

Friends of the Elderly

Friends of the Elderly

Malvern

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Friends of the Elderly Malvern is a residential care home with nursing which can accommodate up to 97 older people who may be living with dementia. Care is delivered across three separate buildings. On the date of inspection there were 76 people living at the service.

People's experience of using this service: During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the safety of the premises, management of risks people may face and the effectiveness of governance arrangements. Details of action we have asked the provider to take can be found at the end of this report.

The provider did not have sufficient oversight of the service. Environmental risks had not always been identified and assessed. One unit was not safe, as people were at risk of falling from windows which were not safely secured. Individual risks to people had not been fully assessed and reduced to help keep people safe. Health and safety principles were not being followed and people had access to unsafe liquids such as cleaning products.

The safety and quality checks of the service were not always effective. The management team completed audits and created action plans to improve the service. However, these did not include actions to avoid and reduce the risks we found with regards to the premises. The provider and registered manager took immediate action to resolve the concerns we raised.

People gave positive feedback about the care they received and relatives confirmed this. People received person-centred care from staff who knew them well. Staff were caring and respected people's privacy and dignity.

Care records contained assessments of people's needs which were detailed and reflected their individuality. Staff worked closely with other health and social care professionals to deliver a high standard of personalised care.

People and their relatives were involved in care planning and had their needs reviewed regularly. Staff used an electronic system to record and review people's support needs. This allowed for instant updates to be shared throughout each unit.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to attend activities within the service and within the local community. People were encouraged to maintain social relationships.

Staff recruitment continued to be safe and staff received regular training. New staff received a thorough induction which provided them with the knowledge and skills to safely support people. Staff were

encouraged to attend additional training to help provide a higher quality of care to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: Good (report published March 2016).

Why we inspected: This was a planned inspection based on the rating at the previous inspection.

Follow up: We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. As part of our process we will be requesting an action plan to be completed to address the issues identified. We will re-visit the service in line with our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Friends of the Elderly Malvern

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector, an assistant inspector and two Experts by Experience who had experience in dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Friends of the Elderly Malvern is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates 76 people across three separate units, known as Perrins, Bradbury and Davenham, each of which has separate adapted facilities. Perrins provides nursing and personal care, Bradbury specialises in providing care to people living with a dementia and Davenham provides personal care to people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Prior to the inspection, the registered manager completed a Provider Information Return This is a form that the provider must send to CQC with key information about the service, what improvements they have planned and what the service does well.

We reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services.

During and after the inspection we reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with eight people who used service, five relatives and 13 members of staff including the registered manager and provider's nominated individual. We reviewed the care records for seven people, medicine records for six people and the recruitment records for five members of staff.

We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were not fully met.

Assessing risk, safety monitoring and management. Preventing and controlling infection

- The premises were not safe. Pull cords were missing or out of reach, laundry and kitchen areas were not locked, chemicals were stored in the maintenance room, and health and safety principles were not being followed. There was inadequate space to store equipment safely.
- People living at the Davenham unit were at high risk of falling from upper floor windows. Windows did not have restrictors in place and could not be locked shut.
- There were no environmental risk assessments in place to reduce the risks we identified, for example fitting window restrictors.
- Infection control policies were in place but were not always being followed. We found dirty cutlery and used medication pots in communal kitchens.
- We ensured the management team took immediate action to address our concerns. They made sure risks to people were assessed, mitigated and removed during the inspection process.

These findings were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

- People felt safe living at the service. There were personal risk assessments in place to help keep people safe, for example from choking
- Staff wore aprons and gloves when providing personal care.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding procedures and policies in place. Staff had received safeguarding training. Staff could tell us what action they would take if they identified any form of abuse.
- The registered manager recorded, investigated and reported all concerns as necessary to the local authority. This action helped to minimise the risk of reoccurrence.

Staffing and recruitment

- Staff were recruited safely; relevant pre-employment checks were completed.
- Staffing levels met people's needs. The service reviewed people's dependency levels to make sure there were sufficient numbers of staff on duty.
- Staff said, "We do have enough staff and the management are really good with staff cover." A relative commented, "The staffing feels really quite stable."
- The service used agency nurses. Agency staff inductions and checks on professional registration details for permanent and agency staff were completed.

Using medicines safely

- Medicines were managed safely. One person said, "I don't have to worry about counting out my tablets and timing them, it's all done for me here."
- Staff had received training in medicine administration and had their competencies checked regularly. Nursing staff provided advice and guidance to care staff.
- Medicines were stored in locked treatment rooms and were audited regularly.

Learning lessons when things go wrong

- Outcomes and lessons learned were shared with staff, people, relatives and the wider management team.
- Accidents and incidents were reviewed to identify trends and used to improve the quality of care provided. Investigations were clearly documented and shared with relevant partnership agencies.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received regular training however, this was not always put into practice particularly with regards to health and safety or infection control.
- Staff had attended additional training to become Dementia Champions. Staff said, "This training is a great opportunity and I am excited to bring back my learning and put it into practice."
- New staff completed a full induction specific to their role which included the 'Care Certificate'.
- Staff supervisions and appraisals were undertaken. Staff said, "We are supported and we can approach our shift leaders or managers for anything."
- Regular observations were carried out to make sure the nurses' clinical skills were meeting required standards.

