

Sudera Care Associates Limited

# Fauld House Nursing Home

## Inspection report

Fauld  
Tutbury  
Burton On Trent  
Staffordshire  
DE13 9HS

Tel: 01283813642

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

### About the service:

Fauld House Nursing Home is a residential care home that was providing personal and nursing care to 45 people aged 60 and over at the time of the inspection. The service can support up to 48 people. The home accommodates people across two separate floors, each of which has separate adapted facilities and lift. Some of the people living in the home had a diagnosis of early stage dementia. The home is situated in the village of Tutbury near to Burton-Upon-Trent in Staffordshire.

### People's experience of using this service and what we found:

Although people were supported to be safe, there were recording issues with some aspects of the care and support including the application of creams. We established that no one had come to harm but this could cause confusion to staff and visiting healthcare professionals. We have made a recommendation about this that can be seen in the 'Safe' section of this report.

People said that they felt safe. Staff received safeguarding training and had a good understanding of the principals involved in acting when abuse was suspected.

Save for some issues with the recording of the administering of creams, medicines were managed safely and this meant that people received their medicines as prescribed by healthcare professionals.

Staff told us they received good support from senior staff, including nurses and the registered manager. We did note that most of the checks and audits at the home were completed by the registered manager. There was an absence of documented input by others including nursing staff and provider. We also noted that whilst the registered manager was unavailable during the early part of 2019, insufficient support and oversight had been provided. This had led to insufficient progress around improvements that were required after an inspection by the quality assurance team of the local authority in March 2019. We have made a recommendation about this that can be seen in the 'Well-led' section of this report.

People's needs were met through assessments and support planning. The service worked with healthcare and social professionals to achieve positive outcomes for people. Staff had good knowledge and skills and this ensured people's needs were well met.

The provider had a recruitment process but some checks had not always been completed before staff started work. This was resolved after the inspection. Any issues with staff were dealt with promptly using a fair and thorough disciplinary process.

People's needs were met through robust assessments and support planning. The service worked with healthcare and social professionals to achieve positive outcomes for people. Staff and carers had good knowledge and skills and this ensured people's needs were well met. We saw good examples of when people had been supported to maintain a healthy and balanced diet.

People told us carers and staff were compassionate and kind and during the inspection, we observed this to be the case. Management and staff knew people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care and support that was person-centred. We saw examples of how the care and support people received enriched their lives through meaningful activities. The service had a robust complaints policy.

The values and culture embedded in the service ensured people were safe and at the heart of the care and support they received. The registered manager and nursing staff planned and promoted holistic, person-centred, high-quality care resulting in good outcomes for people. People knew how to feedback their experiences and this was considered and acted upon by the registered manager.

There was an end of life policy in place that could be used if appropriate. Staff members had been trained around this and were able to ensure best practice was applied during times when people were at the end of life.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 22 February 2017).

Why we inspected:

We carried out this inspection based on the previous rating of the service.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Fauld House Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was conducted by an inspector.

#### Service and service type:

Fauld 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did before the inspection:

Our inspection was informed by information we already held about the service. We sought feedback from partner agencies and professionals. We also checked for feedback we received from the local authority and health care professionals. In May 2019 representatives from the local authority's quality assurance team conducted an inspection and produced a report identifying some safety concerns seen at that inspection. This report was used in preparation for the inspection and is referred to within the 'Safe' section of this CQC report.

Our plan also took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury and

alleged abuse.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helped support our inspection.

During the inspection:

We visited the home and met the registered manager, three nurses including the home's clinical lead, activities coordinator and care staff. We spoke with a representative of the provider towards the conclusion of the inspection to provide feedback. We also spoke with people and their relatives. We reviewed four care records and policies and procedures. We considered four staff recruitment and personnel files and other records about the management of the service. We also completed a review of the safety of the environment of the home which included looking at people's bedrooms and communal areas.

After the inspection:

We continued to seek clarification from the registered manager to corroborate evidence we found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; using medicines safely

- The service did not always manage risks to people's safety including risks to their health and well-being. A local authority inspection was completed in March 2019 and identified some concerns around the care and support of people. At this CQC inspection, there were only limited improvements around these concerns. In particular, we established concerns around the recording of areas of support and treatment for people who used the service. For example, we found that records for repositioning people when they were at risk of skin damage and some medicine's records were either unavailable or poorly completed. In one case, the recording of the administration of a cream was fragmented and recorded on three separate documents covering a similar timescale.
- After enquiry at the inspection, it was established that people had received appropriate support and their medicines as prescribed. The issues related to the documentation of that support. Although there was no evidence that anyone had been harmed, the issues could confuse healthcare professionals about what support had been provided and whether people had had their creams applied.

