

Friends of the Elderly

Friends of the Elderly

Malvern

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

The inspection took place on the 8 and 9 February 2016 and was unannounced.

Friends of the Elderly Malvern is located near to the town of Malvern. The service comprises of Davenham which provides personal care and accommodation for older people and Bradbury Court which is a purpose built unit providing personal care and accommodation to people who have a dementia illness. This service accommodates 54 people. On the day of our inspection there were 45 people living at the home. There were 22 people living at Bradbury Court and 23 people at Davenham.

There was manager at this home who was in the process of registering with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People and their relatives said they were happy with the support that staff provided people that lived at the home. They told us staff were caring and promoted people's independence. People told us they were able to maintain important relationships with family and friends. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. They were supported to eat and drink well in a discreet and dignified way. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People told us they had access to health professionals as soon as they were needed.

Relatives we spoke with said they felt included in planning the support their relative received and were always kept up to date with any concerns. The unit manager at Bradbury Court had identified that relatives were not consistently involved with what was happening on the unit. So they had set up meetings to improve communication and involvement. People living at the home were able to see their friends and relatives as they wanted. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The manager ensured people were listened to, we saw that complaints were investigated and action taken to resolve them.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect whilst supporting their needs. Staff knew people well, and took people's preferences into account and respected them. Staff had the knowledge and training to support people they provided care for. Staff ensured people agreed to the support they received.

The manager had made applications to the local authority to deprive people of their liberty, to ensure they did not treat people unlawfully. The manager promoted an inclusive approach to providing care for people

living at the home. People who lived at the home and staff were encouraged to be involved in regular meetings to share their views.

The provider and manager had systems in place to monitor how the service was provided. The management team had identified areas of improvement and were providing the resources to complete these actions. The management team reviewed accidents and incidents and took steps to learn from these.

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

People were supported by staff who understood how to meet their individual care needs safely. People benefitted from sufficient staff to support them. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

People's needs were met by staff who were well trained. People received support from staff that respected people's rights to make their own decisions, where possible. People enjoyed the meals and maintained a healthy, balanced diet. People were supported by staff who had contacted health care professionals when they needed to.

Is the service caring?

Good ●

The service was caring

People were involved with their care. People living at the home and relatives thought the staff were caring and treated them with dignity and respect. People were supported to maintain important relationships.

Is the service responsive?

Good ●

The service was responsive

People and their families were involved in their care and support, which was regularly reviewed. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led

People and their relatives said the management team were approachable. The management team had identified areas for

improvement and were working towards completing them.

Friends of the Elderly Malvern

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.

We made an unannounced inspection on 8 and 9 February 2016. The inspection team consisted of two inspectors.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 spoke with eight people who lived at the home and four relatives. We also spoke with a nurse practitioner, a member of the in reach mental health team, a community psychiatric nurse and two district nurses. We also spoke with the vicar that provides services at the site.

We observed how staff supported people throughout the day. As part of our observations 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.

We spoke with the manager, two unit managers and nine staff. We looked at five records about people's care. We also looked at complaint files, minutes for meetings with staff, and people who lived at the home.

We looked at quality assurance audits that were completed.

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, "There is always someone to call for help." We saw people were confident and relaxed throughout our inspection, we saw many positive conversations between staff and people living at the home, across the two different units. People were confident and relaxed when they were with staff. Staff we spoke with said people were safe. One member of staff said people were safe because staff knew them so well.

Relatives we spoke with said they felt their family member was safe. One relative told us, "They (staff) always take the appropriate action to keep them safe." Another relative said, "(Family member) couldn't be in a better place, really safe here." A further relative told us, "Care and treatment here far exceeds previous care places, (family member) has never been dehydrated here."

We spoke with staff about their understanding of what actions were needed to ensure people were protected from abuse. They explained that they would report any concerns to the registered manager and take further action if needed. Staff were aware that incidents of potential abuse or neglect should be reported to the local authority. The manager was aware of his responsibilities, and knew how to report any concerns to the correct authority in a timely way. We saw when they had needed to they had taken action in a timely way. Staff said they were confident that they would know if a person was distressed or worried about anything. One member of staff said, "We know all our residents so well, we would know if there was any problem." There were procedures in place to support staff to appropriately report any concerns about people's safety.

