Mrs J Soobrayen

Faldonside Lodge

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

Overall summary

We inspected Faldonside Lodge on the 28 November 2014. This was an unannounced inspection.

Faldonside Lodge provides care for up to 15 older people who require nursing or personal care. The home is registered with the Care Quality Commission by Mrs J. Soobrayen. There were eight people living in the home when we inspected.

At the time of the inspection the home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The DoLS are a code of practice to supplement the main MCA 20015 Code of Practice. They are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict

Summary of findings

their freedom in some way, usually to protect themselves or others. No applications had been made relating to people who lived at the home and we found that the requirements of the MCA 2005 had been complied with.

People told us they felt safe at the home. Staff were aware of how to identify abuse and what to do if they suspected abuse was taking place. Staff had received training in safeguarding adults and refresher training was about to be undertaken.

The home undertook safe and robust employment checks when recruiting new employees. This helped to achieve and maintain the recruitment of staff that were qualified, trained and of good character. The provider and registered manager were maintaining staffing levels which contributed to protecting people from harm.

Medicines were managed, stored and administered safely by staff who had been properly trained.

Any accidents or incidents were recorded appropriately and timely. Learning from such experiences was shared with staff so as to help prevent recurrences.

At the time of the inspection the home was clean and tidy and free from hazard. Staff were trained in infection prevention the home was equipped with hand sanitizers and relevant information posters about the need for good hand hygiene.

Staff undertook regular training, supported by refresher training where relevant. Staff were empowered and supported to progress their careers by taking National Vocational Qualifications in care (NVQ). This contributed to ensuring they had the skills and knowledge necessary to support people well.

People's choices in relation to their food and drink and times that they took breakfast were flexible to meet their needs.

Hot and cold drinks were to hand in all areas of the home and people told us they never went without a drink or snack if they wanted one. We observed this to be the case during the inspection.

People were supported to see health professionals where this was needed for rehabilitation or treatment. When necessary GP visits, nurse visits and chiropody visits were arranged. The registered manager would take people to see their own GP or dentist if they wished.

Staff were caring and attentive towards people who lived at the home. At all times staff were respectful and courteous. People were encouraged, where possible, to maintain independence. No pressure was placed on anyone to do anything they did not wish to. Staff were fully aware of people's personal choices as to how they wished to spend their time.

People and staff were encouraged to be open about any concerns they may have had and the registered manager was seen to respond in a kind and compassionate way at all times, answering questions, re-assuring people and instinctively knowing what was needed.

Assessments of people's needs took place before they went to live at the home. Any changes to a person's needs or requirements were immediately acted on and, where appropriate or relevant, family were involved in discussions about changing needs. Individual likes and dislikes, hobbies and interests were noted and acted upon.

People and family members told us how well managed the home was. In particular, they told us about the 'extra lengths' the registered manager went to, to make sure people were safe and well cared for. The provider complied with their responsibilities to notify the Care Quality Commission (CQC) of specific events happening within the home in a timely manner.

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 told us they felt safe at the home. Staff were knowledgeable about the risks of abuse and how to raise concerns if this was necessary. People were supported by enough staff who were robustly recruited.

Medicines were managed, stored and administered safely.

Good

Is the service effective?
The service was effective.

People who lived at the home were cared for by well trained, knowledgeable staff who were competent to meet their needs. Staff understood their roles and responsibilities and were well supported by the registered manager.

The service met the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff had been trained in the Mental Capacity Act (MCA) 2005.

People were supported to eat and drink enough to meet their needs.

Good

Is the service caring?
The service was caring.

The registered manager and staff carried out their jobs in a caring, kind and compassionate manner. Staff treated people with respect and promoted their dignity.

Good

Is the service responsive?
The service was responsive.

Care delivered by staff was focused on each person's individual needs. People were encouraged to take an interest in what was going on around them and to maintain their own interests and preferences.

People were assured that any concerns they may have would be treated confidentially and would be listened to and acted on.

Good

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

The views of people, their relatives and staff were listened to and empowered to express their views about the quality of the service.

The registered manager communicated a clear set of values for staff to follow and made regular checks to ensure the quality of the service was maintained and improved where necessary.

