

Mrs R Hind

Faversham House Nursing Home

Inspection report

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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 ●

Summary of findings

Overall summary

This was an unannounced inspection that took place on 31 October 2018.

Faversham House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Faversham House is a nursing care home in the Urmston area of Trafford and can accommodate 20 people. At the time of this inspection, there were 20 people living at the service, some of whom were living with dementia.

At our last inspection on 2 February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a manager in place at Faversham House Nursing Home, who was also the owner of the service. They were in the process of registering with CQC to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service.

Risk assessments were in place for people who lived at Faversham House Nursing Home. Risk assessments were tailored around the needs of the person, support measures were in place to mitigate risks and assessments were regularly reviewed and updated. Staff were familiar with people's risks; they received daily updates on people's health and well-being and if their circumstances had changed.

There were safe recruitment procedures in place to ensure staff were of the right character to support vulnerable people. However, we found no evidence of medical statements. Medical statements enable new starters to declare any health condition or disability. The manager said this had been overlooked and confirmed they would review this as a matter of urgency.

Accidents and incidents were routinely recorded and analysed. There was an accident and incident reporting policy in place and staff routinely completed accident and incident documentation. The manager analysed monthly accident and incident reports and established trends that were emerging as a measure of mitigating risk.

Medicines were stored safely and securely, however two people prescribed PRN medicines (medicines to be given 'as and when' needed) did not have protocols in place. The manager was responsive to our feedback

and ensured that all protocols were reviewed and updated during the inspection.

The home was acting under the principles of the Mental Capacity Act and people were asked for their consent before support was given. Where people lacked the capacity to make decisions for themselves, appropriate processes were in place to identify the person's best interests.

Staff received regular supervision and told us they received support on a day to day basis. Staff were supported with training, learning and development opportunities.

Confidential information was securely stored and protected in line with General Data Protection Regulation (GDPR). This meant that people's sensitive and personal information was not unnecessarily shared with others.

We observed the mealtime experience and found this to be relaxed and well organised. People received any help, support and encouragement they required to eat and drink promptly.

A person-centred approach to care was evident. Records were tailored around the needs of the person and staff were familiar with the likes, dislikes, preferences and wishes of people they supported.

People were sensitively supported with end of life wishes and preferences. Records we checked contained end of life documentation (where required) and staff were familiar with any specialist support that was needed.

People had the opportunity to engage and participate in a range of different activities arranged by the dedicated activity co-ordinator. We received positive feedback about the different activities that were taking place.

There was good day to day management of the service. The management team were respected, visible and supportive to both staff and the people who used the service, ensuring standards of care were maintained.

There was a well-developed performance framework which assessed the safety and quality of the service. The electronic care management system, further enhanced robust quality assurance procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remained effective.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remained caring.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was responsive and the rating for this domain had improved from Requires Improvement to Good.</p> <p>Staff were familiar with the needs of the people they supported. Records were person-centred and tailored around the needs of the person.</p> <p>A variety of different activities were provided. Activities were enjoyable, stimulating and engaging.</p> <p>People and their relatives were familiar with the complaints process. Complaints were recorded and responded to accordingly.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service remained well-led.</p>	<p>Good ●</p>

Faversham House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 the 31 October 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to our inspection we asked the provider to complete a Provider Information Return. This is a form which asks the provider to give us some key information about the service, what the service does well and improvements they would like to make. We also reviewed the information we held about Faversham House Nursing Home, including any statutory notifications submitted by the provider or other information received by members of the public. A statutory notification is information about important events which the provider is required to send to us by law.

We contacted Trafford local authority, and Healthwatch (Trafford) to obtain their views about the quality of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The comments and feedback received were reviewed and used to assist and inform our inspection planning.

Due to the nature of the service provided at Faversham House Nursing Home, some people were unable to share their experiences with us, therefore we completed a 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 spoke to seven people, two relatives, five care staff and the manager/owner. We spent time throughout

the day observing how people were cared for and their interactions with staff and visitors to understand their experience.

We looked at staff training and supervision records for the staff team, staff rotas and three staff files including recruitment records. We looked at six medicine administration records (MAR) in the treatment room. We also looked at records of; staff meetings, quality monitoring, medicine audits, fire safety and health and safety relating to legionella, maintenance and servicing of equipment. We read the fire risk assessment for the home.

Is the service safe?

Our findings

At our previous inspection we found the service was safe. At this inspection we had no concerns and the service continued to be good in this area.

Medication was administered safely by staff who were trained and annually had their competency assessed. We observed part of a medication round which was undertaken by a trained member of staff. Medication was administered in a safe manner and the member of staff complied with the homes medication administration policy.

