TC Carehome Limited

Fosse House Nursing Homes

Inspection report

South Street
Stratton-on-the-Fosse
Radstock
Somerset
BA3 4RA

Tel: 01761233018
Website: www.fossehousenursing.co.uk

Date of inspection visit:
11 October 2016

Date of publication:
03 November 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 11 October 2016.

Fosse House Nursing Home is registered to provide accommodation and nursing care to up to 37 people. The home specialises in the care of older people. At the time of this inspection 31 people were living at the home.

The last inspection of the home was carried out in May 2013. At that inspection we did not identify any concerns with the care provided to people.

There is 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.

We found that people received care and support which met their physical needs but did not always effectively address their social needs. We found that meals were not always a pleasant and sociable occasion for people and there was a lack of social engagement for people who were not able to occupy themselves. We have recommended that staff look at research and guidance about the best ways to engage with people who are not always able to fully to express themselves.

We also found that some areas of the environment would benefit from redecoration to make sure people lived in a pleasant and homely environment.

The registered manager told us in the Provider Information Return (PIR) that their plans for the future included improving activities and the décor in the home. An additional activity worker had been employed at the time of this inspection. This demonstrated their audits and observations were effective in identifying shortfalls.

People told us staff were always kind and patient and responded quickly to them when they requested help. People felt safe at the home and with the staff who supported them. One person told us "I definitely feel safe here. The staff are always kind to you."

The provider had a robust recruitment process which minimised the risks of abuse to people. All staff knew how to recognise and report any concerns. People said they would be comfortable to talk with the registered manager or a member of staff if there was any aspect of their care they were unhappy with. Records showed complaints were always investigated.

People's healthcare needs were monitored by trained nurses and referrals were made to other professionals in accordance with people's specific needs. Where advice was given by professionals, staff followed the

advice to make sure people received appropriate care and treatment. People received their medicines safely from trained nurses or senior staff who had received specific training to carry out the task.

People's privacy was respected and people were able to spend time in their rooms or the communal areas of the home. Visitors were always made welcome.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe at the home and with the staff who supported them.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure for new staff.

People received their medicines safely from trained nurses.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were needed to make sure mealtimes were a pleasant and social occasion.

People had on-going support from trained nurses and had access to other healthcare professionals according to their individual needs.

People received their care and support from staff who were competent because they undertook regular training according to their role.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and patient.

People's privacy was respected.

People could be confident the care they received at the end of their lives was kind and in accordance with their wishes.

Is the service responsive?

Requires Improvement

The service was not totally responsive.

Improvements were needed to make sure people who were unable to occupy their time received adequate social stimulation.

People received the care and support they required to meet their physical needs.

People told us they would be comfortable to make a complaint and there was evidence which showed all complaints made were investigated.

Is the service well-led?

Good

The service was well led.

People benefitted from a management team who were open and approachable and listened to people's views.

The staffing structure in the home meant trained nurses and senior staff were always available to people.

Fosse House Nursing Homes

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 11 October 2016 and was unannounced. It was carried out by an adult social care inspector 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.

The provider completed a Provider Information Return (PIR) in November 2015. 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in May 2013 we did not identify any concerns with the care provided to people.

During the inspection we spoke with nine people who lived at the home, three visitors and nine members of staff.

Some people were unable to fully express their views to us verbally because of their frailty. We therefore spent time observing care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included two care and support plans, three staff personal files, medication administration records and records relating to the quality monitoring within the home.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "I feel extremely safe and secure here." Another person told us "I definitely feel safe here. The staff are always kind to you."

Risks of abuse to people were minimised because staff knew how to recognise and report abuse. All staff told us they would be comfortable to raise any concerns with a senior member of staff and all felt any issues raised would be dealt with to make sure people were safe. Records showed that where concerns had been raised the registered manager had taken prompt action to investigate. One member of staff told us when they had reported a concern it had been "Sorted out immediately." There were details of the whistle blowing policy, a policy which enables staff to take serious concerns to relevant bodies outside the home, on the office wall. This ensured staff had information to enable them to raise concerns if they felt unable to speak up at the home.

Risks of abuse to people were further reduced because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff told us, and records seen confirmed that new staff did not begin work until all checks had been carried out.

