Care Quality Commission

Coverage Care Services Limited

New Fairholme

Inspection report

Shrewsbury Road
Oswestry
Shropshire
SY11 2RT
Tel: 01691 653499
Website: www.**coveragecareservices**.co.uk

Date of inspection visit: 2 and 3 February 2016
Date of publication: 24/03/2016

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

Overall summary

The inspection was carried out on 2 and 3 February 2016 and was unannounced.

New Fairholme is registered to provide accommodation with nursing care for up to a maximum of 88 people. There were 84 people living at the home on the day of our inspection. People were cared for in four units over two floors. The Kingfisher and Kestrel units were situated on the first floor and provided support for people with physical health needs. On the ground floor were the Nightingale and Skylark units which provided support to people living with dementia.

There was a registered manager in post who was present during the inspection. 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.

Summary of findings

People felt safe living at the home because there were enough staff to help them when they needed support. The provider had completed employment checks to ensure new staff were suitable and safe to work with the people living at the home.

Staff were aware of the risks associated with people's health and what they needed to do to reduce the risk of harm or injury to them. Staff knew how to identify any signs of abuse and were clear who to report concerns to.

People were supported to take their medicines when they needed them. Medicines were secured safely and accurate records were maintained. Staff received regular competency assessment checks to ensure the ongoing safe management of medicine.

Staff told us they had good training opportunities that ensured they had the skills to care for people's individual needs. Staff received regular one to one meetings where they gained support and guidance to enable them carry out the roles expected of them.

People were encouraged and supported to make decisions about their care and treatment. Staff sought people's consent before supporting them and respected their wishes when they declined support. Where people were unable to make decisions for themselves we saw that decisions were made in their best interest to protect their human rights.

People were given choice about what they wanted to eat and drink. People's nutritional needs were routinely assessed, monitored and reviewed. Where people required help to eat and drink they were supported in a kind and patient manner.

People were able to see health care professionals as and when required. Staff monitored people's health and made referrals to other health care professionals when specialist advice and support was required.

People found staff friendly and caring. Staff used people's preferred method of communication to involve them in decisions about their and treatment. People were treated with dignity and respect and staff promoted their independence.

People received individualised care from staff who knew them well and were able to respond quickly to changes in their needs. People were able to spend their time as they wished and had access to a range of activities to take part in.

People and their relatives were aware of the provider's complaints process and were confident that any concerns would be listened to an acted upon.

There was a friendly atmosphere at the home, people and their relatives found staff and the registered manager approachable and welcoming.

The provider encouraged feedback from people and their relatives and completed a range of checks to monitor the quality of the service. They used the information gathered to drive improvements in the service.

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 safe.

People felt safe as there were enough staff to meet their needs. Risk associated with people's needs had been assessed and action had been taken to reduce risks. Staff were aware how to protect people from harm and abuse. People's received support to take their medicine when they needed it.

Good

Is the service effective?
The service was effective.

People were supported by staff who had received training to enable them to meet people's individual needs. People had access to health care professionals when they needed. Staff were knowledgeable about the Mental Capacity Act and ensured people's rights were protected

Good

Is the service caring?
The service was caring.

People found staff to be friendly and caring. Staff spoke to people in a respectful manner and promoted their dignity. Staff used people's preferred method of communication to ensure people were involved in decisions about their care and treatment.

Good

Is the service responsive?
The service was responsive.

People received care that was tailored to their individual need. People were able to spend their time as they wished and had access to a range of activities to take part in. People felt able to raise concerns or complaints with staff or management. They were confident that their concerns would be listened to and appropriate action would be taken.

Good

Is the service well-led?
The service was well led.

There was a warm and friendly atmosphere at the home. People and their relatives found the registered manager was approachable.

Staff felt that they had good support and were listened to by the registered manager. There were clear systems in place to monitor and develop the quality of the service.

Good

New Fairholme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 2 and 3 February 2016 and was unannounced. The inspection was conducted by two inspectors, a specialist adviser and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR).The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with 11 people who used the service and nine relatives. We spoke with 20 staff which included the registered manager, nursing, care and support staff and the chef. We also spoke with a visiting health care professional. We viewed six records which related to assessment of needs and risk. We also viewed other records which related to management of the service such as medicine records, accidents reports and recruitment records.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is specific way of observing care to help us understand the experience of people who were unable to talk with us.