Good

Faldonside Lodge

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 met the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection, which was carried out by one inspector, took place on 28 November 2014 and was unannounced. Before the inspection, the provider submitted a Provider Information Return (PIR). 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 also reviewed other information we held about the service including complaints and statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During this inspection we spoke with the registered manager, five people living in the home, three family members and three members of staff. We also looked at the care records of four people living in the home and the medication records of three people living in the home. We contacted the local authority safeguarding team who confirmed they had no concerns about people living in the home. We also spoke with a social worker and occupational therapist who were visiting the home at the time of the inspection. They too had no concerns about the care provided in the home.

We looked at care plans and medicine records relating to four people who lived in the home.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "Well, I don't feel threatened or frightened in any way….anyway, if something wasn't right I would soon speak out. I'm like that." Another person commented, "I have always felt safe here and if I didn't for any reason then yes, I do know who I would speak to and I have every confidence that they would act on any concerns I might have."

People's relatives said they felt their family members were being looked after safely. One relative said, "There is always someone on hand to deal with emergencies or urgent needs. The staff are excellent too. They know how to keep people safe and it seems as if they instinctively know if something is worrying or troublesome, acting immediately to put it right."

Staff confirmed they had received training in how to safeguard vulnerable people against the risks of abuse. They were provided with guidance about how to report any concerns which included a 'whistle blowing' procedure. Staff demonstrated a good knowledge of the risks of abuse, how to safeguard vulnerable adults and how to report any concerns This included contacting the Care Quality Commission to raise concerns if they were not able to approach the manager for any reason.

The registered manager assessed risks to people's health and well-being, prior to them moving into the home. These assessments included the potential risks to people of falls, malnutrition, developing pressure sores and risks associated with people's mobility. These were monitored and reviewed on a regular basis to ensure they reflected people's changing needs and personal circumstances. We spoke with two health and social care professionals with experience of the home who told us that staff acted appropriately and immediately where any concerns about safety were concerned.

We found that injuries, accidents and incidents at the home were dealt with in an appropriate and timely way. From the minutes of team meetings we saw that learning was taken from accidents and incidents by management sharing this with all staff and, if appropriate, the people who lived in the home. Staff we spoke with were knowledgeable about how to report any accidents or incidents.

We observed that sufficient staff were on duty. The registered manager maintained adequate staffing levels at all times to support the safe and effective provision of care to people who lived at the home. The provider had access to regular agency staff should additional staff cover be required. The service was also supported by one student who assisted with interests and activities.

People told us that they we aware of their medicines and what they were for. Where possible people were supported to take their own medicines independently. We observed that people's medicines were offered and administered appropriately and safely and that they were reminded what the medicine was taken for. Medicines were stored, administered and managed safely and people were supported to take their medicines by staff who had been properly trained.

The home was clean and tidy. Hand sanitizers and supporting hand hygiene notices were placed in all areas where hand washing took place. Care staff were also observed to use and dispose of protective clothing appropriately, so people's safety was promoted.

Good

Is the service effective?

Our findings

People received safe and effective care from staff who had been trained and were supported by the registered manager. One member of staff told us, "I feel supported here. The registered manager is very helpful and thoughtful. There is a good induction and learning and training takes place regularly. I think it's fair to say we [staff] feel valued."

Staff received regular and relevant training to do their jobs. Staff received a thorough induction into the home which focused on the home's ethos of "residents first". Staff supervision and appraisal also strengthened staff skills and knowledge base. Staff development plans in supervision showed that if staff required refresher training, or advice and guidance, then this was dealt with and delivered promptly.

Eight members of staff had completed the Skills for Care Common Induction standards and nine had been supported to obtain National Vocational Qualification (NVQ) or Diplomas in health and social Care. Staff had also undertaken recent training in, for example, dementia care, medication safe handling and diabetes. This contributed to ensuring staff had the knowledge and skills required to meet people's needs.

Staff had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff told us they had received training in these areas and we confirmed this from training programmes. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We spoke with the registered manager who told us they were aware of the latest guidance and were considering if DoLS applications were needed in relation to people's capacity to consent.

