Care Quality Commission

Bree Associates Limited

Felix Holme RCH

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?	**Requires improvement**

Overall summary

Felix Holme care home provides accommodation and personal care for up to 20 older people. There were 17 people living at the home at the time of the inspection. People required a range of care and support related to the frailty of old age, most people lived relatively independent lives and required for example prompting with personal care and supervision to mobilise safely. People were able to live at the home permanently or for periods of respite care. Staff can provide end of life care with support from the community health care professionals but usually care was provided for people who need prompting and minimal personal care support.

Felix Holme is a family run home, it is owned by Bree Associates Limited and has one other home within the group. Accommodation was provided over three floors with a passenger lift and stair lift that provided access to all parts of the home. People spoke well of the home and visiting relatives confirmed they felt confident leaving their loved ones in the care of staff at Felix Holme.

There is a registered manager at the home, is also the registered manager for the other home where she spends the majority of her time. The owner of Bree Associates Limited and a trainee manager were responsible for the day to day running of Felix Holme. However, the

Summary of findings

registered manager had general oversight, spends time at the home at least twice a week and is contactable on a daily basis. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was an unannounced inspection which meant the provider and staff did not know we were coming. It took place on 7 and 8 December 2015.

People were supported by staff who knew them well and were committed to providing them with kind and compassionate care. Feedback received from people and their representatives through the inspection process was positive about the care, the approach of the staff and atmosphere in the home. People and staff had benefitted from an open and positive culture at the home.

Staff knew and understood people's care needs well and there were systems in place for all staff to share information. The care documentation supported staff with some guidelines and provided information about people's choices and preferences.

There was a system in place to assess the quality of the service provided however this had not identified some of the shortfalls we found in relation to care documentation and this needs to be improved.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the home. Staff understood the procedures in place to safeguard people from abuse and were able to give us examples of how they had raised concerns in the past. Medicines were stored, administered and disposed of safely by staff who were suitably trained.

Staff received with an induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely way.

The manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Relevant guidelines were available for staff to reference. Staff had an understanding how to look after people without imposing any restrictions.

People told us they enjoyed the food and were given plenty of choices. People had access to health care professionals when they needed them.

Visitors told us they were welcomed at the home and were able to visit when they chose. People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if they needed to.

Feedback was regularly sought from people, relatives and staff. Resident and staff meetings were being held on a regular basis. This enabled people and staff to be involved in decisions relating to the home. People were encouraged to share their views on a daily basis and satisfaction surveys were being used.

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.

Good

Risk assessments were in place and staff had a good understanding of the risks associated with the people they cared for.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were appropriate staffing levels to meet the needs of people.

Recruitment records evidenced there were systems in place that helped ensure staff were suitable to work at the home.

Medicines were stored, administered and disposed of safely by staff.

Is the service effective?
The service was effective.

Good

Staff were trained and supported to meet people's needs.

People had access to external healthcare professionals such as the GP and district nurse when they needed it.

The managers and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were given choice about what they wanted to eat and drink and received food that they enjoyed.

Is the service caring?
The service was caring.

Good

People were supported by kind and caring staff. They knew people well and had good relationships with them.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?
Felix Holme was responsive.

Good

Staff knew people really well and understood their care and support needs. People's care was planned in a way that reflected their individual needs and wishes.

A complaints policy was in place and complaints were handled appropriately.

Summary of findings

Is the service well-led?

Felix Holme was not consistently well led.

Improvements were needed to ensure there was an effective system in place to assess the quality of the service provided.

People and staff spoke highly of the management team and told us they were well supported.

There was a positive, open culture at the home and people said they would recommend it as a place to live.

Requires improvement

Felix Holme RCH

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 was an unannounced inspection on 7 and 8 December 2015. It was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed 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 reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff training records staff files including staff recruitment, and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at four care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with nine people who lived at the home, three visiting relatives, and six staff members including the owner and trainee manager. We spoke with two visiting healthcare professionals. We observed the care which was delivered in communal areas to get a view of care and support provided across all areas. This included the lunchtime meal.

Good

Is the service safe?

Our findings

People told us they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. Comments included, "You've no need to be frightened of anyone here," and "It's really lovely here, you've no worries."

