

Approach Community Homes Limited

Fullwood House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fullwood House is a residential care home providing accommodation for nursing or personal care for up to a maximum of ten people, younger and older adults with mental health conditions and learning disabilities. At the time of our inspection the service supported ten adults in one adapted building.

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

People were cared for safely. Systems were in place to assess, monitor and manage risks to people's health, safety and welfare. People were involved in developing their support plans with their key worker. Infection prevention and control procedures were implemented in line with current government guidance to reduce the risk of infection to people.

People received their medicines as prescribed. Staff followed detailed guidance to ensure people's medicines were managed consistently and safely.

People were supported by caring staff who knew them well.

People were involved in improvements and changes in the service.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of key questions safe, caring, responsive and well led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were involved in the assessment and planning of their care. Staff understood and implemented the principles of person centred care to enable people to make choices and develop their independence.

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 (12 November 2021) and there were breaches of regulations. 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

We carried out an unannounced comprehensive inspection of this service on 22 and 28 September 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care; safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements, and Caring.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fullwood House 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 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 well-led.

Details are in our well-led findings below.

Good ●

Fullwood House

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 one inspector.

Service and service type

Fullwood House 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. Fullwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who use the service and one relative about their experience of care provided. We spoke with two care staff, a team leader, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records and numerous medicine records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures 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.

Preventing and controlling infection; Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely; Staffing and recruitment;

At our last inspection staff were not following government guidance for PPE usage, staff did not have enough guidance on how to keep people safe, medicines were poorly managed and recruitment processes were not complete. These concerns were a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- The provider supported visitors to the service in line with current government guidance.
- Risk assessments were completed to identify and manage people's risks safely. Staff understood how to communicate with people and how to offer support so the risk of harm was reduced.
- People's care plans contained detailed guidance for staff to follow to meet a person's needs consistently. People's health needs were identified. For example, epilepsy and diabetes. Guidelines were in place for staff to follow to ensure people were cared for safely and changes in their conditions were monitored.

- Environmental risks were managed to reduce the risk of harm to people. For example, potential ligature points were identified and removed to reduce the risk of self harm.
- Personal emergency evacuation plans were up to date and included details of people's health conditions, for example, mental health conditions and epilepsy. This ensured in an emergency evacuation situation suitable information was available to evacuate a person safely.
- People received their medicines safely as prescribed. Staff followed instructions on medicine administration records to ensure the correct medicine was given to the right person at the right time. Some people were supported by staff to safely self administer their medicines where they were able and confident to do so.
- Staff followed detailed guidance to administer "as required" medicines to people. Guidance for staff included how to support a person to make the decision to request their "as required" medicines. Staff recorded accurately when medicines were given and why. Staff reviewed with people if their "as required medicine" was effective and recorded this information.
- Medicines to be disposed of were safely stored and promptly returned to the pharmacy. The registered manager had reviewed the system to ensure minimal stocks of medicines were stored in the home.
- Staff were recruited safely to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The registered manager developed a system to manage staff DBS renewal dates to ensure these were kept up to date.
- People were supported by sufficient numbers of suitable staff. The rota identified the planned number of staff on duty for each shift. The number of staff available was flexible to meet people's needs, for example, appointments, activities and holidays.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- 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.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely at the service. People we spoke with told us they felt safe at the home. One person we spoke with told us, "I have lived here a long time and feel happy and safe here".
- People and their relatives knew who to address any concerns they might have with and were confident any issues would be addressed. One person we spoke with told us, "If I have a problem, I tell the staff. I know they will definitely sort it out".
- Staff completed training in safeguarding. Staff understood safeguarding procedures and their responsibilities within these. Staff were confident to raise safeguarding issues with the management team and outside agencies, such as the local authority.

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 requires improvement. At this inspection the rating has changed to 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's needs had been considered in relation to their mental health and learning difficulties. This was recorded in a respectful way in people's care plans and staff understood people's needs in these areas.
- We observed positive interactions between people and staff who knew them well; this included dignified suggestions from staff to help people manage their anxieties through the use of diversion activities.
- Staff spoke about people warmly and respectfully. One staff member said, "I enjoy working here, the people are all different, it takes time to get to know each other".
- People were well treated. One person we spoke with told us, "The staff are always kind. They (staff) know how to look after me and keep me safe".

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

- People were involved in the care planning process. People worked with their key workers to complete their care plans. People explained to staff how they preferred to be supported.
- People were involved in making day to day decisions. We observed staff asking people questions about what they wanted to do, or where they wanted to go. Staff gave people time to consider and make their own decisions.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff were respectful of people's privacy. Staff offered sensitive conversations in a private space away from other people who live at the service.
- People were encouraged to maintain and develop their levels of independence. People took part in household tasks such as laundry and cleaning as well as in their own interests such as gardening.
- We observed staff respect people's dignity, for example they knocked on people's door before entering.

