't like what's on the menu they [The kitchen staff] do you something else".

We saw that people's risks of malnutrition and dehydration were assessed and regularly reviewed. When risks were identified people's care records contained guidance for staff to follow to manage and monitor these risks. Staff showed a good understanding of people's nutritional needs. This included the kitchen staff who provided specialist diets, such as diabetic diets as required.

People told us they had access to a variety of health and social care professionals. One person said, "The chiropodist came to see me recently and a doctor is coming this week to check I'm okay". A relative said, "The staff told us [The person who used the service] was chesty this morning. They've called for a doctor and he's coming out later. You can't get a better service than that can you?". We saw care staff inform a nurse that a person had a suspected urine infection. The nurse confirmed this by completing a urine test and they then immediately contacted the person's doctor who prescribed appropriate treatment. We also saw that staff requested professional support when people's mental health needs changed. For example, the staff had referred one person to their GP because their mood had become low. This showed that people's health and wellbeing needs were monitored and met.

Requires Improvement

Is the service effective?

We recommend that the provider ensures the staff have the knowledge required to meet the requirements of the Deprivation of Liberty Safeguards.

Good

Is the service caring?

Our findings

Without exception people told us that they were treated with kindness and compassion. One person said, “The staff are so good and friendly, the attention I get is marvellous. They [The staff] all deserve a crown”. A relative said, “The staff really care. It’s like a big family here”. We observed positive interactions between people and staff. For example, we saw that when people became unsettled or distressed staff responded quickly and sensitively to their needs.

People told us they were involved in making choices about their care. One person said, “They [The staff] always ask me what I would like”. Another person said, “I choose my clothes and I tell the staff what clothes I want washing”. We saw that people were encouraged to make decisions about the food they ate, the clothes they wore and the activities they participated in. We also saw that staff respected people’s decisions.

People told us that their independence was promoted. One person said, “The staff help if you want them to. They like you to help yourself when you can”. Another person said, “I get myself ready in the morning to keep my independence”. We saw that people’s mobility aids were kept close to them so they could move around the home independently if they chose to do so.

People told us and we saw that they were treated with dignity and respect. One person said, “They [The staff] take the time to come and sit with me to ask how I am. It means a lot that they are so nice to me”. Staff gave us examples of how they treated people with respect and promoted people’s dignity. One staff member said, “It is important to talk to people at all times, but particularly when you are providing personal care. It is important to ask and tell people what you are going to do to support them. It makes them feel more relaxed”.

We saw that a ‘digni-tea’ party was being held during the week of our inspection for this year’s dignity action day (Dignity action day is an annual opportunity, supported by the national dignity council, where health and social care workers and the community celebrate and promote dignity in care). This showed that the provider promoted dignity in care.

Staff had invited people and their family and friends to the party and a reminiscence theme was being used to promote the use of memory boxes. Memory boxes contain objects that help people to reflect on their past and recall people and events. A relative told us, “[The person who used the service] has a memory box. The staff asked us to bring in photos for it. It gives us and the staff something to talk to [The person who used the service] about. There is a tea party coming up where we are going to discuss memory boxes again”. These boxes also gave the staff the information they needed to engage people in conversations and activities that were important to them.

We saw that systems were in place to provide comfortable and dignified end of life care. Where end of life care was being provided, specific care plans were in place to inform staff about the person’s individual end of life care needs. This included their preferred place to receive end of life care. Professional advice was also sought and we saw that anticipatory medicines were in place. Anticipatory medicines are used to manage people’s symptoms during their end of life. These medicines help people to experience a pain free and dignified death. The provision of anticipatory medicines ensured that medicines and pain relief were available to people at the right time to enable them to receive their end of life care in their preferred place.

Good

Is the service responsive?

Our findings

People told us they were involved in the assessment process where their needs were identified and agreed. People also told us they were kept up to date with changes in care. One person said, "I know why the staff are hoisting me now. It's because I can't always stand safely". A relative said, "We always know if there is a problem, they explain any problems to me and [The person who used the service]". People confirmed that they received their care in accordance with their agreed plans.