Staff had a clear understanding of safeguarding. They knew what constituted abuse and what actions they would take if they believed someone was at risk. Although staff told us they would usually report any concerns to the owner or manager they were aware of their own responsibilities in ensuring concerns were reported appropriately. They told us how they would report concerns outside of the organisation. One staff member said, "I've done it, I've referred directly to social care direct." The owner and staff told us they had learnt from previous safeguarding concerns and what actions they would take if for example someone was at risk of self-neglect.

There were enough staff working at the home to support people and meet their needs. There were two care staff, a cook and a housekeeper working during the day. On weekdays the trainee manager and owner worked at the home. In addition senior care staff were allocated shifts, when they did not provide care, to undertake office based tasks. When the trainee manager or owner were not at work there was an on-call system to ensure staff could were able to contact someone more senior for support and advice. There was one member of care staff on duty at night. We were told there was a member of staff who lived in an adjoining property who was available in an emergency, in addition to the on-call system. People told us there was an adequate amount of staff. One person said, "There isn't lots of staff here but with what they have its adequate and they manage quite well." Call bells were always in reach and responded to promptly. One person said, "Even though there aren't many staff you do get a sense that there is someone around for you that will come when you press it (call bell)." People told us how they were attended to at night; they said they could go to bed whenever they chose. One person told us, "I was dying for a cuppa at 3 in the morning, it was no problem at all to them, they got it straight away." Staff files contained information to ensure safe recruitment. This included an application form, employment history, references and the completion of a Disclosure and Barring Service (DBS) checks. This ensured as far as possible only suitable people worked at the home.

Medicines were stored, administered, and disposed of safely. We observed medicines being given safely and correctly as prescribed. Some people were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain and we saw people were able to request their medicines when they required them. Prior to administering PRN medicines staff asked people if they required the medicine. There were PRN protocols in place. These provided guidance for staff about why the person may require the medicine and when it should be given. They were personalised to individuals for example one person referred to their PRN medicine as their "dizzy pills," this had been recorded in the guidance. This meant staff were aware of what medicines people required. It had previously been identified by staff that medicine administration record (MAR) charts were not always fully completed. Therefore after medicines were given the staff member checked the MAR charts with a colleague so any recording gaps or missed medicines were identified and rectified immediately. Following the night medicines the night staff phoned their on-call colleague and went through the MAR charts with them to identify and gaps. There were further weekly and monthly medicine audits in place and if any errors or shortfalls were identified the staff member was required to complete a reflective practice report. Reflective practice is, thinking about what you did, what happened and decide from that what you would do differently next time. This enabled staff to learn and develop their skills to improve the care and support for people. Some people were able to take some or all of their medicines themselves. They were risk assessments in place to ensure people were safe to do so and regular medicine audits identified people were taking their medicines as prescribed. Staff knew people well and understood why and when their medicines were needed.

Staff had a good understanding of the risks associated with people they were looking after. They were able to tell us how they supported people to enable them to take risks but remain safe. For example ensuring people's call bells were within reach and people's belongings were where they wanted them to be. Staff told us this was especially important for people who had poor vision. There were a

Good

Is the service safe?

range of risk assessments in place these included pressure areas, mobility and falls. There was information within care plans which informed staff how to support people safely. For example one person who was at risk of falling required staff to supervise them when mobilising and another person required support to use the lift. People who were able and wished to told us they were able to go out on their own. One person said, "I go off out sometimes and have a little walk along the road myself." There was emergency evacuation guidance in place. This was recorded on the daily handover sheet and used a coded system to inform staff of the support people required in the event of an emergency.

Accidents and incidents were recorded and analysed to make sure action was taken when necessary to identify themes and trends across the home. For example, if people were assessed as being at risk of falling guidance was in place to inform staff how to support the person.

The home was clean and tidy throughout. There were environmental risk assessments in place.

Regular health and safety checks took place and these included fire safety checks. Staff had received fire safety training. There were servicing contracts in place which included gas and electrical installations, the passenger lift, hoists and bath hoists.

Good

Is the service effective?

Our findings

People were confident in the abilities and skills of the staff who looked after them. One person said, "The girls that have been here a long time know exactly what they're doing, there's a new one at the moment so it takes a little time to get to know what to do." Someone else told us, "They do know their job well and get it right." People told us they enjoyed the food and could choose what they ate. One person said, "They come around every day and offer you a couple of main choices for your lunch but if you don't want either or you don't like it they'll get you something else."

