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Fabee Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 6 and 7 February 2018. The first day of the inspection was unannounced. The service was previously inspected in March 2015 and was rated Good.

At this inspection we found four breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 15 (Premises and Equipment); regulation 12 (safe care and treatment); regulation 19 (Fit and proper persons employed) and regulation 17 (Good governance) We have also made a recommendation to ensure good practice is maintained in relation to the provision of suitable activities for people living with dementia.

Fabee Nursing Home is a care home with nursing located in Hastings, East Sussex. It is registered to support a maximum of 17 people. The service provides personal care and support to people with nursing needs and increasing physical frailty, such as Parkinson's disease and strokes. Some people were also living with a dementia type illness. There were 14 people living at Fabee Nursing
Home during our inspection.

Fabee Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post, who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified the provider had not ensured all aspects of the environment were safe. For example, a fire risk assessment had not been completed to assess the premises for fire safety and risk. Following the inspection the provider sent us a full fire safety risk assessment. The provider was taking action to address the recommendations within the report. We shared this information with the local fire service who confirmed they would contact the provider.

The laundry room required refurbishment to reduce the risk of cross contamination. Some soft furnishings, such as chairs, would benefit from a deep clean.

Recruitment practices were not carried out robustly to ensure potential employees were suitable to work at the service. Some aspects of medicines management were not safe. Not all prescribed preparations were stored securely. Other aspects of medicines management were safe. People had received their medicines as prescribed.

The premises were in need of some refurbishment to ensure it met people's diverse care and support needs, especially those living with dementia.

There was a lack of social opportunity and engagement for people, especially people living with dementia. We have recommended the provider implements best practice guidance and resources to support meaningful engagement for people living at the service.

There were a range of audits and systems in place to enable the provider to monitor the quality of the service provided. However, these had not identified the areas of improvement and breaches of the regulations found at the inspection.

People said the service was safe. Comments included, "I am safe here. Staff are here to help me. They are quick to come when I need them..."; "Yes, I think it is safe…the support staff are very good" and "I don't have to worry about (person) here. People and their relatives said staff were caring, kind, friendly and respectful.

Arrangements were in place to protect people from abuse. The registered manager and staff were aware of their responsibility to report any concerns. Staffing levels were supportive of people's needs. Risks to people's health and safety had been identified and actions had been taken to reduce the risk of harm. Accident and incidents had been reported appropriately. Regular analysis of accidents and incidents was used to identify any trends or changes that could be made to prevent recurrence.

People were supported to eat and drink enough and maintain a balanced diet. Staff were knowledgeable about people's individual nutritional needs. People had access to healthcare professionals to meet their health needs. Feedback from professionals showed the service worked in partnership with them for the benefit of people using the service.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which helped to protect people's rights.

People knew who to speak with should they have any concerns and they felt sure the registered manager would listen to and resolve any concerns.

People's needs had been assessed and the information used to develop care plans, with the individual and/or their relative or friend. The care plans provided guidance and direction for staff to ensure people's needs and preferences were met. People reported they were happy with the care and support from staff.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Arrangements for recruiting new staff were not always robustly carried out to ensure potential employees were suitable to work at the service.

Improvements were needed to ensure fire safety and infection control were maintained to good standards.

Some aspects of medicines management were not safe. However, people received their medicines as prescribed from trained staff.

Systems were in place to assess and respond to risk. Staff were aware of safeguarding and how to recognise and report signs of neglect or abuse

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

The environment required improvement to ensure it met people's diverse care and support needs, especially those living with dementia.

People enjoyed the food, which catered for their preferences and dietary requirements. However the dining experience did not provide a social occasion for people.

People were supported to maintain their health and had access to appropriate healthcare services. People had their legal rights protected. Staff worked within the principals of the Mental Capacity Act 2005.

Staff received support through training and supervision, to enable them to care for people safely. Staff were aware of their roles and responsibilities.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and had developed good relationships with people. People were treated with kindness and respect.

People's privacy and dignity was maintained. People's families were welcomed and encouraged to visit their family member.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

The activities available for people were not always suitable to stimulate and engage them. People living with dementia would benefit from activities based on current good practice guidance for dementia care.

People's needs were assessed and care was planned with them or their family and friends. People received the care they needed and staff were responsive to their needs.

The service had a complaints procedure in place which was accessible to people, their relatives and others. People knew how to make a complaint and felt confident the provider would listen to concerns.

Is the service well-led?

Requires Improvement

The service was not entirely well-led.

The quality monitoring arrangements were not fully effective. This was because they had not identified the concerns and breaches of regulations we identified at the inspection.

There was an open and positive culture in the service. Staff felt supported and valued. Communication between staff and the management team was good.

People, their relatives, staff and health professionals had been asked for their feedback on the quality of the service. People using the service and most relatives felt the provider listened to them and worked to resolve any concerns.

Fabee Nursing Home

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.

This comprehensive inspection took place on 6 and 7 February 2018. The first day of the inspection was unannounced. The inspection team consisted of one adult social care inspector; an inspection manager 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.

