

Julie Ruth Smale

The Fold Care Home

Inspection report

34 Vernon Road
Greenmount
Bury
Lancashire
BL8 4DD
Tel: 01204 888501
Website: none

Date of inspection visit: 03 September 2015
Date of publication: 18/11/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This was an unannounced inspection, which took place on the 03 September 2015.

The service provides accommodation and care for three people who do not need nursing care. The provider has no other locations. At the time of the inspection there was one person living in the home. The service was previously inspected on 19 May 2014 and meet all the areas inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We checked medicines management. People were receiving medicines that were prescribed and at a time that suited them as individuals. However clear and

Summary of findings

accurate records were not always kept of medicines given by care workers. Some medicines were not being given in accordance with the manufactures and prescribers instructions.

We checked how the service followed the principles of the Mental Capacity Act 2005 (MCA). The MCA governs decision-making on behalf of adults who may not be able to make particular decisions for themselves. The requirements of the MCA were understood in principal by the registered provider/manager. As the service provides care to no more than three people at any time the staff have a high level of understanding of the individuals people's needs and views. As such we were able to observe that there were arrangements in place to make sure that people gave valid consent to the care and treatment that they received.

The staff and people we spoke with confirmed that there is always an ongoing discussion about what peoples choices, preferences are and how they would wish to receive any care. At this inspection there were no people living in the service that had an assessment that they lacked capacity. The registered provider/manager explained that the service would be unable to fully meet the needs of people who lacked capacity as the service promotes as much independence as possible. The registered provider/manager agreed that this needed to be reflected in the service users guide and statement of purpose which provides information to people moving into the service about the services that can be provided.

The service provided care and support that was designed around the individual's wishes and routines ensuring that they received person centred care at all times. People were complimentary about the caring nature of staff. Staff were knowledgeable about people's needs and we were told that care was provided with patience and kindness. People's privacy and dignity was respected.

Staff were knowledgeable about what actions they would take if abuse was suspected or were unhappy with the care that they saw being provided. They were confident that they would address any concerns if identified.

Safe recruitment procedures were followed and staff said that they undertook an induction programme.

People received food and drink which met their nutritional needs and they could access appropriate health, social and medical support, as soon as it was needed.

The building of the service is a domestic residence in an residential street. This assists in providing a welcoming and homely atmosphere to the home. We looked at the environment and saw that it was maintained safely and clean. People living in the service were able to bring in their own personal items in order to make the service feel as though it was their own home.

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?

Requires improvement



Not all aspects of the service were safe.

We found that clear and accurate records were not being kept of medicines administered by care workers.

Safe recruitment procedures were followed. There were sufficient staff employed to meet people's needs.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

Is the service effective?

Good



The service was effective.

We saw that training courses were available in safe working practices and to meet the specific needs of people who used the service.

People received food and drink which met their needs and they could access appropriate health, social and medical support, as soon as it was needed.

Is the service caring?

Good



The service was caring.

The service was caring. People had positive care experiences and staff ensured people's care preferences were met.

People were treated with kindness, compassion and respect and staff supported people to be involved in their care.

Is the service responsive?

Good



The service was responsive

Staff knew people's needs and responded appropriately to any changes.

People's care plans contained information to help staff provide individualised care.

People were enabled to participate in activities that suited their needs and they were actively supported to be part of their local community. This promoted positive care experiences and enhanced people's health and wellbeing.

Is the service well-led?

Good



The service was well-led.

There was an extremely positive atmosphere and people were very much at the heart of the service. Quality care and support was consistently provided that met people's needs and took account of their preferences.

Summary of findings

People using the service were complimentary about the support that they received.

The Fold 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 team consisted of an Inspector. We had received information from the service regarding a recent incident and this was followed up at this inspection. The inspection took place over one day on 03 September 2015.

Prior to carrying out the inspection we reviewed all the information we held about the home. We contacted Social Services and Healthwatch for information regarding this service. Healthwatch had no information to provide us and Social services had no specific concerns.

We looked for a variety of records which related to the management of the service such as policies, recruitment and staff training. We also viewed two people's care records. One person who lived in the service and one person who no longer lived there.

Is the service safe?

Our findings

People told us that they felt safe. Comments included: “It’s lovely here, I feel safe and well looked after”.

People received their medicines supplied by the local pharmacy. We viewed the daily care records and medication administration sheets (MARS). We saw that overall people received their medicines as they should at a time of their choosing. We spoke with a person living in the service who told us they were supported correctly to take their medicines and were happy with the support that they received from the staff. We saw that not all medicines were signed for when they were given. We also saw that alterations had been made to the instructions from their GP but these had not been discussed with the prescriber and their prescription updated. Additionally liquid medicines were inappropriately given mixed together. One liquid medicine had instructions in writing on the bottle that an hour to two hours needed to be left before other medicines were given. As such this medicine should not have been given with others and should not have been given with any other medicines. A cream that was in use was out of date by two years and needed to be replaced.