Staff were aware of their roles and responsibilities and had the knowledge and skills to support people appropriately. Staff received ongoing training and supervision. The training matrix and staff confirmed they received regular training and updates. These included infection control, first aid, food hygiene and moving and handling. In addition some staff received training to help them meet people's individual needs. For example dementia and tissue viability. Staff were also encouraged and supported to undertake further training for example the diploma in health and social care. Staff told us and records confirmed they received regular supervision. Supervision was an opportunity to discuss their work and identify areas where they may need further training. They also said they were able to talk to the owner, appointee manager or registered manager at any time if they had concerns or questions.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) its principles and what may constitute a deprivation of liberty. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had a good understanding of people's capacity and how they were able to make decisions. Although there were no specific mental capacity assessments in place there was information within people's individual assessments and care plans. These informed staff about people's emotional and psychological needs. It included information if people had episodes of confusion or short term memory loss. No-one living at the home required a DoLS authorisation. People's consent was obtained before staff provided any care and staff respected the decisions people made. One staff member told us, "We always ask people's consent and we always offer choices. People can do what they chose here."

There was nutritional information in people's care plans and nutritional assessments were in place to identify where people may be a risk of malnutrition or dehydration. Staff had a good understanding of people's dietary needs and preferences. The cook had a good understanding of people's dietary needs such as soft diets, and individual preferences. People were positive about the food they received, they told us they had choices and enjoyed their meals. They told us, "The food is splendid and you get plenty," and "I can't fault the food it's very good."

The dining area was attractively presented with small clusters of tables with linen tablecloths, flowers, condiments, napkins and napkin holders and laid out cutlery and glasses. The lunchtime meal was a pleasant social experience and staff supported people to ensure they could enjoy their meal and manage independently. If people changed their mind about their choice of meal alternatives were offered. One person wanted their dessert changed to a chocolate roll which was happily provided. People spoke positively of the meal as their plates were cleared away and people looked to be enjoying their food. Comments included, "That was lovely," "Very tasty, thank you." We observed people eating their breakfast at times and places that suited them. Some people were in the dining room, others in the lounges. Some people chose to remain in their bedrooms and they received their breakfasts there.

People were offered a choice of hot and cold drinks with their meals and regularly throughout the day. Jugs of juice were available in the lounge area which people could access themselves or ask for a drink. People told us drinks were always available. One person said, "They are very good at making sure you've got a drink and even during the

Good

Is the service effective?

night there's always a full jug of water." We saw people were provided with hot drinks whenever they wished. One person asked staff for "A big mug of coffee," and this was provided.

People were supported to access healthcare professionals and maintain good health. They had regular access to GP's, chiropodists, dentists and district nurses and records showed these professionals were involved in supporting people. Referrals to other healthcare professionals were made as required. We observed staff discussing their concerns about people and contacting the GP for advice. People we spoke with told us if they were unwell medical attention would be sought promptly. One person said, "When I wasn't well (the owner) got the doctor straight away it was chop chop." Other comments included, "A fellow comes in to do eye tests and they would sort out hearing tests if you needed it," and "I had my flu jab done here too."

Good

Is the service caring?

Our findings

People told us that staff were very caring and knew them well. Comments included, "The first thing I thought when I came here was how kind everyone was and made me feel at home. I'm very spoiled and only have to ask for anything. I knew I wanted to stay here." "The staff are all lovely and know all our funny ways," and "You can talk to them, have a rapport with them." Visitors told us they were always welcome at the home and able to visit when they chose.

Staff knew people well and had an understanding of the people they cared for. They were able to tell us about people's choices, personal histories and interests. Staff showed gentleness and kindness in their approach with smiles and eye contact. Throughout the inspection we saw staff talking with people in a caring and professional manner. We heard staff chatting to people about their day; we heard non-task related conversations regarding families, holidays and mortgages. This created laughter and engagement between staff and people as they went about their duties.

People's care records showed they had been involved in developing their care plans. When people moved into the home staff spent time getting to know the person to assess their needs, choices and preferences. People were able to choose what to do during the day and how they would like to spend their time. We saw people were free to access all areas of the home. Some people chose to remain in their bedrooms and others spent time in the lounge. One person told us "I like to stay in my room but I do come out for some activities."

People were supported and encouraged to maintain their own independence. One person told us how staff were supporting them to prepare them for returning home they said, "They help me where necessary and encourage me to do things myself too." Another person was assisted to the lift but chose to use it alone. Staff told them, "Ok, that's fine I'll just meet you at the bottom."

