Ford House Care Home Limited

Ford House

Inspection report

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

Tel: 01480472017

Date of inspection visit:
21 March 2017

Date of publication:
27 April 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 and 26 July 2016. During that inspection two breaches of legal requirements were found. One breach was because there was not a sufficient number of staff deployed to fully meet the needs of each person who lived at the home. The other breach was because people who lived at the home were not protected against the risk of their care being delivered without valid and lawful consent.

After the comprehensive inspection in July 2016, the provider wrote and told us what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 21 March 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ford House' on our website at www.cqc.org.uk.

Ford House is located on the main road in Eaton Ford, within walking distance of the town centre of St Neots. The original building is over 500 years old and has had a number of extensions since its conversion to a care home. The home provides accommodation for up to 46 people who require nursing and personal care. There were 37 people in residence on the day we visited.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home is run. At the time of our visit, the registered manager was on leave. The provider's nominated representative was the member of staff in charge of the home on that day.

At this focused inspection on 21 March 2017 we found that the provider had followed their plan, which they had told us would be fully completed by 31 December 2016, and legal requirements had been met.

People, their relatives and staff were satisfied that the provider had taken action to ensure that there was a sufficient number of staff on duty to meet the needs of the people who lived at the home.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been satisfactorily assessed. We found that staff had received additional training. Staff demonstrated sufficient knowledge and understanding of the principles of the MCA and DoLS to ensure that the rights of people who did not have capacity to make decisions for themselves would be protected.

Although we found that improvements had been made we have not revised the rating for the two key

questions: to improve the rating to 'Good' would require a longer term track record of consistently monitoring the quality of the service and delivery of high quality care.

We will review our ratings at the next comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Action had been taken to improve the safety of the service.

There was a sufficient number of staff effectively deployed to ensure that people's needs were met and people were safe.

Although improvements have been made we have not revised the rating for this key question: to improve the rating to 'Good' would require a longer term track record of consistently monitoring the quality of the service and delivery of high quality care.

We will review our rating at the next comprehensive inspection.

Is the service effective?

Requires Improvement

Action had been taken to improve the effectiveness of the service.

Assessments of people's mental capacity to make certain decisions had been satisfactorily assessed. Staff were aware of the principles of the MCA and DoLS so that the rights of people who lacked capacity to make decisions were protected.

Although improvements have been made we have not revised the rating for this key question: to improve the rating to 'Good' would require a longer term track record of consistently monitoring the quality of the service and delivery of high quality care.

We will review our rating at the next comprehensive inspection.

Ford House

Detailed findings

Background to this inspection

We undertook an unannounced comprehensive inspection of this service on 19 and 26 July 2016. During this inspection two breaches of legal requirements were found. This was because there were not enough staff deployed to fully meet people's needs and there was a risk that the rights of people who were not able to make certain decisions would not be protected.

After the comprehensive inspection on 19 and 26 July 2016, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook an unannounced focused inspection visit to Ford House on 21 March 2017. This unannounced inspection visit was carried out by two inspectors. This inspection was to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in July 2016 had been made.

We inspected the service against two of the five questions we ask about services: is the service safe and is the service effective. This was because the service was not meeting legal requirements in relation to Regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before the inspection we looked at the information we hold about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to tell us about by law. We also looked at whether we had received any other information in relation to the two breaches, including complaints, which we had not.

During the visit we spoke with three people and three people's relatives. We also spoke with four members of staff and the provider's representative. We observed people's care to assist us in understanding the quality of care people received.

We looked at three people's care records in relation to assessments of the person's capacity to make their own decisions.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection of Ford House on 19 and 26 July 2016 we found that there was not a sufficient number of staff deployed to fully meet people's needs. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 21 March 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18.

People told us that they were satisfied, even though staff always worked hard, that there were enough staff to meet their needs. One person said, "I never have to wait very long when I ring my call bell….the staff work hard and are very busy." Two other people reported that they had sometimes had to wait if they used the bell when staff were busy with other people, but they did not see this as a problem. One of these people added, "The staff are very kind to me and I couldn't wish for any better: it's lovely here." The other person said, "The staff are good, kind and caring with me…staff do come in and chat with me when they have the time."

People's relatives were satisfied that their family members' needs were being met. Their comments included, "The staff are very busy but there is usually someone around who can help when needed"; "There seem to be enough staff around but they are very busy….I feel that [name] is very safe here and well cared for"; and "I visit every day and there is enough staff to help [name] with whatever [s/he] wants." Two relatives told us that staff visited their family members (who remained in their bedrooms) every 30 to 40 minutes, checked they were alright, brought drinks and completed the care records.

We saw that there were enough staff on duty on the day we visited to meet people's needs in a safe and timely manner. Staff were not rushing around and there was a calm, relaxed atmosphere in the home. People had all had breakfast, received personal care and were up and dressed if they had chosen to be, by about 11:30am. This was what people had chosen and was well within the time that people and staff had agreed these tasks would be completed by.

Staff we spoke with reported that additional care staff had been employed since our last visit. They told us that the use of agency staff, which had been very high, had decreased "dramatically". One member of staff said, "There are enough care staff now…..[we] haven't used agency during the day for a long time." One member of staff told us that as well as additional staff, "We needed to put in a plan of what we should do….[We're] much better organised now." Another member of staff said that existing staff were willing to provide cover for staff's leave or sickness. The provider was still trying to recruit another nurse. One member of staff explained that an agency nurse covered some shifts at night. However, this member of agency staff had worked at Ford House for a long time so knew people very well.

The provider's representative told us, "It's [the staff are] a good team….I'm pleased with the staff, the way they pull together and how they support each other."

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in July 2016 we found that people who used the service were not protected against the risk of their care being delivered without valid and lawful consent. This was a breach of Regulation 11(1), (2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 21 March 2017 we found that the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 11. They had made significant improvements in ensuring that the requirements of the Mental Capacity Act 2005 were being complied with.

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 are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA and found that where applicable, satisfactory capacity assessments had been completed. When best interest decisions had been made these had been recorded appropriately. When needed, DoLS applications had been submitted to the local authority. Records showed that an application to extend the DoLS authorisation in place for one person had also been made.

Staff told us they had undertaken further training in relation to the MCA and DoLS. The provider's representative explained that all staff had also been given an easy-read copy of MCA/DoLS guidance. Staff demonstrated that their knowledge and understanding in this area had improved. They said that the topic was discussed amongst the staff at every opportunity. One member of staff told us, "They [managers] keep asking us what we know." Another member of staff explained that staff always gave people choices. They said, "We have to give all residents their choice. It's drummed into us every day. [Name of manager] is very hot on it." We saw that staff asked people for their consent before carrying out personal care tasks, and gave people choices, such as whether the person wanted to get up or stay in bed; where they wanted to eat their lunch; and what they wanted to drink. People could be confident that any decisions made on their behalf were being made in their best interests, within the law and their rights in this area were being upheld.