

# Caring Homes Healthcare Group Limited

## Ferfoot Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

### Overall summary

Ferfoot Care Home provides accommodation and personal care for up to 52 older people. At the time of our inspection 39 people were resident at the home.

This inspection took place on 15 May 2015 and was unannounced. We returned on 18 May 2015 to complete the inspection.

At the last inspection on 15 September 2014 we identified that the service was not meeting Regulations 9 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because incidents and people's food and fluid charts were not always recorded,

which meant the information could not be used to identify and review people's needs. During this inspection we saw that incidents were recorded and food and fluid charts had been completed.

The systems for assessing and managing risks did not always ensure action was taken to keep people safe. We found that risk assessments were not always completed and not always updated when people's needs changed. We saw examples where the support people needed to manage the risk of falls and malnutrition had not been kept up to date when their needs changed.

# Summary of findings

We also found that people's care plans were not always up to date with information about their needs and how they should be met. Some of the information we found in the care plans was not correct and did not describe the actions staff should take to provide the care people needed.

Staff provided good care and support for most of the interactions we observed. However, we saw a situation where staff did not respond promptly to a person's request for assistance. The person had to wait for 20 minutes to use the toilet over lunchtime, during which they did not eat their main course.

There was a registered manager in post at the service. 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.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "I feel very safe here, staff will always help if you need anything" and "Staff are very kind and look after everyone very well". People told us they felt safe when receiving care and were involved in developing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. People told us that care was provided with kindness and compassion. Most of the interactions we observed confirmed staff worked in this way. However, we also saw some staff spoke about people in ways that were not respectful and did not maintain people's privacy.

Staff were appropriately trained and skilled. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service listened to people's concerns and complaints and took action. One person told us, "I am able to talk to staff if there are things that need to be improved. Staff listen to me and sort out the problem". A relative said, "I am able to speak to staff if I have any concerns and they sort things out for me. We are able to resolve most issues, but I would speak to the manager if I still had a problem".

The management team assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# 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 always safe. The systems in place to identify and manage risks people faced did not ensure information was kept up to date as people's needs changed.

People who used the service and their relatives said they felt safe when receiving care. There were sufficient staff to meet people's needs safely.

Systems were in place to ensure people were protected from abuse.

Requires improvement



### Is the service effective?

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to eat and drink enough to meet their needs.

Staff worked with other health and social care professionals to make changes to people's care packages when their needs changed.

Good



### Is the service caring?

The service was caring. Most staff provided care in a way that maintained people's dignity and demonstrated respect for people. However, some staff used language that did not demonstrate respect for people.

People and their relatives spoke positively about staff and the care they received.

People's care was delivered in a way that took account of their individual needs and the support they needed to maximise their independence.

Good



### Is the service responsive?

The service was not always responsive. People had care plans, although they were not always kept up to date and were not all person centred.

Despite the missing information in some care plans, staff had a good understanding of people's needs and how to meet them. We saw staff responding well to people's requests throughout the inspection. However, on one occasion staff did not respond promptly to a person's request for assistance.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Requires improvement



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

There was a registered manager in post and a strong leadership team. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who used the service, their representatives and staff and were used to improve the quality of the service.

# Ferfoot 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 checked 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 15 May 2015 and was unannounced. We returned on 18 May 2015 to complete the inspection.

The inspection was completed by two inspectors. Before the visit we looked at all information we hold about the service, including notifications sent to us by the provider.

Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

During the visit we spoke with five people who use the service, two relatives, nine care staff and the registered manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for seven people. We also looked at records about the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also received feedback from a social worker who has contact with the service.

# Is the service safe?

## Our findings

The systems for assessing and managing risks did not always ensure action was taken to keep people safe. The falls risk assessment for one person identified they were at high risk of falls and needed to use a walking frame to manage that risk. The person had a fall and fractured their wrist, but the risk assessment was not updated with what effect the injury had on the person and their ability to use their walking frame safely. We spoke with a senior carer, who told us the person was still using the frame but could not hold on to it with their injured arm and needed additional support from staff to remain safe. A different senior carer also told us this person had difficulty using their walking frame since the injury.

Another person moved into the home in February 2015 and had a pre-admission assessment including details of a history of falls. A falls risk assessment and plan to manage the risk had not been completed until May 2015. We saw that there was an incident recorded in April 2015 in which this person was found on the floor. The registered manager told us this person had initially moved into the home on a short stay basis, for which there was different paperwork. We looked at the records for the person's 'short stay' and saw that no falls risk assessment was included. The records did contain a document titled 'General Risk Assessment', but this had been left blank. Action had been taken to address this risk at the time of the inspection. However, the lack of robust risk assessment processes during the first three months of the person's stay at the home increased the risk that care and treatment may not be provided in a safe way for people.