Good

Is the service safe?

Our findings

People felt safe and well cared for at the home as staff were always accessible to help them. One person said, "They [Staff] are always there if you want them". Another person had limited movement and was reassured as staff made sure the call bell was always in easy reach for them. A relative told us they felt that the home was a very safe and secure place.

People were protected from the risk of harm or abuse. Staff had received training and were knowledgeable about how to identify signs of abuse and who to report concerns to. There was a confidential helpline and contact numbers displayed in each unit of the home. Staff told us they would report concerns to the registered manager and were confident that they would take appropriate action. Staff knew they could also report concerns to outside agencies. The registered manager was aware of their responsibility to report any abuse to the local authority.

Staff were aware of the risks associated with people's needs and took appropriate action to protect them. For example one staff member told us if they saw there was deterioration in a person's skin condition they would involve the tissue viability nurse at an early stage to reduce the risk of further deterioration. Another staff member stressed the importance of allowing people to take risks in order to promote their independence. They told us, "You would not stop someone walking just in case they tripped, you would instead look at minimising the risk". Staff told us they had access to detailed risk assessments which informed them of the level of support and what equipment was required to support people safely. The registered manager told us they had recently been on a falls prevention training. As a result they completed a falls risk assessment on each person prior to them being admitted to the home to reduce the risk of falls happening.

The registered manager said they completed a range of checks to ensure the environment and equipment used were safe for people. These included weekly fire checks, servicing of lifting equipment and maintenance of wheelchairs. They also told us about their contingency plans should the home need to be evacuated in the event of a fire or any other reason. Records we saw confirmed the systems in place.

Staff were aware of their responsibility to report accidents and incidents. They understood how the information they recorded about incidents was used to avoid them happening again. Staff told us that following a fall or injury they would continue to observe and record the person's wellbeing over the next twenty for hours. Records we looked at confirmed this. The registered manager told us they had oversight of all the accident and incident forms completed. They analysed the information to identify deterioration in people's health or any trends and took action to reduce re occurrence. During our visit a person had become anxious resulting in an incident with another person living at the home. We observed that staff took prompt action to calm the situation and prevent reoccurrence.

People felt that staff worked hard to meet their needs in a timely manner. However, one person told us they sometimes had to wait a long time for staff to take them back to their room after breakfast. Staff we spoke with thought that there were enough staff to meet people's needs. They considered that this was achieved due to a consistent approach by an established staff team who worked together to meet people's needs. Staff found that management were flexible and supportive when they requested extra staff. One staff member told us that the registered manager had agreed they could come into work earlier on the day the doctor visited to allow them to prepare and assist the doctor. Staff on the Skylark unit recently found that they required additional staffing due to people requiring an increased level of supervision. They raised this with management and extra support was provided on the evening shift. Throughout our visit we saw that there were always staff present in the lounge and dining areas who were available to assist people as required. The registered manager explained that they continually monitored and reviewed staffing levels adapting them in line with people's changing needs. They showed us a recent analysis of staffing they had completed for the Skylark unit which supported the need for extra staffing. They told us they frequently met with the local authority and or health professionals when people's needs increase in order to gain additional resource to meet their needs.

People received support to take their medicine when they needed it. One person told us, "Staff give out the medicine, dead on time and give me extra painkillers if I want them". Another person told us they were currently experiencing

Good

Is the service safe?

pain due to a wound and staff gave them their pain relief when they needed them. We observed a staff member supporting a person to take their medicine. They explained what the medicine was and assisted them to take it off a spoon and gave them a drink to help them to swallow it. We observed that medicines were stored appropriately and that the registered manager completed regular audits. Only staff who had received training administered medicine. Staff told us that they had regular competency assessments to ensure the ongoing safe management of medicine.

Good

Is the service effective?

Our findings

People told us they were cared for by knowledgeable staff who knew them well. One person told us, "I am very impressed by how good and friendly they [Staff] are". Another person said, "The care here is very-very good. I couldn't manage without them". One relative we spoke with described the service as excellent. They considered the staff as experienced and the care to be individualised.

