Ford House Care Home Limited

Ford House

Inspection report

140 St Neots Road
Eaton Ford
St Neots
Cambridgeshire
PE19 7AL

Tel: 01480472017

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Ford House is registered to provide accommodation, nursing and personal care for up to 46 people. There were 42 older people living in the service at the time of the inspection.

This unannounced inspection took place on 7 September 2017.

At the last comprehensive inspection on 19 and 26 July 2016, we found there was a breach of two regulations. We undertook a focussed inspection on 21 March 2017 where we found that improvements had been made in line with their action plan and the breaches had been met.

During this inspection we found that improvements have been maintained and further improvements have been made to the overall quality of the service

There was a registered manager in post at the time of this inspection. 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.

Although care plans were brief, staff knew how to meet people's current needs. Staff were trained, supported and supervised to do their job. Staff treated people with dignity and respect.

Risk assessments provided information for staff about how to manage risks to people. Accidents and incidents were being reviewed to reduce the risk of any reoccurrence.

People received their prescribed medicines in a timely manner and medicines were stored and disposed of in a safe way.

The provider had a recruitment process in place and staff were only employed within the service after all essential safety checks had been satisfactorily completed. Procedures were in place to keep people safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

People were provided with a varied choice of meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink to keep them healthy.

Staff referred people appropriately to healthcare professionals.

Audits were regularly carried out to assess what improvements were needed to improve the quality of the care people received. Action plans had been put in place as needed.

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 was safe.

Risk to people had been identified and recorded.

People were supported to take their prescribed medicines.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

When appropriate people were assessed for their capacity to make day-to-day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose how and where they spent their time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Whilst care plans did not always contain up to date information

about the support that people needed. Staff were aware of people's needs.

People were encouraged to maintain hobbies and interests and join in the activities provided at the service and in the community.

People's views were listened to and acted on. People received care and support in the way they preferred.

Is the service well-led?

Good

The service was well-led

The management of staff ensured that people benefited from safe and appropriate care.

There were opportunities for people and staff to express their views about the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Ford House

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 unannounced inspection took place on 7 September 2017. It was undertaken by two inspectors 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. Their area of expertise was in caring for older people and those living with dementia.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

The provider completed a Provider Information Return (PIR) and sent this to us before the inspection. 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.

During our inspection we spoke with 14 people and nine relatives/visitors. We also spoke with the registered manager, regional manager and five staff who worked at the service. These included a, a nurse, activity co-ordinator and three care workers.

We looked at three people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Good

Is the service safe?

Our findings

People and their visitors we spoke with all told us they felt safe. One person said, "I'm safe here; the staff seem to know what they're doing." Another person said, "I feel safe when they're helping me with (my personal care)." A visitor said, "[Family member needs 24 hour care. They check them regularly and they are very safe here."

People were supported by staff who recognised the signs of potential abuse and what action to take to minimise the risk of people coming to harm. Records showed that staff had received training in protecting people from the risk of abuse. The staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority. One member of staff told us when we asked about signs and symptoms of possible abuse, "They [people who use the service] can scream out and hit out which can be a change in their character. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away. One member of staff told us, "If a person had a bruise, I would ask staff if they knew anything about it. Then I would tell the [registered] manager. We have to protect them [people who live at the service] I would call the police if I saw a member of staff hit a resident." Another member of staff told us, "We do safeguarding training every year. I would not tolerate people being abused and would report it immediately."

Staff were aware of the registered provider's reporting procedures in relation to accidents and incidents. The registered manager audited incident and accident reports and identified where action was required to reduce the risk of reoccurrences. For example, where a person had had a number of falls they had sought additional advice about the use of equipment and a medication review would be carried out where this was deemed appropriate.