People were supported by sufficient numbers of staff to meet their physical needs. There was always a trained nurse on duty which enabled people's healthcare needs to be monitored. Care staff told us everyone worked as a team to make sure people received the correct care and attention.

A number of people liked to spend time in their bedrooms and all said staff arrived quickly if they rung their bell for assistance. One person told us "They come pretty quickly if you want anything." During the day we did not hear bells ringing for extended periods of time showing that requests for help were responded to promptly. Staff we spoke with felt there were adequate staff on duty

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely. For example people's risks regarding mobility and falls was assessed and they were provided with the equipment they required to support them. Where someone was at risk of falling from their bed the bed had been lowered and a mattress had been placed on the floor to minimise the risk of injury if the person fell. One person had a risk assessment in place because they had chosen to not always follow the recommendations made by a healthcare professional. The assessment showed the risks of not following recommendations had been fully discussed with them and their family.

People's medicines were safely administered by trained nurses who had their competency assessed by the registered manager to make sure their practice remained safe. Some senior care staff had also completed training in the safe administration of medicines and were able to carry out this task under the supervision of

the trained nurse on duty.

Medication administration records showed that all medicines were checked when they entered the home and when administered or refused. Where people were prescribed medicines on a variable dose basis, such as give one or two tablets, the amount of tablets actually given was recorded. Medication administration records were well completed which enabled trained nurses to clearly see what medicines had been administered to each person.

Some people were prescribed pain relief in the form of patches worn on the skin. There were clear records of when and where patches had been applied. Other people were prescribed pain relief on an 'as required' basis. Where people were unable to say if they required these medicines staff used the 'Abbey Pain Scale' to determine people's need. This is a check designed to measure pain in people who have dementia but are unable to verbalise their needs.

Requires Improvement

Is the service effective?

Our findings

Improvements were needed to make sure mealtimes were a pleasant and social occasion. The home provided accommodation over two floors and there was a lounge diner on each floor. The dining tables in the dining areas were not laid and dining chairs were not positioned around them. People ate on small tables in the lounge part of the room or in their bedrooms. A member of staff said "People don't like to eat at the table." However as tables were not laid there were no physical cues to assist people to make a decision about where they wished to eat.

There was a four week menu which only offered one main meal and one dessert each day. Staff told us that everyone was asked each day if they wanted the food on the menu and could always ask for something else if they didn't like the meal offered. This meant people had to ask for an alternative rather than make a choice about their meal. One person said "It would be nice to have more choice but I don't want to make a fuss. If you don't like something they will do you something else."

Meals were served plated from a hot trolley meaning people did not have choices about portion size, vegetables or sauces at the time of their meal. One member of staff told us that because they knew people well they knew what they liked and how much they wished to eat. The registered manager informed us after the inspection that when staff asked people about their food choices they also asked them about portion sizes, vegetables and condiments. They also told us that where people had particular preferences regarding food and drink, such as instant tea and nectarines, these were added to the home's shopping list to make sure they were available. On the day of the inspection everyone who ate in the upstairs lounge had the same main meal and dessert.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and recommendations from professionals such as speech and language therapists. A number of people required their food and drink to be served at a specific texture to minimise the risk of them choking. Staff had a good knowledge of these people's needs and food was served accordingly. Some people required physical assistance to eat and this was provided by staff in an unhurried manner. We noticed there was very limited interaction between staff and the person they were supporting. Staff told us about a person who did not need physical assistance but required encouragement to eat. At lunch time this person was prompted once to eat but we did not see any further encouragement being given. The daily records for this person stated they had eaten three quarters of their lunch but we observed they had eaten very little of their main meal.

People received care and support to meet their healthcare needs. There was always a trained nurse on duty to monitor people's health and well-being. Where people needed to see other healthcare professionals appropriate referrals were made according to each person's individual needs. Referrals had been made to professionals such as dieticians, speech and language therapists, doctors and opticians. Staff told us that a GP attended the home on a weekly basis to see people who did not require urgent attention. They said they could call a doctor at other times where people were acutely unwell. One person told us "No problems seeing the doctor and the nurses keep a good eye on you."