We recommend that the service uses a unified system for the recording of care and treatment taking account best practice and that relevant staff are trained on its implementation.

- The service had a medicines policy in place which covered the recording, storage and administration of medicines. Records showed staff were up to date with medicines training.
- People were supported with medicines and had a medication administration record. Most were accurately completed and showed people received their medicines as prescribed. Where there were issues, we noted action was taken quickly to ensure people were safe.
- Regular checks were made to ensure fire equipment, including alarms, were safe. We found personal emergency evacuation plans were in place for all people who used the service. Some of these were not specific to people's individual capabilities. The registered manager undertook to revise these with the assistance of an external expert. This work was completed after the inspection and before the drafting of this report.
- People's care files included risk assessments based on their support needs. Risk assessments covered areas such as the home environment, falls, behaviours, cognition, communication, mobility, nutrition, continence and medicines. Staff were aware of people's risks and knew how to support people in a safe way, while maintaining their freedom.
- The provider had a contingency plan to safely maintain the business and continuation of support to people in the event of an emergency. This involved using other nearby services.
- A healthcare professional said, "I have no safety concerns. The will is there to be really good. I think that

some of the recent concerns are as a result of the unavailability of the manager and reliance on agency staff. Now that the manager has returned full-time and there is a stable staff and nursing team, I don't expect any issues."

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and other types of harm. Staff were well skilled and trained in safeguarding. They applied this and followed the service's policy to ensure people were safe. Staff were also aware of the types of abuse that could occur in a care home setting and raised referrals to safeguarding authorities when abuse was suspected.
- People and their relatives told us they felt safe using the service. One person said, "I feel safe and well. Far better here than when I was at my own home."

Staffing and recruitment

- The provider had a recruitment system and process. We reviewed four recruitment files and although we were satisfied staff had been safely recruited, some pre-recruitment checks had not always been completed. Other checks such as criminal record, identity and fitness to practice for registered nurses were completed. After the inspection, we received contact from the registered manager that the remaining checks had been completed.
- We received positive responses from people in relation to staffing levels. Staff rotas confirmed there were enough staff members available to manage and support people's needs. We also noted a good staff presence during the inspection. The registered manager told us they had a stable staff team and only tended to rely on agency staff when staff took unplanned leave such as in the event of an emergency.

Preventing and controlling infection

- People were protected against the risk of infection. We noted the service was clean and tidy and there were systems in place to ensure all areas of the home were clean.
- We noted staff wore personal protection equipment (PPE) when required. Staff wore PPE when serving food and people told us it was also worn when members of staff were providing personal care.
- The kitchen was clean and staff had been trained in food hygiene. The service had recently been awarded a five star rating for food hygiene by the local authority.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things went wrong and make improvements. Staff recorded incidents and these were reviewed by the registered manager or senior staff. We noted, on occasions, these were discussed in staff meetings and supervision sessions.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were met through the registered manager and senior staff carrying out assessments. This also included and took account of views and advice from relatives and health and social care professionals.
- People were given choices in their daily life. For example, we saw a person was asked whether they wanted to join others in the dining room for their meal or remain in their room.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences and sleep and personal hygiene routines. A member of staff said, "We get to know our residents very well and are all on first name terms."

Staff support: induction, training, skills and experience

- Staff were well trained and supported. When new staff joined the service, they completed an induction programme which included shadowing nursing or more experienced staff.
- Staff new to care had to complete the Care Certificate. This is a nationally recognised set of standards which support staff to achieve the skills needed to work in health and social care.
- Training was provided in areas including medicines, dementia care, fire safety, moving and handling, safeguarding adults, infection control, first aid, equality and diversity and the Mental Capacity Act 2005.
- Staff said they felt supported and received regular supervision. One staff member said, "I started as a carer and have been promoted over time. They are good at developing staff."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. One person said, "The meals are good here. Always lots of choice." We observed a lunch-time sitting and noted that there was a friendly atmosphere with chit-chat and laughter. Some people required support with their meals and this was unrushed and considerate.
- Where appropriate, staff recorded what people ate and drank in the daily care logs to enable them to monitor their food and fluid intake. One relative said, "My relative has put on weight here. They look a lot healthier."
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meals. We spoke with kitchen staff and noted there was a system to ensure they were aware of people's requirements and food was prepared to ensure people were safe.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager nurses and senior staff worked with other agencies and professionals to ensure people received good care. We noted, where appropriate, information was shared with other agencies.
- Where people required support from other professionals, this was arranged and staff followed any guidance provided. A healthcare professional said, "They always follow my lead and act on our guidance. I have no concerns."