Staff received regular supervision and appraisal. They told us they found both these beneficial to their development needs. During supervision they could talk about what was going well and what areas they required additional support or training in. One staff member told us they asked for training on wound management and this was arranged straight away. Staff praised the training opportunities and the support they received to do their jobs. Staff told us how the training had increased their confidence and ability to meet people's individual needs. New staff received a comprehensive induction where they covered essential training to allow them to support people safely. Following this they would work alongside more experienced staff until they felt confident and were competent to carry out their role independently. In addition to this new staff were expected to complete the care certificate which would provide them with knowledge and experience of the standards in care delivery. The registered manager had systems in place to identify and monitor staff development and training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us that staff always gained their consent prior to supporting them. One person said, "Staff ask for my consent and they explain everything". Staff demonstrated a good understanding of MCA. One staff told us they would encourage and provide people with as much support as they needed to enable them to make decisions for themselves. Another staff member stressed that whilst some people did not have the ability to make complex decisions they could still make choices about day to day things like what they wanted to wear. During our visit we observed staff explain to people what they wanted them to do and gained their consent prior to supporting them. Where people were unable to make their own decisions in specific areas staff explained that decisions would be made in their best interest. One relative we spoke with told us the family had been fully involved in their family member's best interest meeting and had agreed with the MCA assessment. Best interest meetings would be arranged involving the person, their family and relevant health care professionals to ensure people's human rights were protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us prior to applying to deprive a person of their liberty staff would complete a MCA assessment and arrange a best interest meeting. They would involve the person, their family and if appropriate the relevant health professionals. Subsequently they would submit a DoLS application to the relevant local authority to ensure the restrictions on the person's liberty were suitable. We observed that the registered manager had a system in place to ensure that DoLS authorisations were reviewed at the correct intervals.

People had mixed views about the quality of the food offered at the home. One person said, "I'm quite satisfied with the food. I choose my lunch in a morning over breakfast. The food is beautifully cooked". Another person said, "It's good food but so monotonous". People told us they were offered a choice of two options at each meal time and could ask for an alternative if they did not like what was on offer. We heard staff ask each person individually what they would like to eat. They took time to ensure that people had heard and understood the options. At lunchtime we observed staff paid attention to whether people were eating their meals. We heard a staff member say to one person, "I know you didn't fancy a cooked dinner but what about a jam butty?" This was declined, staff then offered the person soup knowing they liked that too, the person declined and eventually chose to have a banana. Where people needed support to eat we observed that

Good

Is the service effective?

they were assisted in a kind and patient manner. We saw staff helped other people to cut up their foot or gave them gentle encouragement to eat their food. The registered manager told us menu choices had been discussed in a meeting with people living at the home. They were going to ask people to complete a questionnaire to establish everyone's views.

People's nutritional needs had been assessed, monitored and reviewed. We observed that people were served pureed and soft consistency meals where required. Food and fluid charts were used where there were concerns about what people ate and drank. At lunch time a staff member raised concern that a person was not eating very much the nurse confirmed that they had been referred to the doctor who was due to visit the following day. One person's records we looked at recorded that they had been referred to the speech and language therapist as well as the doctor. The person's care plan had been updated to reflect advice given by the health care professionals.

People we spoke with confirmed they were able to access health care professionals such as doctors and chiropodists when needed. A health care professional told us they found staff made the appropriate referrals and followed advice given. When a new person was admitted to the home staff would request a doctor's visit to complete a medical review of the person's health needs. The health care professional told us they felt the support people received at the home was, "Second to none".

Good

Is the service caring?

Our findings

People praised the efforts of the staff that supported them. One person said, "I am very happy with the care here. The carers are good humoured, friendly and caring". One relative told us, "They truly care for [person's name] it is difficult I know but, [person's name] is so happy here". Another relative said, "All staff are lovely, I feel [family member] really matters to them".

People felt that staff took time to get to know them and their preferences. One person said "The staff are very friendly, they know me well". Another person told us staff knew their likes and dislikes. Staff recognised the importance of getting to know people and their history. One staff member said, "It's just lovely being able to talk to someone about their life. It makes them who they are now". Another staff member said, "We talk to people about family when children were born and happy times as this helps people recall good times". We saw staff talking with people in a way that prompted memory and their life histories. People and their relatives found staff approachable and welcoming. One person told us there was open visiting at the home, they said "I have visitors every day and they are always made welcome by staff".