Assessments were carried out regarding people's tissue viability and their skin care needs. Where people were assessed as being at high risk of pressure damage some action was taken to minimise risks. Some people were cared for in bed and staff said they helped people to change position to minimise the risk of pressure damage. Changes in position were recorded in people's daily records. However some people were sat for long periods of time in the lounge and staff were not proactive in ensuring they regularly changed position to minimise the risks of pressure damage. Staff told us they supported people to use the toilet throughout the day which ensured they had chances to move around. We looked at the daily records for two people who we saw sitting in a lounge for a long period of time and had remained in the same position for their lunch time meal. For one person the records showed they had been assisted to the toilet when they got up at 8am and not again until 4pm. The other person's records showed they were assisted at 11am when they got up and again at 4.30 pm. Records for the days previous to the inspection showed similar lengths of time. The length of time sat in the same position could place these people at risk of developing pressure damage.

The staff encouraged people to maintain and develop their independence. One person told us how staff had supported them to do more for themselves since moving into the home. They said "They have bought me on amazingly. I can now move around on my own which I couldn't do in the beginning. I would recommend this place to anyone." We also heard how the home supported people with continence issues to maintain their dignity and health. One person who had received support in this area said "Everything was done with my consent. They discuss things with you and explain it well."

Most people who lived in the home were able to make decisions about their day to day care and treatment. People were always asked for their consent before staff assisted them with any tasks. Where people refused support this decision was respected. On the day of the inspection one person refused their medicines. The person was offered them later in the day but continued to refuse and their decision was respected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff told us how they offered people choices by showing them things to help them to make a decision if they were unable to verbalise their wishes. For example one member of staff told us when they assisted people to get up they always showed them different outfits to help them to choose what to wear.

Where people lacked the capacity to make a decision for themselves staff worked in accordance with the principles of the MCA to make sure their legal rights were protected. Staff told us they used their knowledge of people and consulted with friends and family to make sure decisions were made in people's best interests. Records showed that when the home had cared for someone who lacked the capacity to give consent to their medicines, the staff had consulted with relevant medical professionals to make sure they were acting in the person's best interests.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications where people required this level of protection and some people were being cared for under the DoLS legislation.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to

shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. Staff told us how they had been welcomed into the team and felt well supported by their colleagues and the home's management. One member of staff said "The great thing is you are never left to get on with things. They give you all the help and support you need."

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Trained nurses had opportunities to keep their clinical skills up to date to make sure people received treatment which met up to date good practice guidelines. A number of care staff had nationally recognised qualifications in care which ensured they were competent in their roles. Some senior care staff had received additional training to enable them to support the trained nurses in some clinical tasks such as administering medicines and wound dressings. People were complimentary about the staff who supported them. One person said "I receive excellent care from all the staff." Another person commented "Staff are lovely and very professional in everything they do."

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Everyone we spoke with was complimentary about the staff who supported them. Comments included; "Everyone is so lovely and friendly," "The staff here are absolutely brilliant" and "The staff cannot do enough for you."

There was a stable staff team which enabled people to build relationships with them. People told us they often enjoyed a laugh and a joke with staff. One person said "We all get on well and have some laughs together." We visited one person who was being cared for in bed. When a member of staff entered the room their face lit up with pleasure and they said "My favourite."

People were assisted with activities of daily living in a gentle and patient way. When they helped people to walk they did so at the person's pace so they did not feel rushed. Staff made sure people were comfortable before leaving them. One person told us how staff always made sure they received pain relief when they needed it. They said "If they think you aren't comfy they get the nurse to sort you out with pain killers." A member of staff said although some people did not express themselves verbally they knew people well and were able to tell if they were upset or uncomfortable. Although we saw staff were extremely kind when helping people, staff were very task focussed and there was limited social interaction to promote social inclusion particularly for people who were unable to initiate activities or conversations for themselves.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. Some people had 'do not disturb' signs on their doors to inform others they wished to spend time on their own. Some people who spent time in their rooms had their doors open to enable them to see what was going on. Staff always closed doors when they assisted people with personal care.

People appeared well dressed and clean showing staff spent time supporting people with their appearance. A member of staff said "Everyone is different, some people like to have make up and jewellery on and so we always help with that." One person said "The hairdresser comes every week and they help me to go down to have my hair done."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. Staff encouraged family members to spend time with their relatives and we saw people were able to have meals with their family. Visitors told us they were able to visit at any time and were always made welcome. We heard staff and visitors greeting each other in a friendly and familiar way.