People were not hurried but able to work at their own pace, one person said, "The way they are here is brilliant, the way they talk to people and always willing to help, nothing is too much trouble and any problems always get sorted." Staff asked people if they required care or support and awaited their consent before proceeding. We heard staff asking for example if people would like to go into the lounge, reminding people of things, "Would you like to take your hand bag with you?" and responding to requests for help, " Don't worry that's fine I can help you put your shoes on." We saw staff responded to people's requests for help appropriately and in a timely way. We observed people being supported by staff who were attentive and observant and recognised when people may require support. One person was observed rubbing their arms, we heard staff ask, "Would you like me to fetch your cardigan?"

People's equality and diversity needs were respected. People took pride in their appearance, care plans informed staff about how people liked to look and staff respected people's choices. One person told us how they were supported to live the life they chose they said, "They're so understanding of me and accept me how I am, they don't make me feel stupid."

Staff supported people and their privacy and dignity was respected. People were able to spend time in private in their rooms as they chose. All of the bedrooms were single occupancy and where people chose to they had been personalized with their own belongings such as photographs and ornaments. One person told us how staff had supported them to rearrange their bedroom so they were able to access things that were important to them. Bedroom doors were kept closed when people received support from staff and we observed staff knocked at doors before entering. People told us staff carers had a respectful and dignified approach. They used people's preferred names, knocked on doors, closed doors and had personal conversations in private. One person told us, "They call me X it's what I've always been called," and another person said, "They always knock and they wouldn't dream of coming in if they knew I was in the toilet."

Good

Is the service responsive?

Our findings

People told us they received care that was personalised and met their needs individual needs and choices. One person said, "They treat everyone like an individual here they really do, it's really personal care." Visitors told us they were kept informed of any changes in their relative's health or care needs. One visitor said, ""They always let me know about anything and if I want them to they'll take (relative) to hospital appointments, they always offer." People told us they didn't have any complaints. One person said, "I'm very happy here, no complaints at all." A visitor told us they had no complaints but were, "Happy to bring things up."

Staff had a good understanding of people and people received care and support that was responsive to their needs. Care plans included personal information and guidance about how best to support people in a way they wanted to be looked after. Although not all information staff required to support people had been recorded in their care plans this did not impact on people's care because staff knew people, their individualities and needs well. For example one person had specific needs in relation to their continence. Staff described to us the care and support they provided to this person and how they ensured they received it however this had not been recorded. Another person had specific risks in relation to smoking, again staff told us what actions they had taken to ensure this person and others remained safe.

Before people moved into the home an assessment was completed to make sure the staff would be able to provide people with the care and support they needed. This was completed with the person, or where appropriate their relative, and included information about their likes, dislikes and choices as well as their needs. For example there was information about how people mobilised and if they required assistance when using the stairs. People were involved in their care plan reviews. One person said, "We get together every two to three months I think it is, to review the care plan but we know we can talk to them at any time as well." Other people told us they were regularly asked if they needed or wanted anything to change and they were asked if they were happy with their care. One person said, "They know I'm happy, they can tell."

A range of activities took place at the home which people were able to participate in as and when they chose. However people's care plans did not include information of how staff supported people to maintain their own interests and hobbies or develop new ones.

Some people chose to remain in their rooms but would join others in the lounge for certain activities they enjoyed. We saw staff reminding and supporting people to attend. We observed people joining in with a bell ringing session which they enjoyed and happily participated in. One person said, "I tend to just join in with what's going on." Other people told us they did not wish to participate in the activities provided one person said, "I don't like a lot of the things they do so I tend to stay up here and watch my telly." Someone else told us, "I stay in my room but I'm never lonely they know it's my preference and they don't push me to do things I don't want to." We observed a group of people chatting with each other in the lounge, smiling and teasing each other during the morning. One said, "We sit and talk amongst ourselves and they never boss us around."

There was a notice informing people they were able to have trips out at the weekend if they wished. Staff told us people did not often chose to go out especially during the winter but the offer was always there. Staff told us they were also able to take people out for example if they wished to go shopping. They gave us examples of how they supported people who did not wish to go out. One staff member told us they had used the internet and printed out results for a person who wished to purchase new slippers. Where they wished people were supported to continue with their own spiritual and religious beliefs. Staff told us they would use a range of opportunities to spend time with people if they wished. One staff member said, "We spend one to one time with people, especially those who don't have much family contact." One person told us, "I don't feel lonely, the girls would have a chat if I wanted them to."

