

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Friends of the Elderly Malvern is a residential care home providing personal and nursing care to up to 97 people. The service provides support to older people living with dementia. Care is delivered across three separate buildings: Davenham is a residential unit, Bradbury Court accommodates people living with dementia and Perrins House provides nursing care. At the time of our inspection there were 53 people using the service.

People's experience of using this service and what we found

Since our last inspection improvements had been made. Environmental risks had been identified and assessed. However, systems to manage people's care and risks required further development and embedding into staff practice. The registered managers acknowledged governance systems required further improvement.

The provider had effective safeguarding systems in place and staff knew what actions to take to ensure people were protected from harm or abuse. There were enough staff to meet people's needs and ensure their safety. The provider used agency staff to cover any shortfalls in staffing levels. The registered managers pre booked agency staff in advance to ensure consistency of the same agency staff as much as possible. The provider continued to recruit safely.

People's needs and risks had been assessed. Staff had the skills and knowledge to support people appropriately. Staff were supported through induction, training, and regular supervision. People were able to choose their meals and were supported to maintain a healthy diet. People had access to healthcare professionals when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with compassion. Staff were kind and caring. They respected people's privacy and dignity and supported people to be as independent as possible.

The provider had a complaints policy in place. People and relatives were aware how to raise any concerns and felt comfortable in doing so should any arise.

The registered managers and staff worked closely with health and social care professionals to plan and deliver an effective service to people to meet their needs. People and their relatives' views were sought and considered to help drive through improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Friends of the Elderly Malvern on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector, a nurse specialist advisor 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. On the first day 1 inspector, a nurse specialist advisor and Expert by Experience attended. On the second day 1 inspector and a nurse specialist advisor attended.

Service and service type

Friends of the Elderly Malvern is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Friends of the Elderly Malvern is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection

During the inspection

We spoke with 8 people who lived at the home about their experience of the care provided and 3 relatives. We spent time observing how people were cared for. 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. Additionally, we received feedback from a further 6 relatives via email.

We spoke with 11 staff which included the registered managers, unit manager, regional director, shift leader, health care assistant, nurse, activities coordinators, housekeeper and maintenance person. We also spoke with a visiting health professional for feedback on their experience of care and working with the management and staff team.

We reviewed a range of records. This included 9 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including accident and incident records, policies and procedures and a sample of completed audits and checks were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection, the provider failed to ensure people received care and support in a safe way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Since our last inspection environmental health and safety risks had improved. For example, laundry and kitchen areas were locked and windows in the Davenham unit had restrictors on. These are necessary to mitigate risks including people from falling from heights.
- People had care plans and risk assessments in place which were regularly reviewed and updated. They contained enough information for staff to provide safe care and manage any risks.
- Where people required monitoring charts such as weights, fluids, and repositioning, these were in place. However, we identified some gaps in recordings. In addition, reviews of monitoring charts did not always state whether the targets had been achieved or if there were any issues. We discussed this with the registered managers who immediately addressed this with staff on day 2 of our inspection.
- One person told us, "I feel very safe at the home. I take myself off into the garden for a walk and am always given a safety fob to take with me in case there was a problem."
- Relatives told us they were updated if there were any changes to their family member's care. One relative said, "On occasions when [family member] is not well, the home always let me know and inform me of any action taken for [family member] recovery." Another relative said, "They [staff] are always responsive to any request made and keep me informed."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were areas of the units that the provider had already identified which required attention. Action plans were in place for works. For example, wear and tear to flooring and skirting boards and redecoration of areas.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to have visitors and see their friends and family. Processes were in place to facilitate safe visiting.

Using medicines safely

- Most people's medicines were managed safely. However, some improvements were required in the systems used to manage people's medicines safely. For example, medication was not always checked in or carried forward to the next cycle. We found no evidence of harm to people; however, action was required to reduce the potential risks associated with inaccurate medication recording. We have reported on this further in well-led.
- Where people had allergies to medicines allergy statuses for most people were recorded on medicine administration records which is necessary to help to reduce and prevent harm to people. However, we identified some people's allergy statuses were not recorded. The registered managers had already identified this for action, and we saw evidence of this in the meeting with the pharmacist minutes.
- People received their medicines by staff that were trained and assessed as competent to support people with their medicines.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place to help safeguard people from the risk of abuse.
- Staff had received safeguarding training and were able to demonstrate they understood their responsibilities to identify and report any concerns they may have to protect people from the risk of abuse. One staff member said, "I wouldn't hesitate to raise any concerns if I needed to. [Registered manager name] would listen and act appropriately." Another staff member said, "If I was to see something wrong, I would report it and I know the managers would act."
- Relatives said they felt their loved ones were safe living at Friends of the Elderly Malvern. One relative said, "I can tell [family member] feels safe and comfortable. And happy."