Staff were caring and kind to people. At lunchtime staff assisted people to the table talking to them and explaining what was happening. We heard a staff member asking a person, "Who do you want to sit and have lunch with today?" We saw that staff assisted people with their meals in a patient and respectful manner. Meal times were sociable with staff encouraging people to chat with each other. During our visit there was lots of chats and laughter between people and staff. We spoke with a relative of a person who was receiving end of life care. They praised the staff team for their care and kindness. They said, "My [family member] doesn't recognise us now but they respond to staff as they know their voices and they smile when they talk to them, at least we know they have that comfort". We saw that staff supported people in a sensitive manner. One person had become anxious during our visit. We heard a staff member say, "Come sit with me and tell me what's happening". The staff member sat and talked with them, they gave them reassurance and asked them what would you like to do later? The person calmed down very quickly and started to look at book with staff member. The staff member remained with them to ensure that they were settled before leaving them.

People and their relatives were involved in decisions about their care and treatment. One person said, "I get up and go to bed when I want. If I feel poorly they're very good. I can have a bath or shower when I want". Another person said, "I'm looked after very well". People told us staff gave them choice and listened to them. This was confirmed by staff who said they always gave people choices in such matters as what they would like to wear, what time they would like to get up or go to bed. If people wished to have a lie in they would check they were comfortable and go back at a later time. Staff told us they spent time talking with people and got to know their routines and how they liked things done. Where staff had difficulty communicating verbally with people they said they looked at people's body language or wrote things down to ensure they understood what was being said. They said some people may just nod, others may put their thumb up or blink to let them know their views. One staff said it was important not to rush people, to talk calmly and clearly and remove any distractions so that they could concentrate on what was being said.

People felt staff treated them with dignity and respect. One person told us staff always knocked on their bedroom door before entering. Another person told us they liked to do things for themselves, staff respected this and let them do as much as they could before stepping in to help them. This was confirmed by a staff member who felt it was important never to take away people's independence and to encourage them to do as much for themselves They considered that keeping people independent helped keep their spirits up. Staff told us they promoted people's dignity by ensuring people were not exposed when supporting them with their personal care. One staff said, "We use the screens when people are being transferred with the hoist. People shouldn't be on show when care is given". Other staff told us they protected people's dignity by ensuring they kept doors and curtains shut when supporting them and called people by their preferred name.

Good

Is the service responsive?

Our findings

People and their relatives were involved in the assessment and planning of how they wanted their care to be provided. One person told us, "I'm happy with my care. I have a shower when I want". Another person said staff always explained what they were going to do and checked they were happy to continue before they supported them. The registered manager told us either they or another nurse would assess people prior to moving into the home to ensure that they could meet their needs and expectations. One relative we spoke with said, that staff visited their family member at home prior to them moving. They said, "They [staff] really got to know them what their likes were and their history".

Nurses or heads of units were responsible for completing people's care plan and risk assessments. As well as gathering information from talking with people and their relatives they also used handover to establish people's needs at different times of the day. One member of staff told us they would have discussions with other staff to share information about people's needs and how best to support them. They felt this allowed the team to respond to people's individual needs in a consistent way. We saw that staff had access to detailed care plans which were regularly reviewed and updated. Care plans were individualised and recorded people's needs and how they liked to supported. We found that staff were knowledgeable about people's needs. This was evident in their approach and manner when people needed reassurance or support.

People received care and treatment that was responsive to their changing needs because staff knew them well. One relative told us staff had noticed that their family member was acting out of character they took the necessary action to check whether the person had an infection. They said, "They [staff] recognised that this had happened before and wanted to make sure [Family member] wasn't suffering again – they sorted it out straight away and let us know". Another relative told us staff helped their family member with rehabilitation and their mobility had improved as a result. Staff were able to tell us about people's different needs and how they supported them.

People were able to spend their time as they wanted. Some people told us they enjoyed reading and going out on trips. One relative told us their family member was encouraged to follow their faith. On the first day of our visit there was a bible readings session which people could choose to take part in. Later that afternoon a visiting clergy person attended to give people communion. People also had access to a range of activities arranged by two activity coordinators. These included visiting artists or community groups as well as one to one time spent with people. A person came in with a dog, we saw people enjoyed stroking the dog and chatting with its' owner. One activity coordinator told us they had meetings with people to see what they would like to do. From the ideas gathered they developed a timetable of activities for people to take part in. One staff member said, "It's about knowing the person, their likes and dislikes and what their history is and building up on this". The registered manager considered that the home offered a varied selection of activities for people to take part in. The home maintained active links with the community including visits by local school children and representatives from different faiths as well as visits to local attractions.

