Healthcare Homes Group Limited

Fornham House Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was a comprehensive inspection carried out on 6 and 7 November 2018. The inspection was unannounced on the first day and announced on the second.

Fornham House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection. The service is registered to accommodate up to 73 people who require personal care. At the time of the inspection 60 people were living at the home.

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

At our last inspection on 12 October 2016, we rated the service good overall and good in the questions of Effective, Caring, Responsive and Well-Led. We rated the service required improvement in the key question of Safe.

At this inspection we found the evidence continued to support the overall rating of good and the service had improved to good regarding the question of Safe. The other key questions continued to be good.

At our last inspection we were concerned regarding how the service staff cared for people needing support with pressure area care, The management of medicines when people were away from the service on trips and the time it took to answer call bells.

At this inspection we found action had been taken to improve the safety of the service on all three of the above issues. We saw risk assessments which identified how to support people with their skin integrity. Medicines were carefully managed including recording medicines that were booked into and out of the service. The registered manager monitored call bell response times and investigated if any call were not answered within a set time frame. We found there were justifiable reasons for the few calls that were not answered within the set parameters.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the home. 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 home is run.

Staff continued to understand safeguarding procedures and said they would not hesitate to report any concerns. Risks assessments about people's well-being were carried out and updated regularly.

There was a robust recruitment procedure in place and staff were employed in sufficient numbers to meet people's needs. The staff team had received training to care for people at the service and were further supported through supervision and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People continued to enjoy a choice of food and were supported to maintain a healthy diet and fluid intake. People had access to health professionals as needed to promote their health and well-being. Health professionals expressed their confidence in the staff team's ability to recognise people's

People were treated in a kind and caring way by the staff team. Their privacy and dignity was respected. Staff interacted with people in a caring, respectful and professional manner. Staff had developed good relationships with people and were attentive to their needs. Health care professionals expressed their confidence in the staff team's ability to care for people.

People's care plans identify what support they required and how they would like this to be provided. People had opportunities to take part in activities which they enjoyed and which met their abilities and interests. The service had a complaints system and people were confident that any concerns raised would be dealt with. The service had worked with other organisations to develop skills to care for people in the last stages of their lives.
The service was well led and provided strong leadership which promoted a positive, caring culture which was focused on the needs of people who used the service.

There were effective quality assurance arrangements in place to monitor people's care and plan ongoing improvements. People's views about the management of the service were sought regularly and changes and improvements took account of people's suggestions.

Further information is in the detailed findings below.

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 service had improved to Good.

People's medicines were managed to a robust policy and procedure.

Risk assessments and care plans were in place regarding how to support people with their skin integrity.

There were sufficient staff on duty to attend to people's needs and answer call bells for support promptly.

Staff received training in how to keep people safe.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Fornham 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 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 comprehensive inspection was carried out on 6 and 7 November 2018. The first day of the inspection was unannounced; the inspection team consisted of two inspectors, and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service. The second day of the inspection was announced and completed by one inspector.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We reviewed the Provider Information Return. 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with eight people living the service. We spoke with four relatives. We also spoke with the regional director, registered manager, the deputy manager, head of care, chef, four members of staff and one health care professional.
We also reviewed five care plans, three recruitment files, the complaints and compliments log, 15 medicine records and quality assurance documents completed by the service.

Good

Is the service safe?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At our last inspection of 12 October 2016, we identified improvements were needed to improve the risk assessments and care of people's skin integrity. We also noted that improvements were required to the management of people's medicines when they were away from the service. Also that staff attended promptly to people's needs when asked to do so by people using the call bells to summon assistance.

At this inspection we found improvements had been made. Each person had a risk assessment and when a risk to their skin integrity had been noted there was a care plan in place. The care plan explained how the staff were to care for the person. Care had been taken regarding how to manage people's medicines when they went out for the day, so that they did not miss taking their prescribed medicines. During the inspection we noted that staff answered call bells promptly and the registered manager carried out an audit of the times taken to respond to call bells.

