Mrs Toni Stevens and Mr Iain Dunlop

Faith House Residential Home

Inspection report

Station Road
Severn Beach
Bristol
BS35 4PL

Tel: 01454632611

Date of inspection visit:
13 October 2017
16 October 2017

Date of publication:
24 January 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 13 and 16 October 2017 and was unannounced. The previous inspection was carried out on 18 and 19 August 2016 and there had been several breaches of legal requirements at that time. We rated the home requires improvement in all areas of the key questions which include, safe, effective, caring, responsive and well led. We found at this inspection significant improvements had been made since the last inspection. The manager had submitted monthly action plans to the Commission so that we could monitor the improvements made.

At the time of the inspection there was not a registered manager registered with the CQC. The appropriate action had been taken and manager had applied to register with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Faith House provides accommodation and personal care for up to eight people. At the time of our visit there were six people living at the home.

People were protected from abuse because staff understood how to keep them safe, including understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised.

There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others.

Staff recruitment procedures were safe and the employment files contained all the relevant information to help ensure only the appropriate staff were employed to work at the home.

People received their medicines when they required them and in a safe manner. Staff received training and guidance to make sure they remained competent to handle people's medicines.

Staff received training to ensure they had the skills and knowledge required to effectively support people. Staff felt well supported by the manager and received regular supervision sessions and appraisals.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 (MCA) and the DoLS. Staff had the right skills and training to support people appropriately.
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to eat and drink according to their likes and dislikes. Staff were caring, kind and

treated people with respect. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There was a variety of activities for people to do and take part in during the day, and people had enough social stimulation.

The home supported people to maintain their health and wellbeing and people were supported to access healthcare services and any treatment required promptly.

Complaints were investigated and responded to and people knew who to speak with if they had concerns.

The manager was well thought of by staff and people and was hands-on and visible within the home. This promoted a positive culture with a strong emphasis on teamwork.

Quality assurance systems were in place to assess and monitor the quality of service that people received and identify any areas that required improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The home was now safe.

There were sufficient staff to meet people's care needs. New staff were recruited safely.

People's risk assessments were reviewed and updated to take account of changes in their needs.

Effective infection prevention and control systems were in place.

People's medicines were managed safely.

There was evidence of organisational learning from significant incidents.

Is the service effective?

Good

The home was now effective.

The manager maintained records in relation to staff training and their development and arranged a variety of courses to meet people's needs.

Staff were provided with effective supervision and support.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

People were provided with food and drink of good quality that met their needs and preferences.

The physical environment and facilities in the care home reflected people's requirements.

Is the service caring?

Good

The home was now caring.

Staff were kind and caring in their approach.

Staff promoted people's privacy and dignity.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good

The home was now responsive.

People's needs were fully assessed before they moved to the home to make sure that the staff could meet people's needs.

People were involved in planning their care.

People received person centred care and enjoyed activities provided.

There was a complaint's process which people knew how to use and were confident they would be acted upon.

Is the service well-led?

Good

The home was now well-led.

The registered manager had left employment and a new manager had been employed. There was regular and consistent provider oversight and improved leadership.

People, relatives and health and social care professionals spoke positively about the manager.

The provider had systems and processes for assessing and monitoring the quality of the home. Regular audits were undertaken.

Systems in place to gain feedback from people.

Faith House Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 and 16 October 2017 and was unannounced. The inspection was undertaken by one adult social care inspector.

Prior to the inspection we looked at the information we had about the home. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the home is required to send us by law. We had not requested the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make.

We contacted five health and social care professionals as part of our planning process and invited them to provide feedback on their experiences when visiting the home. We received a response from five professionals. Their feedback has been included in the main body of the report.

During our visit we met and spoke with three people living in the home. We sat and observed other people who were unable to communicate. We spent time with the manager, deputy manager and four staff members. We looked at two people's care records, together with other records relating to their care and the running of the service. This included audits and quality assurance reports, employment records of three staff, policies and procedures.

Good

Is the service safe?