We observed staff receiving information about the people who lived at the home during handover. Staff told us this supported them to be aware of any current concerns about each person's health and wellbeing. Staff said sharing information with their colleagues at handovers contributed to the safe care of people living at the home. Staff told us immediate concerns would be discussed and they would take action straight away. One member of staff told us that they worked as a team, and shared concerns so they could all work together to support people. A member of staff that worked for an agency told us, that the handovers they received really helped them to support people safely at the home.

People had their needs assessed and risks identified. Staff were aware of these risks. For example we saw one person needed a specific piece of equipment to support them to mobilise. We saw that staff checked that the equipment was available for them. The member of the community mental health team we spoke with said that staff managed the risks for people appropriately. Members of the district nurse teams told us they felt staff were open and honest, and that their records were clear and supported them to complete their role.

People and their relatives told us there were sufficient staff on duty to meet people's needs. One person we spoke with said, "Sometimes the staff are a bit too busy, but on the whole they are good." One relative told us they visited regularly at different times of the day and at weekends and there were consistently sufficient staff on duty. We saw and staff told us there were enough staff on duty to meet the needs of people living at

the home. One member of staff told us that they rarely used agency at Davenham because they covered the shifts within their existing staff. Bradbury Court had recently had several changes in staffing and had an on going recruitment plan to improve their staffing levels. One relative told us that although they had been short staffed at Bradbury Court this had not impacted on the care for their family member. The manager told us that he was reviewing the current dependency assessments to ensure they were up to date and current for people living at the home. He had also identified that additional support with activities was needed for people living in the Davenham unit during supertime. He was working with the activities co-ordinator to recruit volunteers to provide this additional support.

We spoke with new members of staff and they said they were supported through their induction period by the management team. They had read the care plans for people living at the home, and were introduced to them and shadowed experienced staff. This was to give people time to get to know them and for them to know about the people living at the home. Staff told us the appropriate pre-employment checks had been completed. These checks helped the manager make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. People we spoke with told us they had their medicines on time and were happy with staff supporting them to take their medicines. One person said, "I always have my tablets on time, it's a relief to not worry about them." Relatives told us they were confident their family members received the support they needed. All medicines checked showed people received their medicines as prescribed by their doctor. We saw staff supported people to take their medicines; they explained what they were taking and sought consent before they administered them. Staff were trained and assessed to be able to administer medicines, and staff told us their competencies were regularly reviewed. We saw that safe practice was used for administering controlled medicines. We saw suitable storage and disposal arrangements for all medicines. There was clear guidance for staff to administer medicines that were prescribed as "when needed." We saw one person had their medicines administered covertly. There was clear guidance for staff and a best interest decision documented. We saw that this was kept under review to ensure it was still required.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. Relatives we spoke with said staff knew how to support their family member. One relative said, "They (staff) are very well trained, really know how to support people with dementia."

The staff we spoke with explained how their training increased their knowledge on how to support people living at the home. For example, a member of staff told us how their safeguarding training had increased their awareness of what to look for both at work and their everyday life. Staff told us their working practices were assessed to ensure they were competent to provide effective care, for example medication administration. Staff we spoke with said their training was up to date, and they had the skills to support people who lived at the home. Staff had received training about the Mental Capacity Act 2005 (MCA) and understood the impact for the people they supported.

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.

We looked at how the MCA was being implemented. We spoke with the manager and the unit managers about their understanding of the act. They explained that were aware of who required support with decisions and showed us examples of when best interest decisions had been put in place. One member of staff explained that they had been involved in the assessments that had also included health care professionals and family members. We saw family and health care professionals were involved with this assessment. The manager told us that involving staff was good practice to ensure that the assessments were effective and to improve staff knowledge of the process. Staff explained they understood the importance of ensuring people agreed to the support they provided. All staff we spoke with had an understanding of the MCA, and how that impacted to their work practice.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff we spoke with understood the legal requirements for restricting people's freedom and care was delivered in the least restrictive way possible. The manager had submitted appropriate DoL applications to the local authority. They understood the process and new when people applications expired or needed to be reviewed.