Staffing and recruitment

- Staffing arrangements met people's needs. We did not hear calls bells ringing for long periods of time or observe people having to wait for staff to respond to them. We observed staff were present in communal areas and gave people the support they needed.
- The provider used agency staff to maintain safe staffing levels. Regular agency staff were used and booked in advance to ensure consistency of care.
- The provider continued to recruit staff safely. Appropriate checks were completed to ensure staff were suitable for their role. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Systems were in place for recording accidents and incidents and staff knew what to do if someone had an accident.
- The registered managers reviewed accidents and incidents to identify any trends and patterns and reduce the risk of recurrence. Any learning was shared with the staff team. For example, during staff meetings.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Prior to moving into the home people's needs were assessed. This provided staff with information about how a persons' needs could be met.
- People's needs were kept under review to make sure the care and support they received continued to meet their individual requirements. One relative said, "The care [family member] receives has had to increase but the carers have adapted to [family member] needs and [family member] wants for nothing."
- The staff team worked closely with the local GP and other health professionals to ensure good outcomes for people.
- Records showed other health professionals were consulted in the care of the people. Any advice and guidance given to staff was being followed. A visiting health professional confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they received the support and training to carry out their roles safely and effectively. Records showed staff had received the provider's required training. This included topics such as safeguarding and infection control and prevention. In addition, staff received training to support people with specific health conditions such as diabetes.
- The registered managers had oversight of training and had a training matrix in place. This enabled them to monitor outstanding training or check where refresher training was required.
- Staff who were new to the care sector completed the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff identified and managed any premises improvements required to meet people's safety and well-being needs. There was a programme of decoration, repair, and replacement in place. This helped to ensure people had access to a variety of different areas to choose to spend their time, which were well maintained.
- People had access to lounges, dining rooms, sunroom, library, sensory garden, and an onsite space known as the chapel where all people of different faiths and religions can access. One relative said, "The beautiful gardens gave [family member] the greatest pleasure."
- People's bedrooms were personalised. This made rooms more homely and familiar to people.

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

- Care plans contained people's nutritional support needs and detailed their likes, dislikes and any allergies they may have to help ensure staff supported people's needs.
- We observed the mealtime experience were social events and people were encouraged to choose what they wanted to eat and drink. People were encouraged to eat independently, and assistance was provided where people required this to meet their needs. Staff communicated effectively together to ensure people's safety and wellbeing when they were supported at mealtimes.
- People had the opportunity to discuss the menu choices. For example, via the comments book, which was kept in the dining room, and during 'residents' meetings. One person told us, "Food is good here." A relative said, "The food is unbelievably good and prepared with care. I have often seen [family member] purees fashioned into vegetable shapes, meat shapes...even carrots that look like carrots, with pea puree made to look like the leaves. How thoughtful and caring that is." Another relative said, "[Family member] has a good appetite and enjoys the lovely meals provided. [Family member] was a cook, food and a healthy diet has always been important to [family member]."
- We observed people had drinks in front of them throughout the day. Staff were taking around a tea trolley to people and there were areas in the home where people could get drinks.
- People's weight was monitored for any changes. We found no evidence of harm to people, but we identified there were some inconsistencies in the recording of these.
- Records did not always clearly evidence what action had been taken to address nutritional concerns. We raised this with the registered managers who assured us this would be addressed immediately. We have reported on this in the well-led section.

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 MCA 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered managers had a system in place to monitor and keep track of DoLS applications and authorisations.
- Staff had received training on the MCA. This training equipped staff to understand and ensure the support they provided promoted people's choice and control. Staff understood the importance of gaining consent from people before carrying out any tasks.
- Where people lacked capacity to make a particular decision, capacity assessments and best interest

decisions had been taken appropriately.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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

- People and relatives told us staff were kind and caring. One person told us, "Carers are wonderful, dedicated people." Another person told us how they got on well with staff and described them [staff] as, "Excellent." A relative said, "I have found the staff in general to be courteous and friendly and [family member] seems well cared for." Another relative told us, "I find the care team excellent, always willing to talk and give feedback and they look after [family member] well in my opinion."
- Staff supported people's cultural diversity and respected any dietary or gender preferences. One person told us they attended the church service which was held every Thursday in the drawing room of Perrins House and would also receive communion. Another person told us how they were able to talk to staff if they didn't feel comfortable. For example, with having a male staff member support them with personal care.
- Staff ensured people could participate in events and celebrations that mattered to them. A relative described how staff and other people using the service had helped celebrate their family members special birthday and said, "There was genuine excitement and warmth shown to [family members name]."