Our findings

At our last inspection on 18 and 19 August 2016 we found that people were not protected against the risks associated with their health and wellbeing. Peoples care records did not provide staff with enough information about risks and the action staff should take to reduce these. People were also not protected against the risk of scalding. Hot water temperatures within the home were not managed. Temperatures taken were recorded between 48 and 50 degrees, three degrees above the required 43 degree temperature. We issued a requirement notice and the home provided us with an action plan outlining how they would make the required improvements.

At this inspection we found a great improvement had been made and risk assessments had been revamped and contained essential information regarding managing the risks to people's health and wellbeing. We found the risks associated with weight loss and maintaining skin integrity, choking and managing the risks of those people living with diabetes had been managed. Care records contained information on how to reduce risks. Water temperatures were being managed with adjustments made to the temperature of the water system with thermostatic control in place. Weekly auditing of water temperatures was taking place by the manager with the temperatures taken being within the correct range of up to 43 degrees. Temperatures were taken of water from shower units and bath water each time this was used by people. Records confirmed temperatures were consistently taken daily by staff and did not fall out of the required range.

People we spoke with felt safe living at Faith House. One person said, "Yes my love I feel safe here. The staff are kind and very considerate". Another person commented, "I feel safe as the staff are always near to help me and to call upon". Professionals told us, "Faith House have always informed us if someone we are working with has been involved in a safeguarding alert or appears to be deteriorating" and "When I have attend Faith House the manager uses the opportunity to discuss potential referrals and shares ideas on emerging psychosocial interventions".

There was information and guidance displayed within the entrance of the home about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. Information was also made available that used appropriate words to help support people with their understanding of how to recognise the signs of abuse. One staff member told us, "We operate a zero tolerance procedure here. We all care for our residents and would report any concerns immediately". Staff were able to describe the different types of abuse to us. Staff we spoke with knew how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

We found that the manager had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that the manager had carefully analysed accidents and incidents so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls. They also included practical measures such as hourly observations for one person. Another person had a sensor mat in place so there was less risk of them falling if they got up at night.

There were suitable systems to protect people by the prevention and control of infection. Records showed that the manager had assessed, reviewed and monitored that good standards of hygiene were maintained in the home. We found the home was clean and had a fresh atmosphere. We also noted that equipment such as the stair lift and bath hoist were in good condition, had washable surfaces and were clean. In addition, we noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Staff recognised the importance of preventing cross infection. They had access to antibacterial soap and regularly washed their hands.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff felt there was enough staff to meet people's needs. One staff member said, "Staffing has improved here and we have more staff to call upon if we needs any shifts covered". The manager told us staffing levels were reviewed regularly and were based upon the amount of support people required. An example being that staffing levels were increased whilst the staff provided end of life care to one person. Rotas confirmed sufficient staffing levels were maintained at all times. Two staff worked the morning shifts and two staff the afternoon shifts. During the night one staff member slept in the home and were on call if people required assistance. The manager was on call and could be called upon if needed. Sickness, training and annual leave were covered by permanent care staff as overtime. Within the last 12 months the manager had recruited six care staff and three care staff had left.

We looked at the recruitment records of three staff and found they had been recruited in line with safe recruitment practices. A minimum of two references had been received and checked. Disclosure and Barring Service (DBS) checks had been completed. This was completed before staff started work at the home. Such checks helped the manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults and children. Records confirmed staffs identification and medical fitness had also been obtained. Staff confirmed their recruitment to the home was robust and they did not start work until all necessary checks had been completed.

Medicines were stored securely and medicines stocks were well managed. Medicines were administered safely following clear protocols. The home had a comprehensive medicines policy which gave guidance to staff on the safe management of medicines. There were systems in place to ensure that people consistently received their medicines safely. Medicines which required cool storage were stored appropriately and records showed they were kept at the correct temperature and would therefore be safe to use. There were appropriate arrangements in place for recording the administration of medicines. These records were clear and fully completed. The records showed people received their medicines as prescribed and any reasons for not giving people their medicines were recorded. Appropriate storage systems were in place for medicines which required additional controls because of their potential for abuse (controlled drugs). At the time of our inspection the home were not administering controlled drugs to anybody.

Good

Is the service effective?