#### Adapting service, design, decoration to meet people's needs

- The service was homely and people could decorate their bedrooms with their personal items including photographs and ornaments. The communal lounge and dining areas were bright and spacious. There were outside areas where some people were seen relaxing with their relatives, enjoying the sunshine. People looked relaxed and comfortable in the environment.
- Some people who used the service had a physical disability and consideration had been made around this with the availability of specialised equipment around the home. This included a lift to help mobilise between floors.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported to be healthy. Staff were aware of what action to take if people were unwell or had an accident. One said, "We don't hesitate in getting the emergency services involved where there's an accident and possibility of serious injury. In other circumstances, we deal with GPs and community specialists."
- Records showed the service worked with other agencies to promote people's health such as speech and language therapists and specialist nurses.

#### Ensuring consent to care and treatment in line with law and guidance

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, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager, nursing and senior staff completed mental capacity assessment forms during people's needs and support assessments. This helped to find out whether or not they had capacity to make decisions related to their care and treatment. Where people did not have capacity to make their own decisions in relation to complex issues such as those relating to support needs and finances, they consulted with relatives and external professionals. This would ensure people were supported to be safe with the appropriate levels of support. The registered manager also said staff supported people in the least restrictive way possible and the assessments helped them with this.
- At the time of the inspection, two people were being deprived of their liberty. There were other applications in the process of consideration by the local authority. We considered two applications and were satisfied they had been properly raised. On one application, we noted insufficient consideration

towards the person's capacity to make decisions and the registered manager agreed to revise the application so that an assessor could make an informed decision.

- The registered manager said if there were concerns about whether people's liberty may need to be restricted, the service would work with the local authority and any authorised people such as a next of kin to ensure decisions made on behalf of people were lawful and in their best interest.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and cared for. People and their relatives were positive about staff members' and the registered manager's caring attitudes. One person's relative said, "Outstanding care. My relative is really loved and cared for here."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. Each person had their life history recorded in care plans which staff said they used to get to know people and build positive relationships. One said, "We all have a really good warm relationship."
- We observed positive interactions between people, relatives and staff. For example, staff were involved in 'light banter' with people and we noted people appreciated this and reciprocated. We noted that one member of the care staff had visited the home with their grand-child on their day off as people had been asking about them. We saw that people enjoyed the visit and there was obvious affection and friendship present.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care. On occasions, we noted the registered manager sought external professional help to support decision making for people. For example, the service had access to advocacy services. Advocacy can help when a person needs an independent voice and relatives may be unavailable.
- People were afforded choice and control in their day to day lives. One person said, "We meet up and have input about aspects of the home."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. The registered manager and staff treated people well and had an understanding of their needs. Staff showed genuine concern for people. When we spoke with staff members, they said they were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- A relative told us staff members were always available to speak about their family member. They said the registered manager also respected privacy and confidentiality and always held sensitive conversations privately.
- Confidential documents were locked away with only appropriate staff having access to them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning was person-centred and reflected people's needs. People said the registered manager and staff were dedicated to meeting people's needs and providing a good service. One member of staff said, "We all make sure that individual needs are met."
- Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One member of staff said, "Most of us know the residents really well. When there is agency staff, we take time to ensure they get to know people."
- People's relatives, where appropriate, were involved with people in making choices and were consulted around care planning and reviews. One relative said, "My relative is recovering nicely after an operation in hospital. We were all involved in the care review after their discharge."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager said the service could provide important documentation in any accessible forms including braille, easy to read and pictorial formats.
- The service used technology to improve the lives of people. For example, we noted that everyone who used the service had access to the internet and we saw examples of where staff had assisted people to contact relatives who lived overseas by video conferencing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to planned activities three to four days a week. We noted celebration activities were arranged when people had anniversaries and special birthdays. The service had also employed professional entertainers.
- There were mixed views about the quality and type of the activities at the home with some saying they were very similar. People we spoke with also said that they could not remember the last time an outside trip had been organised. The registered manager said that the current activities coordinator had recently been appointed and was in the process of organising a varied activities programme. We spoke with the activities coordinator who confirmed this and was enthusiastic about the role. They also said they were in the process of approaching the provider to seek funding to hire a mini-bus for a trip to a place of interest such as the

sea-side, market town or historical site.