People who were able to express their views told us they felt involved in decisions about their care and support. One person said "I feel they really listen to me." Another person told us how a senior member of staff had spent time with them finding out about their particular wishes. They said "I really felt they wanted

to get things right just for me." Where people lacked the capacity to be fully involved in decisions about their care and treatment family representatives were consulted. One visitor said "They're good at involving you. We both feel well looked after and I don't even live here!"

The staff were able to provide care to people at the end of their lives. The home was accredited to the Gold Standards Framework. The Gold Standards Framework is a comprehensive quality assurance system which aims to ensure people receive high quality palliative care. Care plans gave information about people's wishes about how and where they wished to be cared for if they became very unwell and at the end of their life. When people were at the end of their lives more comprehensive care plans were put in place to make sure staff knew exactly how to care for the person and maintain their comfort.

One person told us how they had discussed their specific wishes for their end of life care with a member of staff. They told us they had originally thought they wanted to be transferred to a hospice when they were at the end of their life but since being at the home they had changed their mind. They said "I have seen how they have cared for other people with such love, care and attention that I now wish to end my days here. I know they will do everything to accommodate my wishes."

Requires Improvement

Is the service responsive?

Our findings

People received care that was responsive to their physical needs but did not always provide social or mental stimulation for people who were unable to occupy themselves. During the inspection we spent time in both communal lounges. People were seated in front of the TV but no one seemed to be watching it. There were no staff in the lounge for periods of time. When we asked staff if any staff were allocated to be in the lounge with people we were told that because staff were always going in and out when they bought people in from their rooms this was not needed. This showed staff saw their role as helping people with physical tasks rather than meeting their social and emotional needs.

An activity worker was employed and there was a basic activity programme. However the programme did not appear to take account of people's individual interests and hobbies. One person said "They have a singer in quite often but it's not my thing so I tend to stay in my room. I'm lucky I have plenty of family company." Another person said "There are some things going on but I never know when."

The activity worker we spoke with worked between 12 noon and 7pm. Some of their time was taken up by supporting people with lunch and taking around the tea trolley. They told us they tried to visit each person who was in their room each day for a chat. This left limited time to support people in the communal lounges with meaningful activities or occupation. The registered manager told us in their Provider Information Return (PIR) that this was one area they planned to improve in the future. We discussed the lack of social stimulation with the deputy manager during the inspection. They informed us that a second activity person had recently been employed which would increase the amount of social engagement for people.

On the morning of the inspection a hairdresser visited the home and several people had their hair done. In the afternoon children from a local school came in to talk with some people. We were also told about a summer fete which people had enjoyed being part of. One person said they liked to go out in the garden and told us "The staff take me out into the garden whenever they can." Some people were regularly visited by Benedictine monks from the local Abbey to support them with their spiritual needs. Staff told us that people used to attend services at the local church but no one was currently able to do this.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. One person told us the registered manager had visited them in hospital and had given them all the information they needed about the home.

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans covered a wide range of areas such as medical needs, communication and social needs. They showed when specific issues were raised advice was sought from appropriate professionals. For example where assessments identified needs regarding nutrition, referrals were made to speech and language therapists. Recommendations from these professionals were incorporated into care plans to ensure people received the correct support. Some care plans were not specific to the individual. For example one person's night care plan did not state if they wished or needed to be checked through the night.

People who were able to express their views told us they were able to make choices about their day to day lives including, what time they got up, when they went to bed and how they spent their day. One person said "I like to be up in my chair for breakfast. Staff know my routine and help me when I want help." Another person told us "Because of my condition I spend most of my time in my room but the staff are always popping in and out."

Care plans were regularly reviewed to make sure they gave staff the information they needed about each person. Additional care plans were put in place to respond to changes, for example when people required palliative care. Staff told us changes in people's needs were always discussed at handover meetings and they could read the care plans for further information. One member of staff said "Nurses are really good at keeping you up to date with everything but the care plans are there to give you all the information you need too."

People could be confident that any complaints made would be fully investigated. Records of complaints showed that all issues raised were fully investigated and action was taken to address any shortfalls identified.