People told us they were encouraged to pursue their interests and engage in activities that were important to them. One person said, "The staff know I like to have communion. I can't walk to the church so they [The staff] get the vicar to come here instead". Another person said, "They [The staff] set me to work folding napkins. I'm ever so happy with this little job as it passes the time and I feel that I'm helping people". People confirmed that leisure and social based activities were promoted on a daily basis. One person said, "I played table tennis earlier, I really enjoyed it, but I will beat [The staff member] tomorrow". A relative said, "There are lots and lots of things for people to do every day. We've even had a pet pony visit in the past. It came into the home and everyone loved it".

We saw that staff knew people's life histories, interests and care preferences. For example, we saw one staff member engage a person who was displaying signs of anxiety in a conversation about their past. This had a positive effect on the person and their anxiety reduced. Most of the care records we looked at contained information about people's life histories and interests. Where this information was missing, staff were aware and were working on addressing this. This showed that staff valued the importance of obtaining this information to help improve people's care.

Regular group meetings were held with people and their relatives to discuss the care. We saw that these meetings were used to discuss activities, community involvement and how fundraised money should be spent. We saw that people's feedback from these meetings was used to improve people's care experiences. For example, we saw that people who struggled to visit the local shopping centre to purchase clothes had been supported by staff to successfully do their shopping on line (on a computer).

People knew how to complain and they told us they would not hesitate to share concerns or make a complaint. One person said, "You've only got to say if there is a problem. There is always someone around to tell". Another person said, "If I was upset about anything I would tell any of the girls [The staff]". Staff told us how they managed and escalated a complaint and we saw that complaints were managed in accordance with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

Systems were in place to assess and monitor the quality of the care. Quality audits were regularly completed. These included audits of; the environment, medicines management, infection control and care plans. However, these systems were not always effective in identifying problems with the quality of the service. For example, the most recent medicines audit recorded no concerns with temperature monitoring, but we saw that temperature monitoring was not consistently completed. This meant the medicines audit was ineffective.

We saw that where quality concerns had been identified action plans were not always in place to show who was responsible for implementing the required improvements, and when the improvements needed to be made. For example, an action plan showed that the hand washing sink in the kitchen needed to be free from obstructions to enable staff to wash their hands. No staff name or date for improvement was recorded on the plan. On the day of the inspection, we saw that the sink was obstructed by a large bin. One staff member told us, "Is the bin blocking the sink again. It's often like that". This meant that no one had taken responsibility to ensure this improvement was made.

The registered manager did not always notify us of significant safety events that were reportable to us. For example, the registered manager did not always inform us of incidents relating to suspected abuse. This meant the registered manager was not consistently meeting the requirements of their registration.

People told us there was a positive atmosphere at the home. One person said, "It's a really good place, I would recommend it to anyone". Another person said, "It's a brilliant place here, it really is". Staff told us they enjoyed working at the home. One staff member said, "I love it here, I love the residents and the staff".

People told us and we saw that the staff provided inclusive care. A relative told us, "No one is segregated or isolated here. It's like a family". We saw that every person who used the service was given the opportunity to be involved in their local community. This was in the form of trips within the local community or visits from the community, such as visits from local shops who held sales within the home.

People and staff told us that they had recently noted improvements in the management of the home. This had followed the appointment of a new deputy manager. A relative said, "Things are improving all the time now". A staff member said, "Things are picking up and I'm seeing improvements happen. The new deputy is proactive and enthusiastic". This showed that people had noticed some improvements in how the home was managed.

Staff gave us examples of the recent improvements. One staff member said, "We now have a defibrillator (Equipment that can be used to treat a cardiac arrest) and we've had training in its use". Another staff member said, "We now have 'patch' charts to show where medication patches have been applied". This showed that some improvements to care and safety had recently been made.

People and staff told us that the registered manager and deputy manager were approachable and supportive. One person said, "The manager is always around to chat to". A staff member said, "The managers are excellent and very supportive". This meant that people and staff could approach the managers to share quality concerns if required.

We recommend that the provider reviews the effectiveness of the tools they use to monitor and improve quality.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **People could not be assured that they were restricted to the confines of the service in a lawful manner because legislation and guidance was not followed.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected from the risks associated with medicines. Effective and safe systems were not in place for the storage, administration and recording of medicines.**