People had individual risk assessments in place. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks, poor nutrition and poor skin integrity. Staff were aware of the risks and action to be taken to reduce these risks

People and staff we spoke with told us that they felt there were usually enough staff on duty to meet people's support needs both during the day and at night time. One member of staff said, "It can be difficult when we use agency nurses as they don't know (people). Another problem can be when staff go sick but the [registered] manager does try to get it covered." A relative/visitor said, "I think there is enough staff here, but they haven't really got enough time to always stop and have a talk." We observed staff worked together well and had the time to speak with people and to notice and respond when people called for help or assistance.

The registered and regional manager told us that they assessed regularly the number of staff required to assist people with higher dependency support and care needs. Staffing was discussed as part of the providers visit. This included recruitment and any sickness. Records we saw confirmed this.

There were recruitment procedures in place to ensure that only suitable staff were employed to look after

people using the service. Staff confirmed that they did not start to work at the service until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they started work at the service. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work.

Staff who were responsible for the management of people's medicines were trained and assessed to be competent. Staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given. People we spoke with told us about the medicines support they received. One person said, ""I have 10 tablets a day, but they [staff] are always on time in giving them to me." Another person told us, "They [staff] check I take my pills." We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly.

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Medicines were reviewed by the GP and any changes were actioned swiftly. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help make sure people were safely administered their prescribed medicines.

Good

Is the service effective?

Our findings

People and visitors we spoke with told us staff knew how to meet people's needs. One person said, "The girls [staff] here certainly know what they are doing and are always ready to help me." One relative/visitor said, "The staff her are really well trained and know exactly how to do things for my [family member] to make them feel happy and comfortable. They are so thoughtful." Another relative/visitor told us, "The staff are very well trained in all they do particularly when they are getting them out of bed. The always ask if it's alright before they do anything for them."

Members of staff also said that they had the support to do their job and this was provided on both an informal and formal basis. One member of staff said, "I get supervision with the [registered] manager. We do it when it is required. If I have any queries or problems any member of the senior team or nurses are here to answer any queries or give support." There was a plan in place which had scheduled dates for staff to attend future one-to-one supervision and appraisals.

Staff members told us that they had the training to do their job. This included training on infection control; safeguarding; moving and handling and fire training. Staff were able to demonstrate how their learning was applied and how they supported people with their moving and handling needs. Especially when using a hoist and the different slings that were available for individual people. This meant that people had staff that were correctly trained to support their assessed needs.

The 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 DoLS.

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff we spoke with had a basic understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. They also told us that decisions for those people, who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered managers had submitted several applications for a DoLS to the supervisory body (local authority) and they were awaiting the outcome.

People said that they liked the food and had a choice of what they wanted to eat. One person said, "The food is very very good." Another person said, "I like the food. Lasagne's on the menu today which I love." People had access to both cold and hot drinks throughout the day. When people needed help to eat and drink, they were given the encouragement and support with these needs. Cultural and specialist diets were

catered for, which included vegetarian and soft food diets.

Staff told us and people confirmed that menus were discussed with them so they could decide what they would like to eat. A member of catering staff told us that they knew what people's individual dietary needs and preferences were. They said, "I go around and ask people what they want to eat. People can have whatever they want. Some even change their minds after seeing another meal brought out. We can usually manage a few changes but we can offer them an alternative." One person confirmed this and said, "The food is really good and I enjoy it. There is always choice." Another person said, "The food is very nice and there's always a choice." A relative/visitor said, ""[Family member] didn't seem to like the food when they first came here, but now they do and are eating it." People's weights were monitored appropriately and the frequency of this monitoring was based on people's nutritional assessments. Dieticians' advice was obtained for people where they had been assessed as being at high risk of undernourishment.

We observed lunchtime. People were asked if they would like to wear a tabard to protect their clothes. We saw that meals were already plated up when they were served to people. Staff told people what was on their plates and then asked if they would like gravy. People were then offered cutlery that suited their needs, which was either a knife and fork or a spoon. Throughout the meal people were being asked if they wanted more to drink.