Improving care quality in response to complaints or concerns

- The registered manager responded to people's concerns and suggestions. From notes at a recent meeting, we noted the service had revised the menu to reflect people's meal preferences.
- People's relatives knew how to raise a concern or provide feedback about their relative's experiences of care and the service. They said they felt these would be listened to and acted upon in an open and transparent way.
- The service had a comprehensive complaints policy. It had received one complaint since the last inspection in 2017. We noted this had been responded to appropriately, investigated and the complainant had been provided with written details of the proposed resolution to the concerns.

End of life care and support

- The service had a comprehensive policy around end of life care. The service adopted the Gold Standard Framework model of care planning. This is a framework used by many care providers and hospitals to enable earlier recognition of patients with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end. This process incorporates extensive involvement with family members and local health care professionals.
- Staff members had completed training in end of life care and support with some receiving advanced training from a local hospice.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was management oversight in the service but this was limited to consideration by the registered manager. The registered manager completed most audits and checks. There was limited oversight by the provider and by the nursing staff team.
- The registered manager had been unavailable during the early part of 2019 and had returned to the service on a part-time basis at the time of the local authority inspection in May 2019. This inspection, and the issues surrounding it, are covered in the 'Safe' section of this report. When it was established that action was required to improve on the concerns raised, action and appropriate oversight should have been implemented to deal with the concerns. This was only provided by the registered manager and there was an absence of provider input and limited documented nursing staff oversight. This had led to the requirement of some further improvements especially around the recording of people's care and support activities.

We recommend that a system of provider and nursing staff audits and checks is implemented taking account of best practice and combining each of their respective roles.

- The service had complied with regulatory requirements such as submitting formal notifications. This meant, for example, CQC had the opportunity of monitoring situations whilst a safety concern was under consideration by the local authority.
- There was an on-call system that provided support to people and staff. We noted this, in the main, was provided by the registered manager. Staff members said they appreciated this and it provided reassurance when a situation may develop out of 'office hours'.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided person-centred and high-quality care by engaging with people using the service, their relatives and health care professionals. The registered manager and senior staff also planned for and assessed people's needs to achieve good outcomes.
- There was an openness about the way the service was run to enhance the care and support that was provided. Staff members said they could approach the registered manager with any issue and there were never concerns about alerting any external agencies. These included safeguarding authorities, around safety

issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.
- Records relating to the care and support of people who used the service were accurate, up to date and complete. Where issues were found, such as when there had been an error on a medicine's chart, all relevant people were involved in the issue, including GP's and pharmacists.
- When things went wrong, we saw that the registered manager apologised and provided an explanation of any lessons learned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture of engaging staff, people using the service and their relatives in order to provide care which promoted positive outcomes and support. All the people and relatives we spoke with told us the registered manager and staff were approachable.
- Staff members we spoke with were complimentary about the registered manager and nursing staff and said they were approachable and supportive. They also said they believed they had an important role in the service.
- Records we looked at showed that regular staff meetings were being held. Meetings for people who used the service were conducted and records of these were also available.
- The service had received thank you cards which contained numerous positive comments from family members about the service and staff members.

Continuous learning and improving care

- There was an emphasis on continuous learning and development within the service. Quality assurance processes and systems were in place and when they identified issues such as environmental matters, action was taken. We noted the registered manager discussed with staff areas of improvement at team meetings.
- The registered manager completed regular spot checks of the service and ensured any areas for improvement were clearly identified. There was however an absence of input in this area from any other member of management staff or the provider.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision and service development. For example, the registered manager told us the service had worked with local health services, community leaders and local schools to enhance the well-being of people in the service.
- Records supported regular involvement of GPs, specialist nurses and social care professionals. One person said, "I have nothing but praise for the way I have been cared for. The manager is a diamond and the staff and nurses are brilliant. If there's something that they can't deal with, they get specialists in and all work well together."