We saw that one person had lost weight and had been assessed as being at high risk of malnutrition. However, the plan in place to manage these risks had not been updated, and was put in place at a time when the person was at low risk of malnutrition. We spoke with the registered manager about the lack of information to manage the risk of malnutrition. The registered manager checked with the kitchen and confirmed with us that kitchen staff did not have any details of the person's weight loss or details of a plan to manage the risk of malnutrition.

This was a breach of Regulation 12 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people we spoke with said they felt safe living at Ferfoot Care Home. One person commented, "I feel very safe here, staff will always help if you need anything". Relatives were also satisfied that people were safe, with comments including "I am assured that (my relative) is safe here".

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw that a medicines administration record had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and we found that the number of tablets held matched the records for those we checked. The home's supplying pharmacist completed regular checks of the medicines management systems.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with. We saw that prompt action had been taken in response to concerns raised by a visitor.

Effective recruitment procedures helped to ensure people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Sufficient staff were available to support people. People told us there were enough staff available to provide care for them when they needed it. One person commented there are plenty of staff and if you need them "they always help you". Another person told us, "There are enough staff available. They will come quickly if you call them". Staff told

## Is the service safe?

us they were able to provide the care people needed, with comments including, “I feel there are enough staff to meet people’s needs” and “Staffing levels are comfortable. We are able to provide the care people need”. Staff said they

worked together to cover sickness to ensure people’s needs were met. We observed there were sufficient staff to meet people’s needs in the communal areas. Throughout the visit we observed call bells being responded to promptly.

# Is the service effective?

## Our findings

People told us staff understood their needs and provided the care they needed. One person said they were well looked after and told us people with greater needs due to their dementia were also well looked after. The relatives we spoke with were positive about the care provided, with comments including “Staff have a very good understanding of (my relative’s) needs and how to meet them”.

We saw that the environment had been designed and decorated with the needs of people with dementia in mind. There were signs using symbols to indicate different rooms in the home, for example, toilets and bathrooms, dining room and lounge areas. Each person had their name on their bedroom door, with a picture that was personal to them. There were various types of equipment to assist people with daily living, including hoists, assisted baths, walk in showers and a lift. There was also an accessible garden which people were able to use.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff said they received good support and were able to raise concerns outside of the formal supervision process. Comments from care staff included, “I feel well supported and I’m able to sort out any difficulties” and “I feel well supported, the team works well together”.

Staff said they received regular training to give them the skills to meet people’s needs, including a thorough induction and training on meeting people’s specific needs, including those with dementia. This was confirmed in the training records we looked at. The training included a City and Guilds qualification in care for people with dementia, which provided external scrutiny of the skills of staff in meeting people’s needs. The registered manager had a system to monitoring the training staff had completed and plan training that was required.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA

provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Applications to authorise restrictions for some people had been made by the service and were being processed by Wiltshire Council, the supervisory body. We saw cases were kept under review and if people’s capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We saw capacity assessments had been completed where necessary, for example in relation to people managing their medicines and not being able to leave the home without staff support.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, “The food is excellent. I like most of the meals, they are always cooked well and there is plenty of it”. We observed a mealtime, and saw staff provided good support for people who needed assistance to eat, explaining what the food was and not rushing the person. We saw one person being supported by staff to maintain their independence when eating, but staff intervened when necessary to ensure the person had all they wanted to eat.

People told us they were able to see health professionals where necessary, such as their GP, community nurse or dentist. The home worked in co-operation with a lead district nurse who visited to meet people’s nursing needs. There were shared records with the district nurse to address any identified health needs which required nursing intervention.



# Is the service caring?

## Our findings

We observed staff interacting with people and in the majority of cases this was in a friendly and respectful way. For example, we observed staff providing discreet support when people needed assistance to go to the toilet and staff provided sensitive and caring support for one person who became confused and distressed during lunch. We also observed some interactions where the language staff used was not always respectful. For example, we heard one member of staff refer to a person who needed support to eat as a “feeder”. We also saw staff discussing people’s specific needs across the dining room and sorting out which staff could assist the person. We discussed these issues with the registered manager on the first day of the inspection. The registered manager reported that she had been addressing issues of communication with the staff team, and acknowledged that further work was needed for some staff. On the second day of the inspection we saw that the registered manager had met with individual staff to address the concerns.

People told us they were treated well and staff were caring. Comments included, “Staff are very kind and look after everyone very well” and “Staff are very kind”. Relatives also told us people were treated well by staff. Comments included, “I am very happy with the care provided, they look after (my relative) very well”. The social worker we received feedback from felt staff provided a service in a caring way and tried hard to meet people’s complex, individual needs..

Staff had recorded important information about people, for example, family life, plans for the future and important relationships. People’s preferences regarding their daily care and support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided and how they liked to spend their time. This information was used to ensure people received care and support in their preferred way.