Systems were in place to help protect people from potential abuse. Staff had received training to help them understand safeguarding issues, and how and when to report any concerns.

There was a process in place to record, monitor and analyse incidents and accidents. The registered manager reviewed all accidents and completed a monthly audit to determine any causes or trends. Action was taken to investigate accidents, such as falls, for example and whether the person had an infection which may have contributed to a fall.

During our inspection the fire alarm was activated by a fault in the system. This was not known at the time and the staff responded quickly and professionally to to the situation. Once the fault was determined people were given calm reassurance by the staff and action was taken to summon professionals to attend the service to resolve the fault.

Each person had a risk assessment in their care plan designed to identify risks to their health such as choking or at risk of falling. The care plan informed staff how to keep the person safe. For example explaining that food needed to be cut up for the person or that their zimmer frame needed to be within easy reach for them.

People told us they felt safe living at Fornham House. One person said, "I feel safe, I cannot walk without help and the staff know that so when I ask for help, they always send two carers to help me."

There were sufficient staff on duty to ensure people were safe and their needs were met in a timely way. People informed us staff were readily available when needed. Staffing levels were assessed using a dependency tool, which was calculated according to each person's individual level of need. The registered manager reviewed the staffing tool regularly, to ensure staffing levels continued to be appropriate.

The recruitment practice continued to be robust and designed so that only suitable people were employed. Appropriate employment checks had been undertaken before staff began working at the service.

People's medicines were safely managed. Staff responsible for administering medicines had received training and their competency had been checked to ensure their practice was safe. People said they received their medicines on time. One person told us, "They always bring my medicines to me, they never fail." Staff informed us that the new medicine system was working well because more staff were involved. Each senior member of staff was now able to focus upon the administering of around 20 people's medicines rather than 30.

Medicines were stored securely and at the correct temperature. Daily monitoring of the medicines fridge and storage room was conducted to ensure temperatures were within the expected range.

Staff continued to receive training in relation to the prevention and control of infection, including food hygiene. We found that the service was clean and hygienic and staff understood their responsibilities in relation to infection control and hygiene.

The service had learnt lessons from experience regarding the assessment process used and subsequent care of people. The service used actions plans to identify and monitor how it improved the service with regard to lessons learnt.

Good

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The service continued to assess people to understand and record their needs and choices of how they wished to receive care. The service had reviewed the assessment process to support the decision making to ensure only people that they could support joined the service. The staff had also worked with professionals at the local hospital so that those staff knew the service well and would make appropriate referrals.

Staff continued to receive training and support to ensure they had the skills and knowledge to carry out their role and understand their responsibilities. The training programme provided a range of training related to the staff's roles and the care needs of the people living at the service. The registered manager used a training matrix to check training was available to new and existing staff and which aspects had been completed. Training needs were discussed with each individual member of staff in supervision.

Generally, peoples care records showed that nutritional assessments were completed regularly and informed people's plan of care. People's dietary likes and dislikes had not always been recorded in the care plans. However, the catering staff were able to demonstrate that they spoke with people regularly regarding their preferences and adjusted the menu accordingly.

The night staff had access to the kitchen overnight where snacks had been prepared for people to eat if they were hungry during the evening or night. Most people took their breakfast in their room. The service staff planned to develop the breakfast experience in the future in consultation with the people at the service by opening additional meal serving areas within the service.

Staff continued to weigh people on a monthly basis or more frequently if they had concerns. For those people that had lost weight the service had worked with other professionals to add supplements to their diets including fortified milkshakes which people informed us were very popular.

People were supported to maintain good health and had access to a variety of healthcare professionals. For example, GPs, community nurses, mental health nurses and speech and language therapists. Regular visits were undertaken by a chiropodist and optician. Senior staff explained that they could refer people to a dentist should the need arise and have routine check ups.

The service was undergoing some refurbishments and the registered manager informed us that people would be consulted upon with regard to future planned developments. Thought had been given so people could easily enter the service and have access to the gardens. We were told that the staff were considering adding additional signage to support people to find their way around their home.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Everyone we spoke with described the staff as caring and kind. One person told us, "I think the staff are polite and respectful."