Our findings

At our last inspection on 18 and 19 August 2016 we found that improvements were required to ensure training equipped staff with the skills and knowledge they needed to support and care for people effectively. The staff knowledge and insight into people's medical conditions and health care needs had been insufficient. The registered manager at the time had training planned in relation to dementia awareness, management of diabetes and promoting a person centred approach to care. This however had not been planned and delivered in a timely manner to ensure staff had the knowledge and skills required.

At this inspection we found a great improvement had been made with planned training taking place which was centred on the needs of the people the staff supported. Within the last 12 months training and development plans had been put into place for each staff member. This identified the training staff had completed and included the dates of completion. Specific training had been completed by all staff in relation to person centred care, dementia awareness and diabetes. We found the staffs level of understanding of people's needs had increased. We observed that the staff appeared more confident in caring for people in particular those people living with dementia. We overheard staff using their skills to encourage people with dementia to eat and drink whilst doing this in a person centred approach.

New members of staff participated in a structured induction programme which included a period of shadowing experienced staff before they started to work as a full member of the team. Staff spoke positively about the induction process and told us, "We always welcome new staff to the home and support them in their role", "All new staff need to work shadow shifts to learn the ropes and to get to know the residents". The manager had embraced the national Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for newly recruited care staff.

Staff also received regular supervision and yearly appraisal from the manager and other senior staff. Staff told us that this was a beneficial opportunity to reflect on their practice and to discuss their personal development. For example, one staff member said, "I have regular supervision and discuss my role. This has increased since the new manager has been in post" and "I feel supported by the manager and meet with them regularly".

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.

Staff we spoke with had a good understanding of MCA. The manager and staff were supporting people to make decisions for themselves whenever possible. They had consulted with people living in the home, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the manager had ensured that decisions were taken in people's best interests. An example of this was the manager had liaised with relatives and healthcare professionals when a person

needed to have a sensor mat in place next to their bed. This was in their best interests because without this the person was at risk of falling. On professional told us, "Their assessments and care plans were very thorough, this includes accurate recording to single capacity assessments and best interests decisions".

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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no applications had been authorised by the local authority. Records confirmed six application forms had been submitted and were awaiting assessment by the local authority. These were submitted as some people could not freely leave the home on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

People were supported to eat and drink and to maintain a balanced diet. The manager told us no persons were at risk of malnutrition. People had their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted staff were making sure that people were eating and drinking enough to keep their strength up. This included assisting some people to eat their meals and gently encouraging others to have plenty of drinks.

Daily menu choices were written on a large chalk board in the dining room. Overall menus were well balanced with a choice of fresh meat and fruit and vegetables. We observed a variety of drinks and snacks were available for people throughout the day. People had access to a selection of drinks which included juice, water, tea and coffee. On the second day of the inspection we observed the manager encouraging people to try different flavours of fresh juice. They told us this was to encourage people to drink plenty of fluids and to try out different tastes. One of the juices being tested by people was cranberry juice.

The food at the home was well presented and looked appetising. People were offered a choice of two options. People were positive about the food saying they had enough to eat and received good food. People's comments included, "The food is lovely here. They cook all my favourites" and "Yes the food is nice and there is always choice given".

Since our last inspection, the new manager had made improvements to the physical environment of the home. The environment felt warm and homely and the general maintenance had improved. A new bath had been installed in the downstairs bathroom along with full redecorating and included wall stencils. Corridors around the home had been painted. Various bedrooms had been redecorated which included painting and replacement flooring. Kitchen cupboards had been painted and a new menu board was in place. A new call bell system had been installed which timed the response times of call bells. The gardens of the home had been improved with flower beds weeded and the grass regularly cut by a gardener. The manager had also given thought to the needs of people living with dementia. For example, they had created a memory lane corridor downstairs using wall art and photographs of famous actors and actresses.

Good

Is the service caring?

Our findings

At our last inspection on 18 and 19 August 2016 we found that Improvements were required. The registered manager who was in post at the time and staff had failed to recognise where certain areas in the home and some practices compromised people's dignity and respect. We could not be satisfied that promoting dignity and respect was fully understood by staff.