People told us they would feel comfortable to make a complaint and thought that their concerns would be taken seriously. One person said "If I had a grouse I would talk to someone. If things weren't as I like them I'm sure they'd want to know." Another person said "If I had a complaint I would talk with [registered manager's name.] She'd sort it out."

We recommend that the staff look at suitable research and guidance in how to engage with people who are not always able to fully express themselves.

Good

Is the service well-led?

Our findings

People told us they thought the home was well led. One person said "The way the place is run is very good." Another person told us "The manager here is very on the ball."

People were very complimentary about the standard of care they received at the home with a large number saying they would definitely recommend Fosse House Nursing Home to others. One person told us "I would recommend it to anyone who needs this sort of care." A visitor said "I think they are very well looked after and I wouldn't hesitate to recommend the place to anyone."

There was a staffing structure which provided clear lines of accountability and ensured the smooth running of the home at all times. At the time of the inspection the registered manager was not available in the home but the home was well managed by the deputy manager.

The registered manager told us in the Provider Information Return (PIR) that their plans for the future included improving activities and the décor in the home. An additional activity worker had been employed at the time of this inspection. This demonstrated their audits and observations were effective in identifying shortfalls. After the inspection we spoke with the registered manager on the telephone and highlighted the shortcomings we had identified with people's mealtime experience. They agreed to look into ways that staff could be more pro-active in offering choices and improving the experience for people.

There was always a trained nurse on duty who organised the shift and was responsible for keeping staff informed about the care needs of people. In addition to trained nurses there was a team of senior carers who were able to offer support and guidance to less experienced staff. This ensured there were always experienced senior staff available to people.

There was an administrator who helped to ensure the smooth running of the home by maintaining records and overseeing the administration systems. This included ensuring staff training was kept up to date and checking trained nurses were registered to practice.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager's office was located in a central location in the home which made them very visible to people and visitors. People described the management as extremely approachable and open. The registered manager also worked some shifts in the home which made them easily accessible to people who may not be able to go to the office. People told us they could raise concerns or make suggestions at any time. One person said "If I had any worries I'd talk to [registered manager's name.]" A member of staff told us "You can talk to the manager about anything."

The registered manager was supported by regular visits from a senior representative of the provider. The

provider also arranged for an independent company to carry out audits of the service to monitor the quality of care people received. The independent company was also available for telephone help and advice.

The registered manager sought the views of people, relatives and staff. There had been meetings for people and their relatives but at the last meeting people's views were sought on whether people wished to continue with the meetings. People and their relatives had stated they would prefer less formal ways of communication and all agreed the open door policy and easy access to the management in the home worked better than formal meetings.

There were staff meetings which enabled the registered manager to share information and obtain the views and suggestions of staff. This ensured staff worked consistently to support people. One member of staff said "We can always make suggestions if it's for the good of people who live here." Another member of staff said "Teamwork is really good. We don't have to wait for a meeting if you think things could be improved. You can talk to the manager anytime."

The registered manager carried out one to one meetings with staff which enabled them to identify training and development needs and to address any poor practice. We saw information in staff files which showed concerns were addressed effectively with staff members. Where disciplinary action needed to be taken this was clearly recorded.

A recent satisfaction survey had been carried out and the results of these were analysed and made available to people and their representatives. Overall the survey showed a high level of satisfaction with people saying they felt safe and were looked after by kind and caring staff. Some people expressed a wish to see more activities within the home. As previously mentioned in response to this an additional activity worker had been employed to make more activities available to people.

There were regular audits which monitored standards of care and record keeping. There was a monthly audit of all accidents which occurred in the home. This included looking at the times and locations of accidents to see if any patterns emerged which may suggest that changes to practice were required to minimise further risks.

People could be confident that the equipment in the home was well maintained and regularly serviced if required. There was a maintenance person who was able to quickly respond to maintenance issues and also carried out regular health and safety checks.

Staff provided a welcoming atmosphere however, the house was a large old building and communal areas were not all well decorated and did not provide a homely and welcoming physical environment for people to live in. We talked with the deputy manager who told us the registered manager had recently bought pictures and frames to make areas more homely. They were not aware of any action plan in place for redecoration but said that bedrooms were always decorated when they became vacant. The registered manager informed us in their Provider Information Report (PIR) that one of the plans for the future was 'to continue to improve the décor in the home and promote a homely environment.'

To the best of our knowledge the registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.