We noted that where people's intake of food or fluid was being monitored, the records were completed accurately. This was to help identify any change in people's food and fluid intake. We saw action had been taken as required.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician, the dentist and opticians. One person said, "Whenever I need medical help I can see the Doctor or the Nurse." Another person told us, "I can get to see the Doctor or the Nurse whenever I want." A relative/visitor said, "[Family member] can get to see the doctor whenever they need one. The local surgery is very good at helping when needed." Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

Our observations showed the staff were kind, patient and respectful to the people they were caring for. Staff called people by their preferred name and spoke in a calm and reassuring way. We saw staff speak to a person in a quiet and calm manner when they became anxious. One person said "They [staff] are very nice and friendly and look after me very well." Another person said, "The staff are excellent; it doesn't matter what you ask for they'll try and get it for you." A relative/visitor said, "Staff have been very welcoming and done what they can to make [family member] feel at home"

Staff had a good knowledge of people's likes and dislikes, cultural needs and their past histories, relationships and achievements. Information in care plans showed peoples life histories which provided staff topics to discuss when supporting them.

Staff worked hard to ensure people who used the service maintained relationships with their families and friends and visits were always welcome. People confirmed this and told us their relatives/visitors were made welcome. One relative/visitor told us, "I can come and go as I want" Another said, They make me feel welcome when I come" A third relative/visitor told us, " I come every day and get myself a coffee at 10 o clock and then have lunch with [family member] in their room. I then go home to do some jobs and come back in the evening".

People were supported to make choices in relation to how they spent their time. There were regular meetings held for people who used the service and the minutes of these showed that people were encouraged to give suggestions for the food menus and activities offered in the service. Staff recognised that people should be treated as individuals who should be able and empowered to choose what they do. One staff member told us, "It's all about encouraging people to do as much as they can for themselves. We observed on the whole people's choices were respected on the day of our visit. We saw that some people chose where they would like sit in various areas of the service and this was respected. Other people chose to spend time in their bedrooms.

People were supported to have their privacy and were treated with dignity. People we spoke with told us they felt staff were respectful and they said they could have privacy whenever they wanted it. One person told us, "I wouldn't go anywhere else; I like the people here; I get on very well with them [staff]." Another person told us, "Male or female, they all have a job to do. I have never been embarrassed but I would say if I was." Staff knew people's preferences for having a certain gender of staff supporting them. One member of staff told us, "People are able to choose the gender of their carer and we will accommodate this. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. One person told us, "Staff are very respectful". Another person said, "They [staff] are all so respectful and polite and nothing is too much trouble. They help me have a bath. I only need help getting in and out. Then they leave me to wash myself. It helps to keep me as independent as possible." This meant that staff respected and promoted people's privacy.

Information about advocacy services was available to support people in making decisions about their care and support. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes.

Requires Improvement

Is the service responsive?

Our findings

Pre admission assessments were undertaken by the registered manager. This helped in identifying people's support needs. Care plans were then developed which provided guidance for staff on how people's needs were to be met. People were involved with their care plans as much as was reasonably practical. One person told us, "I know there is paperwork but I am not interested in seeing it. The girls [staff] know what I need." Another said, "I don't understand it all, but they tell my daughter. They keep her informed of anything that needs knowing." A third person told us, "They [staff] tell me if there is going to be a change in my care and I am always asked if I am ok with that or if I have understood what they mean."

Care plans that we looked at did not always provide detailed information on how peoples care needs were to be met. One person's care plan stated that they required oral hygiene twice a day. There was no detail on how staff was to provide support to the person to manage this. For another person where they were living with diabetes the plan only described the signs to look out for and did not cross reference to the person's nutrition plan. We also found that there were no detailed instructions available for people who had creams to be applied as directed. This put people at risk of receiving care that did not meet their care needs and support. Although we found that staff were able to describe how the persons care needs were met. We discussed this with the registered manager and the regional manager; they told us they would carry out a review on all care plans to ensure that care plans reflected peoples current care needs.