At this inspection we found a great improvement had been made and staff were knowledgeable about the needs of people they supported. We observed the staff treated people with dignity and respect and person centred care was delivered. An example being was one person living with dementia appeared agitated and confused. We saw that one staff member had taken the time to sit with the person to look through their memory book. This included photos of the person's life history. We overheard the staff member in conversation with the person discussing the different holiday's destination they had both visited. This had a calming effect on the person who appeared to be at ease with staff.

People said they liked their rooms and they were comfortable warm and clean. People's rooms were personalised with ornaments, pictures, soft furnishings and photographs. Some people also had pieces of furniture which they said they had brought in from their previous home. We noted since the last inspection that improvements had been made to some bedrooms to make them more personalised. The home had recently undergone a deep clean and the musty odours had been replaced with nicely smelling air fresheners. People had been involved in choosing how they wished to have their room's decorated. At the last inspection the toilet one person used did not have obscured glazing or screening in place. At this inspection we found alternative screening was in place which respected the person's dignity.

We spent time at the home observing how people were cared for by staff. Throughout our inspection people were cared for and treated with dignity, respect and kindness. The atmosphere at the home had improved and felt homely and welcoming. People seemed at great ease with staff. We sat and observed lunch in the kitchen/dining room. Where people required support and encouragement this was provided with respect and dignity, people were not rushed and staff talked with them about their day to day lives.

We asked staff how they promoted peoples independence. One staff member told us they encouraged one person to pick their own clothes for themselves daily. They did this by getting out a selection of clothing from there wardrobe and asked the person to choose their outfit. Another staff member told us they promoted peoples independence by encouraging them to walk short distances with the encouragement and supervision of staff.

The manager had worked hard in promoting dignity and respect and had involved the staff and the people living in the home. Dignity signage was posted around the home from national dignity campaigns. This included the meaning of dignity and why this was important to people. People and staff were encouraged to talk about dignity and had placed leafs on the dignity tree on the wall in the lounge about what dignity meant to them. Comments included "Sometimes in life you just need a hug" and "That everybody is treated with dignity and respect just how you want your family treated". Dignity checks were carried out by staff

after each meal to help ensure that peoples clothing was not soiled. The staff had documentation which they were required to sign to say this had been done.

Good

Is the service responsive?

Our findings

At our last inspection on 18 and 19 August 2016 we found that Improvements were required. Information gathered through assessments of people's needs did not contain enough detail to support the registered manager and prospective 'resident' to make a decision as to whether the home was suitable and their needs can be fully met. Peoples care plans did not capture a holistic approach to care and did not include the support people required for their emotional and social well-being.

At this inspection we found a great improvement had been made to people's care records. The manager had completely revamped people's care plans using new care documentation to capture the needs of people. Clear and comprehensive pre admissions assessments were used to assess if people's needs could be met before admission to the home. People's care records had been developed with each person and with the help from relatives where people lacked capacity. Staff were involved in the process and were able to add valuable information regarding how people liked to be cared for. Care plans also focused around those people living with dementia. Each person had a 'my life story' book in place which contained information about peoples likes, dislikes and preferences. An example was recorded within one person's 'my life story book' was that the person liked flower arranging and reading the newspaper. It also recorded information about meaningful items.

Other documentation within peoples care records included information about the types of dementia people had, referral letters to health professionals, emergency hospital admission forms, dependency profiles, support plans for people's care needs, moving and handling assessments, risk assessments, bereavement wishes, consent forms and daily records.

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included doctors district nurses, speech and language therapists and the care home liaison team. The manager told us the local doctor surgery visited the home monthly to provide an in house surgery. Outside of this time the GP's would visit as and when required. One professional told us, "I have also found that they were proactive with putting support in place and have accessed support and advice from the Care Home Liaison service as well as other health colleagues e.g. GP to ensure that they support the service user I placed appropriately".

The manager took responsive action to ensure people's needs were met. They told us how they had worked hard to adapt one person's room to ensure there sensory needs were met. This included changing the lighting in the person's room, encouraging natural sun light, changing the table surface to non-slip and purchasing large crosswords.