We checked medication administration records (MARs) to ensure the balance of medication correlated with the balance of stock which was stored. This included the stock balance for controlled medication as well as prescription and 'over the counter' medications. Controlled drugs (CDs) are prescription medicines that have controls in place under the Misuse of Drugs legislation. We found medication stock balances were correct and where the manager found any anomalies this was investigated thoroughly.

All medicines were stored in a locked treatment room. Both the fridge and room temperatures were recorded daily and remained in range. If medicines are stored at the wrong temperature they can lose their potency and become ineffective. The lead nurse on duty held the keys, and medicines were dispensed from a lockable trolley using a monitored dose system (MDS), which helped to minimise the risk of incorrect administration.

Some people were prescribed PRN medicines (medicines to be given 'as and when' needed). However, we found two people's protocols had not been completed for two prescribed medicines. The manager was responsive to our feedback and ensured that all protocols were reviewed and updated during the inspection.

People were protected from abuse. Staff followed the providers safeguarding policies and procedures and knew how to recognise abuse. Staff received safeguarding training and understood their responsibilities to raise concerns and discuss with managers and colleagues.

Safeguarding concerns were logged identifying any learning and this was shared with staff at team meetings. The service had a whistleblowing policy in place to ensure staff understood how to raise concerns and staff confirmed they were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

We reviewed three staff files and saw satisfactory recruitment and selection procedures were in place. The files contained application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to check if employees are suited to working with vulnerable adults thereby supporting safe recruitment decisions. However, we found no evidence of medical statements. Medical statements enable new starters to declare any health condition or disability which may affect their ability to do the job they have been offered, so the provider can ensure the staff member is

appropriately supported. The manager said this area had been overlooked with changes to the administrator within the home, as the provider previously undertook these checks. Shortly after the inspection the manager provided us with a new application form that would be rolled out when recruiting new staff, which clearly covered information in respect of the applicants health.

Risks to people continued to be managed safely. Each person's electronic care plan had risk assessments that gave guidance to staff on how to meet people's needs including; mobility, falls, skin integrity, nutrition and medicines. Records and staff could describe potential risks and measures that could be taken to reduce or eliminate the risk. Each person had a Personal Emergency Evacuation Plan (PEEP) in place which ensured they would be able to exit the building safely in the event of an emergency. Records and observations during the inspection demonstrated that these control measures were completed.

Accidents and incidents were reviewed during the inspection. There was an up to date accident and incident reporting procedure in place, all accidents and incident reports were organised on the providers electronic system and were analysed monthly by the manager or nursing staff. The monthly analysis enabled the manager to establish any emerging trends, if the level of risk needed to be reviewed and if further support measures were required.

During the inspection we found staffing levels were adequate to meet people's needs. Staff were attentive and responded quickly to people. We asked people who lived at the home if they felt there were sufficient staff to provide support when they needed it. People we spoke with felt there were sufficient staff to meet their needs. Comments included, "I tend to stay in my room because I prefer my own company, but the staff are always checking in on me, this is nice", "I believe there are enough staff, the young ones [care workers] are very good" and "I haven't had a problem yet, if I need help the staff are available." One person's relative was also complimentary about the staffing levels, "The staff are like a family to us, I believe there is enough staff on duty."

As we looked round the building we saw that day to day risks were well managed. Where cleaning was in progress, the domestic staff placed signs warning people of wet floors. Environmental risks had been assessed and appropriate action taken. Staff were vigilant to any new or emerging environmental risks, and the manager would regularly check any issues regarding lighting, heating or flooring which might indicate trip hazards.

Records showed equipment and serviced and maintained in accordance with the manufacturers' instructions. This included; gas safety, portable appliance testing, fire detection and emergency lighting. This helps to ensure the safety and well-being of everybody living, working and visiting the home. The manager kept a schedule which showed when servicing was required for the call system, lift, fire extinguishers and alarms and boiler and gas cooker. The service also had a business continuity plan in place. The plan contained details of what action needed to be taken in the event of an emergency or incident occurring such as a fire or utility failures.

Is the service effective?

Our findings

At our previous inspection we found that the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

Prior to admission into home, people received a full assessment of their needs by the manager or nursing staff. This pre-admission assessment looked at how their needs and wishes could be met, with consideration of the needs and compatibility of the other people who used the service. When we looked at care records we saw that they included the views of people who may have been involved in care and support such as family members. Records also included any assessments completed by health and social care professionals such as social workers or occupational therapists. This information was then used to form an interim care plan so staff would understand the needs and wishes of the person and how best to meet them from the moment of admission.