People and their relatives felt confident and able to speak to staff or management if they had any concerns. One person said, "I've got the confidence to speak up and discuss things". Another person told us that the registered manager was lovely, they and their relative had recently met with them and as results changes had been made. A relative we spoke with told us they were able to raise issues at any time. They approached the registered manager with a complaint who sorted it straight away and kept them fully informed. Staff we spoke with were aware of how to deal with complaints. The complaints procedure was displayed in the home and formed part of the home's information leaflet. The registered manager showed us the provider's complaint process, we saw that complaints were dealt with in a timely and appropriate manner.

Good

Is the service well-led?

Our findings

People and their relatives told us they found that staff and the management welcoming and friendly. One person said, "The manager is approachable, they listen and follows things up". Relatives described excellent communication with staff at the home and were confident any concerns they had would be listened to and addressed. One relative told us, "The management is very hands on, I can approach them at any time".

Staff were positive about their caring role and felt the registered manager promoted an open and inclusive culture. They said they enjoyed their work and the atmosphere was friendly. They felt everyone worked as a team to ensure people's needs were met. One staff member said, "You can approach and talk with them about anything whenever you want you want, they really support us as workers and as a team". Another staff member told us that the registered manager was very helpful and supportive to their individual situation. Staff described feeling valued and supported. There were regular team meetings, supervisions and appraisal. Staff felt comfortable to raise issues and felt listened to. One staff member told us they recently had a discussion about diabetes at the staff meeting which gave them clarity about the condition and how to support a particular person.

The registered manager told us the vision of the service was to provide people with good quality care and to ensure that they felt happy and safe. This vision was supported by staff who considered that management had a consistent approach and the values of the organisation were person centred. One staff member said, "We want that best care for everyone and to make sure they are happy". Another staff member told us they focussed on delivering good quality care, recruiting good staffing and keeping them. They felt staff were proud to work at the home, they said, "We are a tight group of staff, we group together to deliver good care". A visiting health care professional was very complimentary about the care at the home. They told us they found the registered manager was hard working and that the staff were very good. They said if they were to apply the 'mum test' they would not have any hesitation in choosing the home. The registered manager was keen to develop their own skills and those of their staff. They were undertaking a leaderships and management course. They told us they worked to continually improve their knowledge and shared their learning with staff to maintain excellent standards of care.

The registered manager told us they had developed good working relationships with health care professionals that were involved in the care and treatment of people who lived at the home. Staff efforts in regard of end of life care had been recognised as the home had been accredited by the Gold Standards Framework for End of Life Care. The accreditation process involved continuous assessment against 20 standards of best practice across a two year period and an official inspection visit. The provider was currently working with the out of hour's health service in piloting a new method of working. This involved using technology to allow people and staff to see and talk to health care professional without them having to make a visit to the home. This provided quicker access to diagnosis and treatment outside office hours. This was still work in process and therefore we were unable to comment on the effectiveness of this new process.

People and their relatives were encouraged to give their views on the service through meetings held at the home and through an annual questionnaire. One relative told us they could get in touch at any time to discuss any concerns they may have. The registered manager told us they valued the feedback received and used it to develop and improve the service. We saw that the results of the questionnaire were published in the home's information pack. The recent questionnaire showed that some people felt that they did not know the registered manager. As a result the registered manager had advertised their open door policy and did walk arounds of the home to give people the opportunity to meet with them. The minutes of meetings held with people and relatives recorded discussions about various issues such as activities and menus. Some people felt they were not given enough notice about different activities taking place. The staff responsible for arranging activities made sure that an activity planner was put on each unit and agreed to tell people about forthcoming events. People were told the menus were about to change and that they would be given a questionnaire to comment on the meals so their suggestions could be included on the new menu.

The provider and the manager conducted various audits to check the quality and safety of the service. They used their

Good

Is the service well-led?

findings to drive improvements in the service. The checks included audits of care plans and medicine. Where updates to care plans were required we saw these had been completed. The provider completed regular compliance visits and any actions identified were passed on to the registered manager to complete. The registered manager and seniors also monitored staff practice across all shifts to ensure people received good quality care at all times. Records we looked at confirmed this.