People said they were happy with the choice of activities on offer at the home. One person told us how they particularly liked activities which involved puzzles. Some people told us that they did not participate in many of the activities but this was their choice. Since the last inspection the manager had worked hard to implement regular meaningful forthcoming activities. They had made contact with local activity initiatives for help and support with regards to activities. Notice boards around the home displayed information about

activities so that people knew in advance events that were going to take place. Activities on offer included puzzles, cake decoration, arts and crafts, armchair exercises, pampering sessions and reminiscence. People were complimentary about the activities that took place. During the inspection we observed people were participating in activities with staff. This included playing the piano and puzzles games. One professional told us, "The home supported my service user to go out several times a day when they were physically able to on foot and then again in a wheel chair when their needs progressed. This improved and maintained their mental wellbeing, which made the vast difference to the person".

People told us they had no complaints. People told us, "I have no complaints and haven't felt the need to raise any concerns" and "No, I haven't any". There was a clear complaints process in place which was easy to follow, had appropriate timescales for response and was readily available in the reception area for people to use. The home had no recorded complaints on file within the last 12 months. The manager told us if complaints were made then they would be investigated fully and responded to appropriately.

Good

Is the service well-led?

Our findings

At our last inspection on 18 and 19 August 2016 we found that improvements were required. The arrangements in place to ensure the home was well led were unsatisfactory. The registered manager at the time had struggled with the management of the whole home and there was an inconsistency in their management approach. This compromised essential aspects in service provision. Lack of strategies and forward thinking meant that the risks were not minimised. This was particularly around providing prompt access to suitable training to equip staff with the right skills to provide safe, good quality care.

At this inspection we found a great improvement had been made to the home. The previous registered manager had stepped down from their role however remained the provider (owner). A new manager had been appointed who had made positive changes to the home and had a wealth of experience. The provider remained involved in overseeing the effective changes made by the manager. At the time of our inspection the manager was not registered with the CQC however they had applied to register with the Commission. Upon being appointed to their post the manager told us they looked through the previous two inspection reports. The manager devised action plans of how they planned to meet the breaches of regulations which included planned improvements. They shared this with the CQC each month. The manager continued to follow their own action plan on-going and told us this had helped them. Professionals made the following comments, "I am aware that X is trying to implement new routines and procedures and I believe the staff are working with her through these changes" and "The home manager and deputy are approachable and I feel comfortable about expressing my concerns or discussing issues as they arise. We have a good working relationship with the staff and management at Faith house".

Staff were knowledgeable about the needs of people they supported. A robust training programme had been put together by the manager using a range of training providers. It was clear from our conversations with staff that their confidence in caring for people had increased and that there skills and increased knowledge was put into practice. The manager had good insight into the needs of people and it was clear that they wanted to provide the best care to people. We spoke to the manager about their visions for the home over the next 12 months. They told us they aimed for the home to be rated good in all areas and were very much looking forward to the future of Faith House. The manager had plans in place to redecorate two spares rooms which they hoped to register with the CQC to accommodate an extra two people. They planned to make further improvements to the homes decoration which included the lounge area being redecorated, kitchen tiles replaced and the windows at the back of the home replaced by January 2018.

Staff told us, and our observations confirmed the manager led by example and demonstrated strong and visible leadership. Staff we spoke with told us "She is a really lovely manager who is very strong minded and has the residents at the heart of what she does" and "The manager has implemented lots of changes and we are now seeing the benefits".

Quality assurance systems were in place to drive improvements within the home. For example, surveys were sent out to obtain feedback from people, relatives and professionals on 9 October 2017. This was about the care that people received and their experiences of the home. The manager said surveys were due to be

returned to the home by 7 November 2017. We were told the surveys would then be analysed with the necessary action taken to address any shortfalls.

The manager showed us their on-going quality monitoring process, including medicines management, care documentation, safeguarding, accident and incidents, infection control and health and safety. As well as audits of documentation the manager carried out dignity audits which were an evaluation of staff's performance. Monthly audits were also carried out of people's weights. This gave staff an overview of people's weight loss and gain in comparison with previous months. The manager reviewed their quality monitoring regularly and looked for trends which could be used to highlight areas within the home that required improvement. This demonstrated the manager had systems in place to monitor the quality of the service provided at the home.