We saw that, where possible, people who used the service had consented to their care, and observed that there was implied consent, where people raised no objections to the support offered by staff. We also noted that people were regularly assessed for their ability to consent to care. Where people's capacity to consent to care had changed, the registered manager worked with family and other health and social care professionals to ensure that decisions were made in the person's best interests.

People were very complimentary about the quality of food provided and told us they always had enough to eat. One person told us, "I always get enough to eat and drink." Menus were discussed and agreed with residents every six months and daily menus chosen one day in advance. Where people either changed their mind or did not wish to eat the kitchen staff always made sure alternatives were available.

Food and drinks were prepared and provided in a way that met people's specific dietary and health requirements, for example where people required thickened drinks or soft or finely chopped foods. Staff had access to accurate and up to date information about people's dietary needs and where necessary referrals were made to GPs or Speech and Language Therapists (SALT). We saw that hot and cold drinks were available throughout the building and that staff regularly offered people more.

People's weight was monitored where necessary which helped staff identify risks and respond promptly to changing needs. We saw that one person had been supported to increase their weight on because they were at risk of malnutrition. This meant that the risks of malnutrition had been reduced.

The home received regular GP and nurse visits. However, if people preferred to be taken to their own GP then the registered manager arranged for this to happen. Visits to dentists and opticians were also arranged by the registered manager and a chiropodist visited the home regularly.

Where staff noted subtle changes in a person's health or well-being these were recorded and relayed to the registered manager immediately. Staff told us that, if someone needed extra support because their needs had changed, this would be discussed and arranged if appropriate.

An occupational therapist told us that staff always showed an interest in their assessments and carried out any recommendations made. A member of the community nursing team commented, "It is a lovely home with very helpful staff. One of the best".

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person said, "I have been treated with kindness, respect and compassion at all times." Another commented, "At all times whilst I have been here I have received nothing but the best care possible. I have had my health rebuilt, my confidence rebuilt but more importantly my faith in people has been restored. [The registered manager] has been so supportive. I have been taken out shopping, helped to carry out my personal business and supported back to feeling physically and emotionally fit again."

A relative said, "There are so many random acts of kindness that go on here. We literally come and go as we like. The staff are exceptional, taking their lead from [the registered manager]." They told us, "There are no surprises here. What you see is what you get. Staff are kind and caring; in fact there should be an appreciation society set up for the registered manager. It is so re-assuring for us that [family member] is here." Another relatives we spoke with said "I call in at all hours and always find this place is too good to be true."

A healthcare professional told us, "I was always impressed with the level of care Faldonside Lodge provided, going over and beyond what was expected of them."

People were involved in discussions about their care where possible. If this was not possible then family and friends were involved or an independent advocate used. No decision about care was made without consent unless it was in the person's best interests.

We observed that staff treated people with respect and that dignity was upheld at all times during the inspection. This included staff asking questions, asking permission to carry out tasks and checking that everything was okay. We further observed that where possible people were encouraged to be as independent as possible. For example, when we observed people having their breakfast they were encouraged to select their choice of breakfast and whether to have assistance to eat it or not. Some people ate independently until they requested assistance at which point they were asked if they consented to be assisted to eat. This approach encouraged independence for as long as possible and helped maintain people's dignity.

People told us they were supported to go out into the community and maintain contacts with their friends as part of maintaining their independence. They said this was something they valued as part of the care staff gave them.

Good

Is the service responsive?

Our findings

People and their relatives told us that the care and support provided at the home was responsive to their individual needs. Our observations, together with feedback from health and social care providers and family members, found that people were provided good person centred care. We saw that care was individualised, focused on safety and well-being and had a holistic approach to people's emotional and physical needs.

One relative told us," The care really is person centred. [Name's] needs have changed considerably lately. [The registered manager] has kept abreast of these changes. No, actually they kept well-ahead of these changes." When asked what they meant by this comment they said, "Well, a certain piece of equipment would make a lot of difference for [person living in the home] and they are trying to get it for us. We think that is brilliant."

People who lived at the home were encouraged to make their own decisions as much as possible. For example, one person told us, "If I didn't want to do something, like join the others in the sitting room, I know they [staff] would respect that because they know what I like and don't like."