The staff knew people well and had developed caring relationships with them. There was a relaxed atmosphere throughout and people were happy in the company of staff. For example, people shared jokes with members of staff. A relative told us, I am very pleased the way [my relative] has settled in here and that is thanks to the caring staff."

Staff had a sensitive and respectful approach when assisting people. For example, they offered personal care discreetly and ensured all personal care was delivered in private. People told us they were treated with dignity and respect. We saw that when staff moved through communal areas they checked to see if people were comfortable and whether they needed anything.

Staff continued to be sensitive to people's needs and were aware if a person showed signs of distress. For example, one person was anxious about where they were and the well-being of another person. A staff member listened to them carefully and from their knowledge of the person was able to provide reassurance to them.
We saw evidence in people's care records that they and their relatives had been involved in the care planning process wherever possible. Relatives told us they had been consulted and involved in the planning and review of their relative's care when this was the wish of their relative who used the service. People living at the service told us they were regularly consulted about how they lived their daily lives.

People's relatives and friends were welcome to visit without restrictions. They said they were welcome by staff and offered refreshments. One relative said, "I can come at any time and I am very happy with care and treatment provided to [my relative]."

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Senior staff had reviewed the procedure used to assess the needs of people to determine if the service could meet the needs of each individual assessed. A care plan was developed with the person from the assessment taking into account their needs and choices of care. The service recorded and clarified the person's medical history with them and their family.

The registered manager explained to us the information they required when carrying out an assessment and how this was recorded. They explained to us how they had developed the assessment with senior members of staff to ensure that as far as possible the service could accurately determine the person's needs.

People continued to take part in activities which they enjoyed and which met their abilities and interests. Activities were designed at varying levels of ability, to ensure all people using the service could be included, if they chose to do so. A programme of weekly activities was advertised and included, quizzes and games and crafts. In response to peoples wishes the service was increasing the activities over seven days per week. One person told us, "I enjoy the activities, nice to have something to do."

Arrangements continued to be in place to resolve people's concerns. All complaints were investigated, responded to and used to improve the quality of the service. People and their relatives said they would speak with the registered manager or staff if they had any concerns. One person said, "I have no complaints." Another person told us, "If I spoke to the manager or one of the senior staff about something I was worried about I am sure they would listen sympathetically and do their best."

People continued to be assured that should their health deteriorate they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their end of life wishes in the event of deteriorating health, staff had clearly identified these in people's care plans.

The staff had worked with other professionals to develop skills and knowledge in the care of the people at the last stages of their life.

Good

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Clear lines of communication had been established between the registered manager and the staff team and a number of communication methods had been developed. These included regular team meetings, supervision, and handovers. Senior staff met each day for a short management meeting to discuss any issues and plan together how they would be resolved. The service was visited regularly by senior staff of the organisation to support the senior staff. The service also invited consultants to undertake quality assurance visits and had acted upon the reports and feedback provided.

Arrangements were in place to monitor the quality and safety of the service. The registered manager or deputies completed regular audits, for example health and safety; medicines and infection control checks. Where improvement had been identified, these had been addressed.

Staff informed us they were well supported by the registered manager and senior staff. People, relatives and staff told us the registered manager was approachable, listened and acted upon information that was given to them. One person told us, "I have every faith in the manager, polite helpful and very caring nature." A member of staff told us, "The manager and deputy manager have provided direct care for people at times and I think that shows good leadership." Another member of staff told us, "I feel valued and well supported here because the seniors help you and work alongside you."

The registered manager had asked the people living at the service and their relatives for feedback about their experiences of the service. There had been a favourable return and the senior team were considering the findings to determine how to further improve the service.

The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as GP's, district nurses and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support the care of people living at the service.

The service staff continued to monitor the quality of the service that the staff delivered to the people living at the service. Senior members of staff had responsibilities for various aspects of the service. This was overseen and supported by the registered manager, deputy manager and head of care. We saw that when issues had been identified improvements were discussed and implemented.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.