The premises were decorated to ensure they remained safe, dementia friendly and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. People were encouraged to personalise their rooms with furniture and ornaments. Rooms we saw during the inspection contained mementos and personal items making the rooms feel personal. One person we spoke with told us, "I love my room, I have plenty of space for my DVDs and the staff always comment on how much they like my room."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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).

There was a clear record of DoLS applications submitted and/or authorised which identified when they were due to expire and those which had conditions attached. We saw mental capacity assessments had been carried out to check whether people had the capacity to make specific decisions.

Staff told us they felt their training was good and they felt confident they had the skills and knowledge they needed to support people safely. We saw records showing new staff underwent a comprehensive induction process which was aligned with the Care Certificate, a nationally recognised set of standards for health and social care workers. Where staff needed extra training to enable them to support people with different needs this was arranged. For example, additional training was provided to members of the staff team in April 2018 for pressure ulcer and skin integrity. We spoke to one of the nursing staff who told us this training was invaluable to ensure the staff team were proactive at managing people's skin conditions to prevent infections and hospital admissions.

Staff received supervision on average four times per annum, along with an annual appraisal. The purpose of supervision was explained to staff and recorded on their supervision record. We could see issues around staff performance were being identified and addressed through supervision and an action plan had been put in place to improve staff performance.

People's nutritional and hydration needs continued to be met. People remained complimentary about the meals served and their food options. One person told us, "I love my food and they try their best to cater for my needs." Another person told us, "The food is homely, I like that we will also get takeaways to mix it up sometimes." Care and kitchen staff had access to guidance in relation to risks associated with eating. People had access to adapted cutlery to support them to eat independently and could choose alternatives to eating in the dining rooms at meal times including; with their relatives, in the lounge or in their rooms.

During the inspection we observed the quality and standard of food people received. Meals were well presented and people were offered a choice of food during each of the meal times. Kitchen staff we spoke with during the inspection were familiar with all specialist diets and the likes and dislikes of people who lived at the home. The home had two lounges which were connected by an archway and a large conservatory. The conservatory was used at mealtimes as well as for activities or relaxation. During our observations, we noticed that there was no availability of pictorial menus for people to choose their food from. We were informed this was going to be reviewed and introduced.

People's care plans and other records included information about each person's healthcare needs and included guidance for staff to follow to ensure people's medical needs were met. Care plans showed people's healthcare needs were monitored closely. People were provided with the support they required to access advice and treatment from a range of healthcare professionals including; GPs, dentists and chiropodists. Records showed that people attended specialist medical appointments for monitoring and treatment of medical conditions. People told us they saw a doctor when they were unwell and spoke of receiving blood tests when needed.

Staff supported and enabled people to practice their faith and the manager told us a pastor regularly visited the home. Equality and diversity training was included in the provider's training programme.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

Faversham House had a homely, friendly feel and people spoke positively about the staff. We saw good interactions between staff and people, they knew each other well and had developed caring relationships. People told us, "I am very happy here, I could have moved somewhere else a while ago, but I told my family this is my home", "Very happy here and the care staff are lovely" and "I would prefer to be back home, but to be fair the carers are lovely and I feel content."

People were encouraged to remain as independent as possible. We observed a person eating their meal with support from a member of staff. The person was having difficulty, but the staff member encouraged the person to try and manage the meal themselves, rather than take over completely, the member of staff held the bowl which enabled the person to take control. Where people needed support to move around, staff ensured they had the correct equipment, for example a walking frame, and allowed the person to move themselves under supervision from staff.

We observed people were comfortable with staff and there was a relaxed atmosphere in the home. We saw many instances of staff providing compassionate care in a gentle manner and in a way which maintained people's dignity. For example, a staff member discreetly supported a person to the bathroom. The interactions we saw throughout the inspection were caring and respectful with staff giving people their full attention and not rushing them.

Staff understood the importance of respecting people's privacy. People who preferred to spend time in their room alone were enabled to do so. People told us their personal care was provided in a way which maintained their privacy and dignity. For example, staff ensured their bedroom door was closed and people were not unnecessarily exposed whilst being assisted with personal care. People were well-dressed and groomed which helped to maintain their dignity and self-confidence.

Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. However, to fully embed the principles of equality, diversity and human rights we recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource.'

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulation (GDPR). Records were secured in a locked office on each unit and confidential information was not unnecessarily shared with others.

Is the service responsive?

Our findings

At our previous inspection in February 2016, we found that two people's care plans had not been fully updated to reflect changes in their needs.