People said they had choice about the food they ate and that the food was good. One person said, "We are offered a choice, and if we don't like them they will make something else." We saw that one person only liked a specific meal, and the chef had accommodated this. We saw when extra support was needed that

staff did this in a discreet way, promoting people's independence as much as possible. Another person said, "There are always plenty of food and drinks available, whenever we want." Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew who needed extra support. We spent time with kitchen staff and they showed us how people's nutritional requirements were met. The catering manager explained how they completed food profiles for everyone, which supported people to eat well. They were aware which people had special dietary needs and how they needed to meet them. Relatives we spoke with said the food was good, and they could share a meal with their family member if they wanted to. We saw on the unit that supported people with dementia, that people were offered a choice of meals at the time of serving. People were then able to see and choose what they wanted.

People told us they had access to their GP, and their dentist and optician when needed they needed to. One person said, "They (staff) take us to our medical appointments, and bend over backwards to accommodate us." Relatives we spoke with said their family members received support with their health and wellbeing when they needed it. One relative said, "I have been kept up to date with the review of (family member's) medication, it's good to know that they won't continue with medication they think is not working." Staff we spoke with told us they monitored people's health and wellbeing. The district nurse we spoke with told us that staff were very good and would always call for support quickly if people needed it. The community nurse practitioner said people were well supported by their local doctor, who completed weekly ward rounds at the home. Staff knew the people living at the home well, and made appropriate referrals for extra health support when they needed to. The community nurse practitioner also said about staff working at Davenham, that it was a well-managed unit and although people were frail they were well supported. The community psychiatric nurse we spoke with said they had worked with staff and the unit manager to support one person living at the home. They told us that staff knew people well and they worked together to support people living at the home, this included reviewing medication, and staff following the guidance given. We spoke with members of the district nurse team and they said that they had no concerns with either of the units. They said that staff took appropriate action when it was needed and followed their advice.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, "Very homely, always been home here." Another person told, "It's splendid, and staff are really caring." A further person said, "Staff are very kind, we are very well cared for." We saw staff supporting people in a caring way. They spent time talking to people, and reached out to people living at the home with either a gesture or a friendly word. We saw people enjoyed these interactions through their smiles and body language.

Relatives told us they were happy with their family members care. One relative said, "It's a different league, an amazing calibre of staff." Another relative told us, "They (staff) genuinely care even staff off duty came into see (family member)." They told us they felt involved and included in the care for their family member and felt welcome to visit the home. One relative told us they were supported with a bed and meals when their family member had been unwell. They went on to say how their family member had cooked breakfasts during the night, because this was when they preferred to eat.

People told us they had access to religious services when they wanted them. There was a chapel on site and there were weekly services held there. One person said, "Chapel is really important to me as I have always been a church goer." People told us they were supported to attend these services. We spoke to the Vicar and they told us that people living at the home appreciated the services and told us that staff regularly went out of their way to support people living at the home to attend these services.

We noticed that all staff engaged with people in a friendly and understanding manner. For example, we saw one member of staff providing a quiz as an activity in one unit. We saw that people were not interested in participating, however we saw the member of staff was aware and adapted the activity to discussions about people's past. We saw that people were much more involved and through their smiles and body language we saw their well-being was enhanced. We saw that people enjoyed the chat and appeared at ease with the member of staff. We saw that staff were focussed on each person as an individual, and the care we observed was not focussed on tasks but on people as individuals. A member of the mental health team we spoke with told us how staff across both the units communicated well with people, and knew people living at the home very well.

People we spoke with said they could ask for what they wanted support with. They said staff knew them well. One person told us, "I asked them for more residents meetings and they were arranged them straight away." We saw that the residents meetings at Davenham had increased. We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example we saw one person became anxious in the afternoon on both days of our inspection. We saw that staff were aware and spent time reassuring the person which increased their confidence and well-being.