A programme of activities was available. Examples included board games, bingo, gardening, art and crafts, shopping trips and quizzes. There are also planned entertainers who visit the service. One person said, "I do like Rob singing the old songs." Another person said, ""The Elvis impersonator was very good." A third person said, "They [staff] take me out in my chair along the river which I really enjoy." We observed that people were free to use the communal areas and were able to spend time in their bedroom if they wished.

The member of staff responsible for organising the activities in the service had produced a calendar of events so that people had knowledge of forthcoming events. People told us they had enjoyed the activities on offer. They told us they could always choose which ones they wanted to join in. People's religious needs were met. The staff responsible for activities told us that there is a minister from a local church who visits the service. They also told us that some people are taking out by friends of another denomination to support them with their religious and cultural needs.

Relatives/visitors and people we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints but I would tell them [staff] if I had." Another person said, "I would see the manager if I needed to complain." A relative/visitor said, "I've got no complaints. "If I had any I would be able to raise them with [name of registered manager]."

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time living at the service. One comment said, "There really isn't a price on the work that you and your staff do on a daily basis. I have no idea how you cope with the everyday

demands of your residents. Thank God for people like you that takes on the old relatives. Your staff are friendly and helpful and the care they have given [name] has clearly made a big difference to their well-being." There was a complaints procedure which was available in the main reception area of the service for people to access if needed. We looked at the last complaint and saw that action had been taken. Complaints were discussed at staff meetings to discuss any action taken and any learning that could be put in to place for other people. This was especially around people's care and support needs.

Good

Is the service well-led?

Our findings

There were quality assurance systems in place that monitored people's care. We saw that the registered manager and regional manager completed audits and checks which monitored safety and the quality of care people received. These checks included areas such as, medication and health and safety. Where improvements were needed the action needed had been identified. These were followed up and recorded when completed to ensure people's safety.

Records showed that the registered provider representative referred to these action plans when they visited the service to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

There was a registered manager in post at the time of this inspection. People said that they knew who the registered manager was. One person said, "The [registered] manager is really nice people and are so approachable and friendly." Another person said, [Name of registered manager] is an excellent manager; there's been a big improvement since they arrived; they are always friendly and approachable." A relative/visitor said, "[Name of registered manager] has a really good style of management they are firm, but supports staff."

The registered manager and regional manager were very knowledgeable about what was happening in the service on the day of the inspection. This included, which staff were on duty, people whose health required an outpatient appointment. This level of knowledge helped them to effectively and safely manage the service and provide leadership for staff.

There were clear management arrangements in the service so that staff knew who to escalate concerns to. The registered manager and the regional manager were available in the service throughout the inspection and they had a good knowledge of people who lived in the service, their relatives and staff.

Staff told us that they felt supported by the registered manager and there was good team work. One staff member said, "Its brilliant here, it's friendly. We are all [staff] committed to work and it's all about team work and making this the best home." Staff all said that the management team were approachable and had an open door policy. All said they could speak freely at team meetings and during supervision.

There were regular meetings for all staff which provided them with the opportunity to discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in an effective way. Staff said that they were informed of incidents when issues occurred and that they were discussed to reduce the risk of them happening again.

People were given the opportunity to influence the service that they received through residents'/relative meetings. People told us they felt they were kept informed of important information about the service and

had a chance to express their views. One person said, "I always tell [name of registered manager] how I'm feeling and then they can help me feel better". A relative told us, "I go to the Residents and Relatives meetings and would raise a complaint or ask for something there if I wanted to and I think that they would act on it." Another relative told us when we asked about the registered manager approach said, "I'll speak to [name of registered manager] if I have any concern; she's a real action person and they are easy to talk to."

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training completed to date and to make arrangements to provide refresher training as necessary. Staff told us that the management work alongside them to ensure they were delivering good quality care to people.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Yes most definitely [name of registered manager] would take action if they are told that a staff member is not treating people right".

Records, and our discussions with the registered provider, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. The registered provider informed that they had tried to submit the notification using the CQC portal this had been problematic.