People and visitors said that they had no hesitation in raising concerns or complaint with the management and that they felt they were approachable and would be listened to. People gave examples of when they had raised concerns and how they were addressed. One person told us, "The chair in my room wasn't terribly comfy and before I knew it, it got replaced, you do feel that they listen to you."

Good

Is the service responsive?

There had been no formal complaints at the home in the past year. When compliments were received these had been shared with the staff to ensure they were aware of the positive feedback.

Requires improvement

Is the service well-led?

Our findings

People told us the home was well-run and organised. People knew who the managers were by name and they consistently told us they were happy to speak up should they have any concerns or worries. One person said, "They (The owner and trainee manager) pretty much have everything sewn up and know how to put things right if things go wrong."

There were systems in place for monitoring the management and quality of the home but these were not always effective. This is an area that needs to be improved. There were care plan audits but these had not been completed since May 2015 and shortfalls we identified within people's care plans had not been identified. For example when people lost weight there was not always clear information about what steps had been taken to ensure people received appropriate support. There was some confusion about people's weights. When people were weighed staff were converting the weights from kilograms to stones and pounds; however staff were not using the same conversion method which had led to discrepancies in people's recorded weights. It was not clear which weight was correct. Although staff were able to tell us about people who had gained or lost weight and what actions were being taken this was not accurately recorded to ensure consistency and evidence actions taken. There were some areas within the care plans where the information did not reflect the care and support people required and received. For example in relation to their smoking and continence needs. Although staff knew what care and support people required written guidance is needed to ensure consistency and demonstrate evidence that people's care needs were met. Information was missing from some of the recruitment records, although the owner was able to provide us with the information they had not identified they were missing. There were policies in place however some of them needed updating. For example the medicine policy did not contain any guidance about covert or the crushing of medicines. Although the home was not currently using these practices they needed to be updated to ensure they reflected current guidance. The owner and trainee manager had recognised and identified some improvements were required however they had not identified all of the shortfalls we found. We saw from the PIR the owner had introduced a care planning team. This included the management team and senior care staff to review and update care plans through ongoing team discussions.

We observed an open an inclusive atmosphere at the home and the owner and trainee manager worked at the home on a daily basis and were visible and accessible to people and staff. Everyone we spoke with was more than happy to recommend the home. Comments included, "I would tell your Mum if she was coming here that it's a friendly nice place and homely," "We all live very happily here with no worries," and "I'd recommend it because it's a small friendly place." People repeatedly told us the owner and trainee manager were approachable and effective. One person said, "They are happy to do what they can for you."

People, relatives and staff were regularly asked for their feedback and were involved in the day to day running of the home. There were regular resident meetings and people told us these were useful. People told us and meeting minutes showed there were concerns with the laundry for example clothes going missing. People's comments about the laundry were in contrast to the rest of their feedback that was very positive one person said, "It's the only thing that could be better." The owner and trainee manager told us this was being addressed. One person told us, "It's being looked at and the laundry is going to be extended." The owner had recognised they did not receive many complaints and whilst they acknowledged that concerns were addressed immediately they wanted to ensure people were supported to raise issues when they needed to. Surveys had been recently sent out to people. The owner had engaged the services of the local Healthwatch team to help support people complete these and ensure those who were less able to provide detailed feedback and identify areas for improvement. These were yet to be analysed to any themes identified.

There were regular staff meetings where staff were updated about changes at the home, reminded of their roles and responsibilities, and training updates. Staff told us they were well supported by the management team at the home and at the sister home. They told us they were able to contact the registered manager at any time if they wished. They told us concerns raised were addressed

Requires improvement

Is the service well-led?

appropriately and confidentially. The trainee manager told us they received supervision from an external supervisor which enabled them to reflect and develop their knowledge and skills and identify areas for improvement.

There was an ongoing plan to develop the home and refurbishment works to the kitchen and drive were due to take place the week following the inspection. The owner and trainee manager had introduced care plan team meetings where they and senior care staff would discuss care plans to identify whether they reflected the person and their individual needs. In addition new key worker folders were in the process of being introduced which included a series of checks to ensure people did not have any personal needs that had not been met, for example did they have enough toiletries or did they require any shopping.