We found that staff were provided with up to date information about people's needs within their care plans. This included information about people's preferences, likes and dislikes. This contributed to staff being enabled to support people in a way that was responsive to their individual needs.

At the time of the inspection the registered manager was in the process of moving paper based care plans onto a computerised system. We reviewed one such computerised care plan and found that it detailed, for example, all aspects of care, history, interactions with other health and social care professionals and personal likes and preferences. Staff told us that they felt this would mean they had instant access to information should they need it. People's care plans were reviewed and any changes or recommendations were made in a timely way.

People were encouraged and enabled to maintain or take up interests. These interests could either be personal to them or as part of a group. People had opportunities to play dominos or help in day-to-day tasks in the home such as folding of blankets. Where people did not wish to participate in activities or interest's no-one was pressured to do so. For example one person was able to continue using their Kindle with support from staff. One person told us "…always something going on; you are never lonely."

People's spiritual and cultural needs were respected and we saw evidence that religious beliefs such as Buddhism and Jehovah's Witnesses were practiced by people living at the service. One person told us "My religious preferences have not been ridiculed and I have never felt discriminated against."

People who lived at the home and their relatives told us they had no concerns about the care provided in the home. When asked if they did have any concerns they told us that they would speak with the registered manager. They added that they were confident any issues or concerns would be dealt with efficiently and effectively. Staff likewise told us that if they had any concerns or issues that they were confident that the registered manager would resolve them appropriately. They added that if they felt they could not approach the registered manager freely then they would go directly to the provider. They said they were confident that the likelihood of not resolving issues or concerns with the registered manager were minimal.

Good

Is the service well-led?

Our findings

One person who lived at the home told us, "[The registered manager] is hands-on. There is no faffing about; they just sort things out in a nice polite way. [The registered manager] is always fair to the staff and I am sure they appreciate this. It is an open transparent place to live and work from what I can see."

A relative commented, "[Name] has never been so well looked after. It's a happy ship here, run by an excellent manager who knows just how important it is to be well cared for."

The registered manager told us, "The relationship is that good with family members of people living here that they have direct access to my personal contact details. They know that if they have any concerns or questions that I will respond as soon as I can. Likewise if something happened to their loved one then they know I would contact them as soon as possible."

The staff believed that a 'residents first' approach to care and well-being was the right approach to providing care services in the home. They told us how the registered manager instilled this ethos into their working lives right through from induction, training support and guidance and into every day working practices. Staff we spoke with told us about the respect they had for the registered manager. They all said how caring and kindness were the drivers for living and working in the home.

Staff understood their roles and responsibilities and who they were accountable to and why. They told us that if they had any questions or concerns they would first speak to senior colleagues or the registered manager. Staff added that learning was a continuous thing for them. If they had any questions they would speak to an appropriate person. If training was required or requested they told us that the registered manager would arrange this. Where there had been accidents or incidents and lessons were learned staff told us that they were informed and relevant information shared with them.

The registered manager had a programme of audits taking place throughout each year. Recent audits in infection control and prevention, health and safety, catering, administration, housekeeping and nursing care had taken place.

Regular audits of the quality of the service provided also took place. We reviewed the results of the 2013 quality survey audit. The registered manager was preparing the 2014 survey at the time of the inspection.

All the people we spoke with were confident that management in the home listened and took on board their suggestions for improvement. People, their family members and health and social care professionals were invited to take part in surveys to express their views about the quality of the service. Results were shared and, where agreed, action plans put in place to make required changes. People living in the home, their family members and staff told us about changes to the menus as a direct result of the annual quality assurance survey. Results of the survey were on display for all to see.

People who lived at the home, family members and staff had the opportunity to attend meetings to discuss how the service operated. People were encouraged to be open about anything they wished to raise and said they were confident that the registered manager would act on any recommendations or suggestions made.

The manager implemented a system of reviewing and auditing systems in place in the home to see where improvements could be made. For example, care plan audits highlighted any areas for service improvement and again these recommendations were shared with staff and, where appropriate, people living in the home and family members.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.