Adapting service, design, decoration to meet people's needs

- The Davenham unit was not adapted to meet people's needs, as the environment was not safe.
- Two of the units were appropriately adapted for people to access without difficulty. For example, contrasting bright coloured handrails and mementos around both units. Clear pictorial signage around the service helped people find their way around.
- There was an accessible sensory garden for people to use and where summer activities could be held.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity, mental capacity assessments and best interest decisions had been completed for any restriction placed on them.

- Care plans described people's capacity and whether DoLS applications had been applied for or authorised.
- People were asked if they agreed to staff helping them and about their choice of meals and drinks. One person said, "Yesterday I didn't like either choice of food but they offered me fish and egg dishes instead."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to the service and regularly reviewed. This included information on their likes, dislikes, spirituality and sexuality as well as their care and support needs.
- Care was provided in line with guidance. Reference was made in policies and procedures to best practice guidance, for example the National Institute for Health and Care Excellence and the MCA.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balanced diet. Any risks were referred to other health and social care professionals, for example the dietitian or the speech and language team.
- Staff discreetly supported people with their meals. Staff ate their meals with people to create a positive and inclusive dining experience. One person commented, "The food here is very good with a good range of choice."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with the local GP and other health care professionals to make sure people had a consistent level of support that was appropriate for their needs.
- Care records showed advice and guidance from dietitians, diabetes nurses and other hospital consultants was used to create personalised care plans.
- A relative told us, "[GP] is very good and even calls in sometimes when not requested."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Equality and diversity policies were in place to ensure everyone was treated with dignity and respect regardless of their sex, race, age, disability or religious belief.
- Staff were friendly and kind to people and spent time engaging them in conversations. Interactions between staff, people and relatives were unhurried and respectful.
- Overall, we received positive feedback from people and their relatives about the approach from staff. Comments included, "The carers are really nice, we've got to know them by name. The continuity of staff is good" and "(Staff member) is a brilliant woman – goes the extra mile, works from home on their day off, totally committed to their job, very accommodating."
- One unit manager told us, "I love my residents, I love my building. I love everything about it."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were consulted about their care and staff worked with them to create personalised care plans. Care records detailed all those involved in decisions about people's care.
- Staff kept management informed of changes they had observed in people and if a person needed to see their GP. One relative had recently attended a review of a person's care needs.
- The service promoted advocacy and there was information available for people and relatives to access these services.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible and staff treated people with dignity and respected their privacy. People's care plans were detailed, individual and person-centred.
- Relatives and visitors were always welcome at the service.
- People living in the Davenham unit continued to attend activities in the local community independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs did not reflect the risks to their safety fully and what steps staff needed to take to fully meet their needs. For example, there were no risk assessments in place to mitigate risks people may face from falling from heights, accessing cleaning liquids or food.
- People had detailed and individualised care plans, which reflected their own personal choices for the support provided by staff. These were regularly reviewed. A relative commented, "We always get a phone call at home if there is a change or a concern."
- The service used an electronic care planning system. Staff told us about the system and said, "It's brilliant, we can input a lot more information and we have information instantly at hand."
- People had access to a variety of activities details of these displayed around the home. The service employed an activities co-ordinator who organised various events. One person told us, "I go to the musical activities. We had a pianist last Wednesday, they were very good."

Improving care quality in response to complaints or concerns

- Management followed their own complaints process to record, investigate and feedback on any outcomes and lessons learned.
- People told us that they did not have any complaints about the service at present. One relative told us, "We've never made a complaint, but we are aware of CQC and what they do."

End of life care and support

- There was an end of life policy in place at the service and staff had received training. Staff were positive about this training and they were passionate about putting this into practice. In 2018 the service was awarded a platinum rating through the Golds Standards Framework for end of life care.
- People's care records included plans for their final wishes.
- End of life care plans were detailed, reflected the person's individual needs and included involvement from relatives, staff and other health care professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not ensured that the systems and processes in place were operated effectively by the staff to make sure people were kept safe.
- There were no regular checks of the premises or health and safety risk assessments in place. Records and audits relating to the safety of the premises were missing or not completed. The quality and assurance systems in place did not identify the issues we found during the inspection.
- The provider failed to have adequate oversight of the safety of the premises.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

- The registered manager and unit managers carried out audits of the service regularly to monitor the quality of care provided.
- The management team interacted with people, relatives and staff. One person said, "I've got a reasonable relationship with the manager." One staff member told us, "The registered manager is visible and is approachable."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff and management were passionate about providing personalised care and involved people in decision about their care and the service they received.
- If things did go wrong, apologies were given to people, lessons were learned and these were used to improve the service.
- Staff were positive about the culture at the service. One staff member commented, "Although I work here, I treat everyone like family, we all work together and support each other."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives were regularly asked for their feedback about the service. There was a staff forum to feedback ideas and concerns to the management team. A member of staff told us, "We have regular meetings, we have a handover to give key updates as well as allocation of duties that works well."
- People and their relatives were invited to attend resident meetings.

Continuous learning and improving care

- Staff were supported with their personal development and helped to access additional training material. For example, around dementia care and end of life support.
- Results from surveys, quality and assurance audits and meetings were used to improve the service. Action plans were created to target areas for development.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care. One staff member said, "We work really well with the local GP who visits weekly. We also have a good relationship with district nurses and if we have any concerns, they are always available on the phone or will visit."
- Involvement from other health care professionals was recorded in people's records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The premises were not safe for people using the service. Risks due to health and safety had not been fully identified, assessed and mitigated. Regulation 12(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The quality and assurance systems in place did not fully assess, monitor and mitigate risks relating to health, safety and welfare of service users. Regulation 17(1)(2)