People's electronic care plans were comprehensive. They contained clear detailed and personalised information about people's needs and how staff should support them. This included how to recognise and support people when they became anxious. Staff had the information they required to provide person-centred care. Such as, a person's morning routine and where they preferred to eat breakfast, where a person preferred to take their medicines and whether they preferred a shower or a full body wash. The manager confirmed since our last inspection care plans are audited in greater detail by the nursing staff to check people's care plans are fully up to date.

The Accessible Information Standard (AIS) is a regulation which aims to make sure people are given information in a way they can understand. The home was meeting this standard by identifying and recording any communication needs people had and flagging these so the information could be shared with other healthcare professions if the person needed support from outside the home. The manager explained information could be tailored to suit the person's needs on an individual basis. We saw staff communicate with people well and where people wore glasses or hearing aids, staff ensured they were to hand for the person to use.

The provider used technology to support people to receive prompt care. There was a call bell system in place at the service which people could use when in their bedrooms to request assistance from staff. We observed call bells were placed within easy reach in people's rooms. People told us and we observed staff responded to call bells in a timely manner. One person told us, "I use the buzzer when I need it, staff are normally around if I need them without using the buzzer."

At the time of our inspection no-one was receiving end of life care, however the home had policies and procedures in place to allow people to remain in the home as they neared the end of their life. People's end of life care was discussed and planned and their wishes respected. Staff worked closely with relatives and the relevant health professionals and the home was registered with the 'Six Steps' end of life programme. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death. People could remain in their home, if they chose to, and were supported to experience a comfortable pain free end of life. The provider also created a space within the home that provided people's family members the opportunity to stay over at the home if their family member was receiving end of life care.

During this inspection we found that a lot of planning had gone into creating a new activities schedule which gave people the opportunity to be engaged in activities inside and outside the home. The activities co-ordinator told us the aim of the activities offered were that people had fun and the activities were also to help maintain their health and well-being. During our inspection we observed staff engaging people in a game of bingo and one person received a spa treatment from a staff member. People told us they enjoyed

the activities. Comments received included, "I like to get out and I am lucky that staff are keen to put on activities for us. I have been on a few holidays here, last year I went to France", "I don't tend to get involved, but two of the male staff always sit with me in my room. I love their company" and "We have good activities, I like to take part in the bingo, quizzes, art work and singing."

Arrangements continued to be in place to ensure that people's complaints and feedback were listened to and responded to improve the quality of care. The manager had established systems in place that ensured any complaints would be quickly resolved so that lessons could be learned and improvements made.

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

There was a manager in place at Faversham House Nursing Home, who was also the owner of the home. They told us they had applied to register with CQC, which our records confirmed was received in August 2018. The previous registered manager left the home in February 2018. Throughout this inspection people, relatives and staff offered positive feedback about both the manager and her staff team.

The manager was enthusiastic and committed to the continuous improvement of the service. A senior nurse supported the manager in the day to day running of the service. We received positive comments from staff and relatives in relation to the way the service was organised and managed. People told us, "[Manager's name] is great. She always makes time to speak to me" and "I feel this is a very good home. The manager and her staff are great." A relative said, "She [manager] is approachable and always will make time to have a catch up about my dad's care" and "The manager is always welcoming."

There was a well-developed performance framework which assessed the safety and quality of the service. We saw where audits had identified actions were needed, they had been carried out. This electronic system further enhanced quality assurance procedures by the data, tracking and reporting processes it encompassed. Monthly checks were made using reports generated by the system. This meant the service has a good overview on people's care plans, safeguarding, accidents, medicines, equipment and wound and pressure care management.

The electronic system allowed the management to leave messages for staff. This recorded the time the message was created and read by the staff member. We saw that this was used extensively to cascade information and by the manager to thank staff for their efforts. The manager also carried out regular observations of staff practice. Findings were recorded and we saw issues were followed up.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. We saw how the team developed ideas and plans together so that all staff had ownership and were fully engaged in ensuring these changes were put into place.

The manager and staff team worked well together to develop and improve the service. They also worked well with external organisations to introduce training, policies and procedures for staff to follow to improve the quality of care people received. The manager had also established good working relationships with the local GP surgery and pharmacy.

The service also carried out regular customer satisfaction surveys which included questions about the standard of care. Formal and informal methods were used to gather the experiences of people who lived in the home and their feedback was used to develop the service.

We saw residents' meetings were held where people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in. These were for the service to address any suggestions made that might improve the quality and safety of the service provision.

There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. We noted the service's CQC rating and the previous inspection report were also on display at the service. This was to inform people of the outcome of the last inspection.