We heard staff calling people by the names they preferred. People told us they were supported with their choices in how they looked. One person told us how important it was for their nails to be "Nice" and said that staff supported them to meet this need. We saw that this person had their nails painted. We saw that people's rooms were personalised. People had a choice of different communal rooms to spend time in in

both the units. Two people told us how they liked to spend time one particular communal room because it felt so like home. We saw the room had been furnished with older style furniture and had people told us this room was called the "Snug."

People told us they were treated with dignity and respect. One relative said about staff, "They always maintain (family member's) dignity; they are so discreet when offering support." Staff said maintaining people's dignity was very important to them. We saw staff had a good awareness of people's likes and dislikes. For example we saw one member of staff asking if one person wanted the television on, because it was the time for one of their favourite programs. We also saw that the television and music was only put on as people requested and not left on all the time for people to sit in front of. Another relative told us that staff would adapt the cleaning routines around people's needs, to be flexible and fit around what their relative was doing.

Is the service responsive?

Our findings

People we spoke with told us they were involved in how they were supported at the home. One person said, "They (staff) bend over backwards to help us, they will do whatever I ask." Relatives we spoke with told us they were included in their family members care. One relative said, "I have been involved with everything about my (family member)." Another relative told us, "Communication is very good; they always talk to me about any concerns."

We saw in care records that staff recorded information about each person living at the home, their interests, history and preferences. The manager told us that all the care records were in the process of being reviewed. We spoke with one member of staff and they confirmed that they were updating care plans to ensure they were focussed on each person as an individual. We looked at an updated care plan and could see that it had been focussed on the person and their specific needs. We spoke with a community psychiatric nurse that had been involved in supporting people at the home and they told us that the care plans had improved since the review had started.

One person told us that they had a nose bleed that morning; they went on to say, "They (staff) really looked after me." They said this had reassured them and they felt supported. One relative told us how flexible and sensitive staff were to their family person's needs and worked with their family so they could support them.

People said they could choose to spend their day in their room, or the communal areas, wherever they liked. One person said, "I like to read and do crosswords, I am not bored. There are always people about to chat to." Another person told us how they had celebrated one person's birthday with a party that everyone had enjoyed.

People told us there were organised events such as quizzes and events. One person told us, "We have quizzes, but only some of us join." Another person said, "Brilliant activities co-ordinator – excellent, no other way to describe her." People told us how much they enjoyed speaking with the activities co-ordinator. They said they spent time with her doing group activities and having one to one conversations. We did see organised activities during our inspection, which people chose to be involved in. For example we saw staff spend one to one time with people reminiscing about the past. Relatives told us their family members had interesting things to do. One relative told us, "There could be more trips out; I think Bradbury Court would benefit from the use of a mini bus." The relative went on to say that they had discussed with the unit manager and had been advised that this was under consideration. We spoke with the unit manager for Bradbury Court and they told us they were in the process of speaking to all of the people living there to ask what they wanted to do, for example trips to the theatre. They would then use this information to plan activities for the next year.

Whilst people and their relatives told us there were enough staff on duty in Davenham, the manager had identified the need for more support with activities in the late afternoon. The manager told us they were looking for volunteers to support the staff and provide some activities in the late afternoon for people living at Davenham.

People that lived at Davenham told us that there were regular meetings to discuss what was happening at the home, menu choices and activities. The unit manager at Bradbury Court identified that they needed to provide regular meetings with relatives of people living at the home. These had not started however they had been scheduled in and relatives we spoke with were aware of the meetings. The manager regularly used questionnaires to gain feedback from people, relatives and professionals. For example, we saw the comments from the professionals were positive; one comment was "I hope that the new management of Bradbury court and Davenham listen to the longstanding staff and continue to build on an excellent service provided here." The feedback supported the manager to monitor the quality of the care provided. The manager had used the feedback from the questionnaires to put together an action plan to drive improvements at the home. For example, comments from people living at Davenham about easier access to the gardens were fed into the plan for improvements over the next year. We saw there were plans to build a terrace out into the garden for easy access for everyone living at the home.

People said they would speak to staff or the management team about any concerns. One person said, "If you report any concerns they are attended to quickly, it's excellent." Another person told us they had raised a concern about the food and they had been listened to and had seen improvements straight away.