Prior to the inspection we reviewed the Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spent time speaking with nine people receiving a service and three relatives. Some people who used the service were unable to communicate fully about their experiences. Therefore we spent time observing the care and support delivered to them in order to form our judgements. We also spoke with the registered manager/provider; the supervisor; a registered nurse and four care staff. We met and spoke with one health professional during the inspection.

We reviewed the care records relating to three people. We also reviewed three staff personnel files, staff training records and a selection of policies, procedures and records relating to the management of the service. We sought feedback from three commissioners prior to the inspection to obtain their views of the service provided to people. We did not receive any feedback from them. Following the inspection we contacted a number of professionals for their feedback. We received comments from a GP; community dietician; bowel and bladder nurse specialist and a speech and language therapist.

Requires Improvement

Is the service safe?

Our findings

At the last inspection this key question was rated good. At this inspection it has been rated Requires Improvement.

Although people said they felt safe, some aspects of the service were not safe and required improvement.

The provider had not followed safe recruitment practices to ensure prospective staff were suitable to work at the service. Satisfactory evidence of conduct in previous health and social employment had not been obtained. References on file were from previous colleagues or friends and not from the former employer. A full employment history was not available in two of the three personnel files we reviewed. The provider had failed to obtain satisfactory written explanations of any gaps in employment. Discussing gaps in employment history would ensure people were protected from staff who may not be fit to work with them. Two staff had started working at the service prior to the provider receiving satisfactory Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

These findings evidence a breach of Regulation 19 Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have a fire risk assessment in place to assess the premises for fire safety and risk, and to provide recommendations to make it safer if need be. Once brought to their attention, the registered manager arranged for an external fire safety company to visit the service on 15 February 2018 to complete the risk assessment. The completed report was shared with us and showed a number of actions were required to ensure fire safety was maintained. We made a referral to the local fire and rescue service in order to ensure that appropriate action was taken to address recommendations within the fire risk assessment.

The laundry room required improvement in order to prevent cross infection. The walls were bare plaster and the floor was rough concrete, meaning they were not impermeable so not readily cleaned. The sink in this area was dilapidated and dirty. The registered manager explained this was due to be refurbished.

We found one wash hand basin where the water temperature was above that recommended by the Health and Safety Executive (HSE). The registered manager said they would address the issue without delay.

Most areas of the service were clean, for example communal areas, bathrooms and toilets. However, some soft furnishings, such as chairs and bedside tables had stains and some food debris on them. Two relatives felt the service would benefit from a "deep clean" and explained they had found their love one's room and soft furnishings to be dirty at times. Not all bedrail bumpers in use were clean. One was heavily stained with food debris and had been torn, which meant it was difficult to keep clean and maintain good infection control. Once brought to the attention of the registered manager the bedside bumpers were replaced.

Some aspects of medicines management required improvement. Not all prescribed preparations were

stored securely. We found wound irrigation solutions and anaesthetic antiseptic lubricant in an unlocked cupboard in the hallway of the first floor, which could pose a hazard to people if ingested. These were removed immediately by the nurse in charge. Out of date wound dressings were also found, which were removed during the inspection.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Other aspects of medicines management were safe. Medicines were stored securely and at the correct temperature, including those which required additional secure storage. Records showed people had received their medicines as prescribed. There were clear instructions in place for staff to follow when using 'as required' medicines, for example, pain relief. Where a variable dose was in use, there were instructions for staff to follow. Some people had been prescribed topical lotions and creams. A separate chart with a body map was in use, which showed staff where creams were to be applied and how often. Medicines and creams with a limited shelf life once open had been dated to ensure they were used within the correct timescale. Medicines were administered by staff trained to do so. We observed the registered nurse during a medicines round. People were assisted in a calm and unrushed manner, ensuring they received the support they required.

Some aspects of fire safety were satisfactory. For example an external company serviced and maintained firefighting equipment. Personal emergency evacuation plans (PEEPs) were in place, which detailed how people would be alerted to danger in an emergency, and how they would be supported to reach safety. Staff had received fire safety training to ensure they knew their roles and responsibilities when protecting people in their care.

People said they felt safe at the service. One person said they "felt very safe" since living in the home. They added "I fell outside the toilet – not long ago, I shouted help and help came very quickly". Another person said, "I am safe here. Staff are here to help me. They are quick to come when I need them. I can't complain about anything". Relatives said they felt the service was safe. Comments included, "Yes, I think it is safe…the support staff are very good" and "I don't have to worry about (person) here. The staff are good at anticipating (person's) needs." No concerns were received from health professionals about people's safety. One said, "I have no concerns. Staff are up to date with practice."