It is recommended that the service obtains and follows the guidelines NICE Managing Medicines in Care Homes published 14 March 2014 in order to inform their policies and practices within the service.

One serious incident had been reported to us. The provider had taken appropriate action in order to keep all relevant agencies up to date and had assisted in providing relevant information.

We saw that risk assessments were in place and covered a range of areas. The service had a moving and handling hoist available if needed. As the service is small providing care to three people as a maximum there was usually one member of staff on duty at a time. The use of the hoist by one staff member had not been risk assessed. The manager/provider explained that the hoist was not in use but would make sure that this equipment was appropriately risk assessed in the future should it be necessary.

The manager/provider lives in the home and delivers the majority of the care and support needed by people who live there. There is a small team of staff that also provide care and support.

Overnight the registered provider/manager is in residence and attends to people living in the home should they need assistance. The service is mainly reliant on the manager/provider and there are no contingency plans in place to assist in the running of the service should the manager/provider be unavailable. There are four additional staff employed on a part time basis to assist the registered provider/manager in delivering care. The registered provider/manager informed us that they intend to make sure that suitable plans are in place within the next few weeks and to risk assess the overnight arrangements individually for each person living in the home.

We checked recruitment procedures at the service. Staff told us relevant checks were carried out before they started work. One member of staff told us, “I really like working here, it’s a proper family approach and a real home from home”. We checked the personnel files for the care workers who had started work for the service. We saw that a Disclosure and Barring Scheme (Police check) had been carried out before the staff member had commenced working. Two written references had also been obtained. These checks are carried out to help ensure that staff are suitable to work with vulnerable people.

We saw there were safeguarding policies and procedures in place using those from the local authority. Although these did not explain the process needed to be taken within the service a recent safeguarding had been dealt with in appropriate manner. Staff spoken with was knowledgeable and demonstrated an understanding about the actions they would take if abuse was suspected.

The building of the service is a domestic residence in an residential street. This assists in providing a welcoming and homely atmosphere to the home. We looked at the environment and saw that it was maintained safely and clean. People living in the service were able to bring in their own personal items in order to make the service feel as though it was their own home.

Is the service effective?

Our findings

People told us that they were well supported, comments included, “[Manager] is very good” and “the girls are really lovely.”

People told us that staff were knowledgeable and knew what their needs were, they told us, “I don’t often need to ask for something they have it done”.

We checked how the service followed the principles of the Mental Capacity Act 2005 (MCA) and its associated codes which governs decision-making on behalf of adults who may not be able to make particular decisions at certain times.

At the time of the inspection people living in the service are not assessed as lacking any capacity and Deprivation of liberty safeguarding (DOLS) is not applicable. DoLS is a legal undertaking for people who lack capacity to agree to where they live and are under constant supervision from staff. The registered provider/manager explained that the service would be unable to fully meet the needs of people who lacked capacity as the service promotes as much independence as possible. The registered provider/manager agreed that this needed to be reflected in the service user’s guide and statement of purpose which provides information to people moving into the service about the services that can be provided.

Our observations and discussions showed that the staff and the registered provider/manager knew people well. They were able to anticipate their needs and promote wellbeing. The staff spoke warmly of the people they cared for and were readily able to explain people’s care needs and individual personalities.

We looked at the home’s training matrix used to manage the training needs of the staff team. We compared the information in the training matrix with the certificates available in the five staff files we inspected. The training matrix accurately recorded details of the training staff

completed. These records showed staff had completed training in relation to the medicines handling, manual handling, infection control and fire safety training as examples.

There was a procedure for the induction of new members of staff to the home. The staff we spoke with felt supported by the induction process and the supervision that they undertook with the registered provider/manager to support them in their role. The registered provider/manager confirmed that supervision and appraisal had been, “a bit ad hoc” and they had no system to check that staff had received supervision at regular intervals. The registered provider/manager stated that they would shortly be implementing a supervision log and matrix that would show what supervision staff had received and when. The service is very small and staff often work independently providing one to one care to people living in the service or alongside the registered provider/manager. At least twice a day the registered provider/manager speaks with the staff to ascertain what care and support has been provided. Whilst this is not a formal supervision the registered provider/manager does have overview on a daily basis of the performance of each member of staff.

People’s needs in relation to food and fluids were documented in their care records. As a small service the staff were able to cater for individual needs and preferences. Staff described how to support people’s different needs and explained the support they give to make sure people have a well-balanced diet. We saw that weight records showed people gaining small amounts of weight consistently.

Records showed that staff contacted health and social care professionals to ensure that people’s health care needs were met. We saw care record entries which documented that staff had sought advice from GP’s and other health care professionals to ensure people’s health care needs were assessed and managed.

Is the service caring?

Our findings

People who used the service told us they received high quality, compassionate care. One person told us they would score the service ten out of ten. Comments from people who used the service included, “lovely”; “proper home from home” and “I wouldn’t want to live anywhere else”.