Relatives told us they were happy to raise any concerns with the management team or staff. One relative said, "When I complained it was looked into straight away, and I received a written apology." We saw there were complaints procedures available for people and their relatives. We saw complaints had been investigated and action taken when needed. We saw that improvements were made as a result of learning from complaints received. For example, we saw that the menu had been updated after one person had raised a concern about one of the choices on the menu. People and their relatives said they felt listened to and were happy to discuss any concerns with any of the staff team at the home.

Is the service well-led?

Our findings

There was a new manager who had started in October 2015. They had applied to be the registered manager for this home and we were processing their application.

People we spoke with knew the management team. One person said, "The home has a certain softness to it, it's not clinical." Another person said, "It was definitely a good decision moving here." Relatives told us they were confident with the management team and staff at the home. One relative said, "Staff in the office are always willing to listen and take everything on board." All the health professionals we spoke with were positive about the management of the home.

Staff told us the management team were always available when they needed to speak to them. The manager said staff could speak directly to them at any time when they were on duty or out of hours on the phone. Staff also told us they would raise any concerns with the management team. They said they felt listened to and if they had an idea they could share it with the management team and they would listen. For example, one member of staff told us when they discussed the need for additional staff when one person was unwell; this was agreed by the unit manager. Staff told us that compliments were shared with them and helped them feel valued.

Staff told us there were staff meetings and regular one to ones. This ensured that all staff received the information they needed and were given an opportunity to voice their opinions. Staff we spoke with said they felt the meetings were useful and they felt supported. Staff told us they had clear roles and responsibilities and this helped them work as part of a team. They were aware of the whistle blowing policy, which gave guidance about who they could report concerns to outside of the management team at the home. Staff said they would be confident to use it if they needed to.

All the staff we spoke with said they had regular one to one time with their manager. They said this was very helpful in their development and they had the opportunity for further vocational qualifications. The staff we spoke with said they felt valued by the management team. One member of staff, from Bradbury Court, we spoke with said, "We are a really good team, and we are very responsive to each other."

The management team had identified many areas of improvement at the home. Due to recent changes in the management structure not all the actions identified had been completed. For example, the health and safety checks at the home. We looked at the fire risk assessments for the two units and saw there was a plan in place to complete all the actions required. We spoke with the manager and he told us not all of the actions required had been completed at the time of our visit. They also identified that audits to maintain the safety of the environment were not completed as often as they would like. For example, checks to ensure the water temperatures were monitored had not been completed for the last three months, however staff were aware to alert the maintenance staff if they had any concerns about the temperature of the water. They were recruiting another maintenance person to support with ensuring these safety checks were completed. The management team had also identified that care plans and risk assessments needed reviewing and updating. The manager had organised resources to ensure this was completed. The manager told us that

the management team were developing their audits to improve how they monitored the quality of care. They were keeping the audits under review to ensure that the quality of care was consistent and effective.

The manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. We saw that the manager regularly discussed any concerns with the unit managers to ensure that appropriate action was taken, and kept this under review. For example, we saw that when an incident had happened there was a review by the management team and they notified the relevant authorities. We looked at the records and appropriate assessments had been completed prior to the incident. We saw that steps had been put in place to reduce the risk for people living at the service in a timely way. The management team had looked at the wider implications and identified relevant improvements. Such as the need for volunteer activities staff at supper time in Davenham. The management team had a system in place to review the effectiveness of steps taken.

The management team knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. The manager told us about wanting to improve the service. They were working with the management team and staff to improve the flow across the different units. For example when people needed additional support they could then move to Bradbury Court if this was a better service to meet their needs. He also spoke about staff working across the different units, improving their skill set and supporting people if they moved from one unit to another. This would support people to settle in quicker if they moved and enable them to be more confident with the new unit. The manager explained that he felt a seamless service for staff, activities and environment improvements across the units would lead to an improved experience for people living at the home. We spoke with staff and they said they had been involved in meetings about these improvements. They agreed that this was a good idea to improve support for people at the home. We saw staff working on different units during our inspection.