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

- People were offered choices. This included choices around their personal care support needs, how they dressed, their food, and which activities they took part in. Where people were unable to express their choices, appropriate support was provided by staff who were knowledgeable and knew people's individual needs and preferences.
- 'Residents' meetings were held, and we observed people were encouraged to express their views and suggest ideas for improvement. People were actively involved and engaged with discussions which included discussions around meals and activities.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. For example, people were encouraged to dress independently. One person said, "I can dress myself. I don't require any help." Another person described how they were given independence to wash and dress themselves.
- A relative said, "They [staff] have brought [family member] to a point where they feel comfortable, and we can feel confident that they are well looked after. It is not easy for [family member] or the staff, or us at this stage of [family member] life. I admire the staff so much for all the effort they make to treat [family member] with respect and to keep [family member] as [family member] would have wanted to be kept, with dignity.
- People's privacy and dignity was protected. Throughout the inspection we saw staff knocked on people's bedroom doors prior to entering and saw staff speaking with people in a respectful way.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was specific to their individual needs, preferences, and routines. Care plans provided guidance for staff to follow. Two units were moving to an updated electronic system which staff were getting used to and were being provided training on.
- Staff knew people well and made sure their individual needs were met. Care records were reviewed and updated to reflect any changes to people's needs.
- Any changes to people's needs were communicated effectively to the staff team. Information was shared during daily handovers and meetings.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibility to comply with the Accessible Information Standard (AIS). If anyone required information in an accessible format there were arrangements in place to provide this. For example, providing documents in easy read, audio formats or in large print.
- People's communication needs had been assessed and was recorded in their care plans.
- Staff knew people well and how to communicate with them effectively.
- Staff encouraged people to wear their glasses and hearing aids.
- Where appropriate, people were supported to use technology and had access to telephones and the internet which helped them to maintain contact with people that were important to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain social relationships to avoid isolation. This included visits from friends and family and with other people in the home.
- There were activities coordinators in each unit. People were invited to take part in activities such as exercises, skittles and arts and crafts. One person told us, "I like my own company. I sometimes get involved with activities." A relative described how the activities coordinator had tried all sorts of activities to get their family member engaged and said, "Seeing [family member] playing cards with [staff name], with a glass of wine was very enjoyable."

Improving care quality in response to complaints or concerns

- There was a policy and system in place to manage complaints. The registered managers had a complaints log which recorded all complaints, what action had been taken and the outcome.
- People and their relatives felt able to raise any concerns. One relative said, "We feel we can talk to any member of staff if there is an issue."

End of life care and support

- End of life care plans were in place and these varied in the level of detail in accordance with people's wishes. For example, where people did not wish to discuss this in detail, this was recorded in their care plans.
- People's care records outlined if they had a 'do not resuscitate' order in place.
- Staff had received training in end of life care to help them support people effectively.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider's systems and processes to manage and monitor the quality and safety of the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 17.

- Since our last inspection there had been changes in the management team and another registered manager had been appointed.
- Following our last inspection, safety of the premises had improved to address safety risks. This included the addition of window restrictors.
- The registered manager and unit manager carried out audits of the service to monitor the quality of care provided. However, these were not always robust enough and had not always identified the deficits we found during our inspection. For example, we identified some gaps in recording of people's food and fluid. This was important and it helped the management team and staff team to identify any risks to people's nutritional and hydration and to address these.
- Communication between the management team did not always support consistent and effective sharing of the oversight and governance procedures across the service. For example, the registered managers oversight of the care and risks to people were limited to individual units of the home.
- The provider and registered manager recognised some governance systems required further improvement. The provider and registered manager gave us assurances they would review the frequency and breadth of their checks to address this, to ensure risks to people were always reduced.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were positive about Friends of the Elderly Malvern. One relative said, "We would recommend Davenham wholeheartedly to anyone considering placing their loved ones into a care home." Another relative said, "All in all I am very happy that we chose Friends of the Elderly for [family member] care and Davenham in particular." A further relative said, "Myself and my brother cannot speak highly enough of the care our [family member] has received at Perrins...it's nice to be able to say so when no one knows what to expect when a parent has to leave their own home."

- Staff were complimentary of the support they received from the management team. One staff member said, "We [staff] work well together, as a team. [Registered managers names] are so approachable and supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood duty of candour and the need to be open and honest when things went wrong. They recognised the importance of learning and sharing that learning with others.
- The registered managers were aware of events and incidents which were reportable to the Care Quality Commission (CQC) and sent in notifications as required.

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

- People and their relatives were actively encouraged to feedback on the service, either through individual conversations, at 'residents' meetings or via surveys.
- There was evidence feedback was considered and acted on. For example, action plans were devised to drive through improvements following feedback from people and their relatives.
- Staff were invited to meetings and encouraged to contribute. Staff told us they had regular supervisions to support them in their role.

Working in partnership with others

- Staff worked with healthcare professionals such as GP's, advanced nurse practitioners (ANP) and district nurses to meet people's needs and improve health outcomes. We spoke to a visiting healthcare professional who told us staff communicated very well with them and were knowledgeable about people's needs. They said any requests made to them by staff are, "Sensible and appropriate."
- Where appropriate, relatives were consulted about their loved ones and their views were considered as partners in people's care.