People and their relatives were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their representatives had been involved in reviews of their care and in decisions about any changes that were needed. We saw that during these reviews people were given an opportunity to raise any concerns or complaints about the care they were receiving. Details of these reviews and any actions were recorded in people’s care plans. One person told us staff listened to them, adding, “They don’t do things I don’t want them to”.

The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

# Is the service responsive?

## Our findings

At the last inspection on 15 September 2014 we identified that the service was not meeting Regulations 9 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because incidents and people's food and fluid charts were not always recorded, which meant the information could not be used to identify and review people's needs. During this inspection we saw that incidents were recorded and food and fluid charts had been completed.

However, we found that people's care plans were not always up to date with information about their needs and how they should be met. We saw one person had moved into the home in February 2015 and needed specific support when they were distressed as they could punch and kick others. A care plan to inform staff how to manage these behaviours had not been put in place until May 2015. We also saw that the financial care plan, property list and individual preferences for this person had not been completed, with the forms left blank. Although the care plan had not been completed in a timely manner, staff demonstrated a good understanding of this person's needs and how to support them.

Another person had a care plan in place that stated they required their blood glucose levels to be checked each week. We saw that there were no records of these checks and discussed the issue with staff. We were told this person did not require their blood glucose to be monitored and they did not have a blood glucose monitoring machine. The staff we spoke with verified this was correct with the person's relative on the day of the inspection. This showed that staff were aware of the person's actual needs, but the care plan was inaccurate and did not describe how the person's needs should be met.

The care plans we saw focussed on health and personal care issues and were not all person centred. The registered manager told us a new care planning format was being introduced, which included information being recorded in individual booklets. We saw one person's booklet called 'the story of my life', which contained information about their life history. The new, more person centred format was being introduced but not everyone had this in place at the time of the inspection.

We saw a situation where staff did not respond promptly to a person's request for assistance. The person asked to go to the toilet during lunchtime and a member of staff told them they would come back in a minute. While they were waiting the person did not eat their main course and the member of staff did not return. Twenty minutes later another member of staff asked the person what they needed and then found another member of staff and a wheelchair to support the person to go to the toilet. The registered manager told us the first member of staff had tried to find a member of staff to help them to take the person to the toilet but they had all been busy supporting people with their lunch. The registered manager did not know why the member of staff had not found someone to help provide the care needed and said this was not normal practice in the home.

This was a breach of Regulation 9 (1) (b) and (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the visit we observed people socialising in the lounges, watching television programmes and films and listening to music in other areas. There was a programme of organised group activities, including trips out and activities in the home. One person told us there were regular activities they enjoyed and said they liked going out of the home.

The social worker we received feedback from said the home worked well with them to ensure people's needs were met. They said staff at the home sought advice and were responsive to people's needs and well-being

People were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One person told us, "I am able to talk to staff if there are things that need to be improved. Staff listen to me and sort out the problem". A relative said, "I am able to speak to staff if I have any concerns and they sort things out for me. We are able to resolve most issues, but I would speak to the manager if I still had a problem". The registered manager reported that the service had a complaints procedure, which was provided to people. Complaints were monitored each month, to assess whether there were any trends emerging

## Is the service responsive?

and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them.

# Is the service well-led?

## Our findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had a diploma in dementia care and attended training and conferences in dementia care to keep up to date with best practice.

The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred and an open service in a way that maintained people's dignity. The five values of the organisation were displayed in communal areas of the home, providing information for people who use the service, visitors and staff about the ethos of the organisation. Staff valued the people they cared for and were motivated to provide people with high quality care. Staff reported that the management team would provide practical support when needed, for example, covering for staff sickness.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us that

managers gave them good support and direction. Comments from staff included, "The home is well managed and improvements are being made" and "All the managers and team leaders are very approachable".

The registered manager completed a monthly assessment of the service and identified any areas where improvements were needed. A regional manager visited the service regularly to complete reviews of the way the home was working. These reviews included assessments of incidents, accidents, complaints, training, staff supervision, the environment and external reports, for example, from their supplying pharmacist or environmental health officers. Any actions from these reviews were collated for the registered manager and updated each month to report on progress in meeting them. The registered manager had identified that some care plans and risk assessments needed work to bring them up to their required standard and work was planned to address this.

Satisfaction questionnaires were sent out yearly asking people their views of the service. The results of the 2014 survey had been collated and we saw that actions had been taken in response to people's feedback. A review of the action was planned to ensure that all areas highlighted were addressed.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had not ensured people's care and treatment was planned in a way that ensured their needs were met. Regulation 9 (1b) and (3b).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not ensured risks to people using the service were assessed and action taken to mitigate those risks. Regulation 12 (2) (a) and (b).