Staff spoken with were familiar with people’s choices and preferences about their care. They spoke about wanting to provide good quality care for people. All of the care staff we spoke with confirmed that they would be happy for the service to look after one of their relatives. Staff we spoke with explained how they upheld people’s privacy and dignity. Staff also spoke with people discreetly about their personal care needs. Staff understood that they had to be aware of people’s individual values and attitudes around privacy and dignity when providing care. The service is uniquely placed in so far that at the most there are three people for one person to support as a result the service delivered was able to meet people individual needs and provide person centred care that was tailored to meet the needs of each individual.

We looked at a care records for two people. One care plan explained the need to ensure the support was being provided the person needed to be given space and time to enjoy their home. This meant care staff were encouraged to respect the person’s privacy and independence. Care staff spoke to us about the importance of maintaining confidentiality which they thought was reasonably easy to manage in a small service with a small staff team.

There was a culture of encouraging staff to spend time with people and build relationships. We observed occasions through the day where staff spent social time with people without carrying out a care task. Staff were creative and innovative in overcoming obstacles to providing the care

and support that people required. For example, we were told of one person who was occasionally “fed up” had been encouraged to have a day out and this had a positive impact on their wellbeing. As the service was small one to one care was being provided. This meant that the service could be very flexible and respond to a person’s needs quickly. People could be taken out for the day or undertake any social activities as and when they wished for this to happen. This allowed the service to be flexible and able to rapidly meet people’s choices and preferences easily. As such the service was able to provide care and support that was person centred and tailored to individual needs easily.

The registered provider/manager had purchased a vehicle that could accommodate wheelchairs in order to make sure that people were given opportunities to get out into the community. We saw records and spoke to staff that showed that people were supported to access the community as widely as possible. Staff were able to adapt the care almost immediately to meet people’s personal preferences.

We found care began prior to people moving into the home. Before a person arrived, families were asked to visit and make the person’s room homely with their possessions. This meant the environment looked welcoming and familiar to the person and helped them settle. This also demonstrated the provider’s caring attitude to family who maybe anxious about a family member’s move into a care environment.

The registered provider/manager has recently investigated the inclusion of Six Steps a programme designed to assist care for people who may need end of life care. Staff spoken with felt confident that as the service is a small service in a domestic environment that they would be able, with support of district nurses, to provide appropriate and supportive end of life care if needed.

Is the service responsive?

Our findings

One member of staff told us, “You have to care for the whole person and what they need and want”. One person told us the home was responsive to their needs.

Before people moved into the home, the registered provider/manager carried out an assessment to make sure their needs could be met. During the admission process, information was gathered so staff knew as much as possible about the person and their previous life. This included background information about people’s lives. We looked at two care records and found they included information about people’s preferences and choices as well as their likes and dislikes.

Staff we spoke with had a clear understanding of people’s needs and preferences and how they liked to spend their day. We were told how they had changed the staff rota and hours worked to accommodate one person’s needs.

CQC has not received any complaints regarding this service and the registered provider/manager confirmed no complaints had been received. Staff spoken with told us they were not aware of any concerns or complaints raised and explained what action they would take to make sure that any complaints were dealt with correctly.

Of the two care records we looked at a person centred approach was evident. The care was laid out as a series of tasks to be accomplished but did take account of people’s personal preferences, such as what particular food they liked to eat or what particular toiletries they preferred to use. Staff told us that people tended to tell them their needs as well as what was written in the care plan and that they would discuss people’s choices as they supported them. We observed this in practice during the inspection when the staff discussed with a person what they would like for lunch taking account their appetite needs.

Is the service well-led?

Our findings

There was a registered provider/ manager in place. They spoke enthusiastically about their role and dedication to ensuring the care and welfare of people who used the service. The registered provider/manager provided the majority of the care and support to people as the service used to be their family home. As such it's a domestic environment that maintains a homely atmosphere. People and staff told us that it felt, "more like family".

We discussed with the registered provider/manager if there were any quality checks or reviews of health and safety such as accidents, the quality of care planning, medications, policies and procedures, handling of complaints, staff supervision or the views of staff and people who used the service were sought. The registered provider/manager confirmed that there were quality arrangements in place, although these were not always formally recorded. This was because the registered provider/manager and staff understanding of the quality of the service was looked at each day and the provider/manager was able to respond to the changing needs of people as needed.

There was one member of staff to two people living in the home at all times, as a minimum. This supported the service to openly discuss any concerns or issues people may have and any suggestions for improvement. As a result an open culture that adapted to the needs of people living in the home was in place. During the inspection we observed examples of this such as one person liked a cup of tea at a certain time each day this was made available in anticipation of the person's request. Staff were able to spend time interacting on a one to one basis with the person. As such any changes to the service could and were implemented immediately.

The registered provider/manager did check on medicines, recruitment and training. However the service is sufficiently small that registered provider/manager is aware of all incidents or changes and can react immediately. We saw an example of this were staff hours were changed to accommodate one person's needs.

Staff told us the registered provider/ manager was approachable and supportive.