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; Meeting people's communication needs

At our last inspection people's documentation suggested people were not treated in a person-centred way. These concerns were a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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.

- People's needs and preferences were recorded in detail in their care plans. People were supported by their key worker to be involved in developing their own care plan, this ensured how people wanted to be supported and cared for was recorded. One person we spoke with told us, " Staff know what I need help with and how to help me."
- Staff had detailed guidance to support people in a person centred way, taking into account people's communication needs. Easy read formats and documents including pictures were available where required.
- People were involved in developing their own positive behaviour support plans. People explained to staff how best to support them, including how to spot their triggers, how to verbally respond and when to use diversion techniques. Staff used this information to support people when they were anxious or low in mood.

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 participate in activities outside the home. People planned activities with staff where they required support. This included holidays and daytrips.
- People enjoyed taking part in local outings such as shopping and going to the pub. People also used the local hairdresser and nail salon.
- People participated in activities in the home to develop and maintain their independence. These included doing their own laundry, cleaning their room, gardening, making snacks and drinks. One person told us, " I

am happy here, I like my own space and I like to be able to make my own cup of tea."

- Staff were working with people to explore opportunities and improve confidence in going out following the lifting of the pandemic restrictions.
- People were supported to keep in touch with relatives through visits and phone calls.

Improving care quality in response to complaints or concerns

- Complaints had not been made at the service.
- People and their relatives told us they knew what to do and who to go to if they had a concern or complaint. People and staff were confident any concerns or complaints would be addressed by the registered manager.

End of life care and support

- People were supported by staff to complete an end of life plan. People's individual wishes and preferences were recorded.
- No residents required end of life support at the time of this inspection.

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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection systems and processes were not in place to keep people safe which included lack of oversight of risks to people. These concerns were a breach of regulation 17 (Good Governance) of the Health and Social Care Act.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Oversight and governance arrangements were in place. Regular audits were completed by the registered manager for a range of areas within the home, examples include medicines, infection control, care planning and environmental risks.
- The registered manager identified actions to improve the service. For example, outstanding maintenance issues were added to the action plan to monitor and record progress.
- Quality audits were carried out by the provider monthly to ensure the audits and action plans completed by the registered manager were effective and addressed all areas for improvement.
- The registered manager reviewed every accident and incident report and completed an analysis to identify any themes and trends. For example, where a person experienced a fall this was being monitored for ongoing risk.
- People's risk assessments and care plans were reviewed and updated in response to changes in their needs. For example, where a person's health condition had changed the new monitoring advice from the GP was included in the person's risk assessment and care plan.
- Staff attended regular planned meetings where information was shared and updates discussed. Staff found these meetings useful and were confident to participate. One staff member we spoke with said "We talk about things and it helps us work better together".
- The provider facilitated networking opportunities for the registered manager with other homes managed by the provider. The registered manager shared learning with their peers, for example, discussing IPC guidance and CQC updates for implementing improved practice.
- The registered manager worked with the provider to complete a dependency tool to record the hours required to support people safely. The registered manager ensured staff were available at various times to meet people's needs.

Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager developed an action plan in response to the findings at our previous inspection and shared this with staff. One staff member we spoke with told us, "Working together to make improvements encouraged teamwork and taking responsibility".
- Infection prevention and control professionals had completed an assessment and had identified areas for improvement. The registered manager addressed this by introducing a mattress audit procedure and developing an improved cleaning schedule and record sheet. This meant measures were in place to reduce the risks of infections.
- The registered manager had worked with the local authority in considering the ongoing care of people commissioned by them. The provider introduced a new care plan format to ensure guidance was person centred.
- The provider changed the way policies and procedures were reviewed and updated. This ensured the most current guidelines were in place for staff to understand and implement. For example, guidelines relating to the use of PPE were incorporated into revised policy and procedure for IPC and shared with staff.

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

- People are supported by staff who know them well and how best to support and communicate with them.
- People's care plans reflected their diverse needs. Plans were accessible to people and included pictures where required to help people be involved.
- People had opportunities to be involved in how the service is delivered. People attended monthly house meetings where various topics were discussed and people's choices and preferences agreed. For example, menus were discussed and agreed as well as options for activities.
- Information was made accessible to people to meet their needs. For example, cards containing emergency contact information and how to make a complaint had been developed and were available as easy read where required.
- Staff found both the manager and provider 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 Statement of Purpose for the service was reviewed and updated by the registered manager to reflect the specialist services offered at the home. A Statement of Purpose describes what the provider does, where they do it and who they do it for.
- The registered manager had submitted statutory notifications to CQC as required.
- Families were kept up to date by the registered manager of relevant information about their family members.