Staff understood what may constitute abuse. They had received safeguarding training and were able to identify the types of abuse they may witness. They were aware of their responsibility to report any concerns to the registered manager or nurse in charge. Staff were less sure of the external agencies to report any safeguarding issues to. For example, the local authority. However they said if their concerns were not dealt with they would contact the Care Quality Commission or the police. Relatives and professionals said they had never witnessed any practice of concern within the service. Comments included, "I didn't see anything untoward from staff. They were always very kind" and "There is no-one in danger of neglect…"

The registered provider had procedures to minimise the potential risk of discrimination and to value diversity. The values statement included, "We believe staff from different backgrounds can bring fresh ideas…which can make the way we work more effective and efficient. The company will not tolerate direct or indirect discrimination…" We found staff respected these principles. One said, "I am employed to help and give them (people using the service) what they want…we respect people for who they are…"

Some staff were unsure if people had their own individual hoist slings although a senior member of staff and the registered manager said each person did have their own sling. However it was not always clear which sling belonged to which person as they were not marked with names or room numbers. The registered

manager said he would address this to avoid any potential cross infection and confusion for staff. Moving and handling care plans did contain specific information about the hoist and sling to be used for each individual. We saw staff assisted people with the correct equipment and sling. Staff were competent using equipment and people said they felt safe when staff assisted them. Equipment used to assist people to move safely had been serviced and maintained in line with the manufacture's guidelines.

Risk assessments were in place to identify the risks associated with people's care including moving and handling, falls, nutrition, choking and pressure damage. Where people were at risk of choking, referrals had been made to the speech and language therapist (SALT) for specialist advice about suitable diet and fluids. Meals were prepared in accordance with the SALT's recommendations, which helped to reduce the risk. A SALT told us, "I have been impressed with the clinical lead's knowledge (senior nurse). Staff are on the ball…" They said their recommendations were understood and followed. Suitable pressure relieving equipment was in place where people required it. For example pressure relieving mattresses and cushions to reduce the risk of skin damage.

There were sufficient staff available to meet people's needs. The registered manager explained staffing depended on the number of people living at the service and their needs. Regular conversations with staff ensured staffing levels were discussed and amended where necessary. The registered manager confirmed the current staffing levels were one registered nurse and three care staff from 8am to 8pm. Staff were supported by the registered manager, supervisor and ancillary staff, including a cook and cleaner. People said staff were available when they needed them. Comments included, "The staff respond very quickly…" and "Staff are always nearby. There's never a problem getting hold of staff…" During the inspection staff were available in communal areas to ensure people were comfortable and that their needs and requests were met in a timely way.

Accidents and incidents were recorded and monitored to identify any trends. The registered manager explained that if any additional actions were required to reduce risks and improve safety, for example with falls, this was shared with staff. There had been no serious injuries at the service in the past 12 months as a result of accidents or incidents.

Potential environmental health and safety hazard had been addressed. Windows checked on the first floor had been restricted to reduce the risk of people falling. Radiator had been covered to reduce the risk of burns. Water was monitored for the risk of Legionella. There were systems in place to ensure equipment at the service was safe and in good working order. For example, hoists were serviced regularly, as was the passenger lift. Electrical checks were carried out at the required intervals.

The last environmental health visit had awarded the service a top rating of five, which confirmed good standards had been maintained in respect of food hygiene.

Requires Improvement

Is the service effective?

Our findings

At the last inspection this key question was rated good. At this inspection it has been rated Requires Improvement.

The environment required improvement to ensure it met people's diverse care and support needs, especially those living with dementia. One relative explained that first impressions of the service were "not good" because of the environment. A health professional said, "It is an old house and a bit down at heel…" On the first day of the inspection there was an overflowing skip; clinical waste bin and domestic waste bins in the front garden.

The overall environment was not homely but looked tired and scruffy. Walls in the corridors and communal areas were painted magnolia, with no distinguishing features to help people find their way or provide interest and engagement. There was no pictorial signage on the doors to help guide people to find communal areas or bathrooms and toilets. Paintwork was chipped and marked and in need of refreshing. Curtains in the dining room and some bedrooms were ill-fitting and falling down. A small glass hatch between the kitchen and dining room was cracked and broken. The bathroom on the first floor was not in use, and was used for storage, which meant people could not have a bath. There were two shower rooms and the registered manager explained people preferred showers. The windows in the dining room and some bedrooms were dirty and the light was occluded due to condensation between the double glazing. One relative said, "If I win the lottery I will replace the windows…"

These are breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider accepted that the environment needed to be redecorated and refurbished. We discussed the refurbishment and redecoration plan with the provider and they said they would prioritise the work and have it completed within six months. We discussed the variety of freely available sources of advice in relation to the use of colour and other features to promote familiarity and orientation for people living with dementia.

We observed people rarely moved from their chairs once in the lounge. At lunchtime people were asked if they wanted to eat in the lounge or in the dining room. One person said "We always sit in here." Some people appeared low in their seats as they ate; some people balanced a tray on their knees, which looked awkward and some had a small table in front of them.

The dining experience was not a sociable one. There were two TVs in the lounge, initially on the same channel with a delay. At lunch time people were asked if they would like to listen to music. Dance beat/pop music was played loudly; which was not appropriate. A relative said, "(Person) wouldn't be interested in pop music, they like classical music…" At the same time one TV was left on with no sound and four people were watching it. The provider said people choose not to use the dining room. However, on the second day of the inspection four people did use the dining room. People welcomed each other to the table and the atmosphere was sociable.

People spoke positively about the variety and quality of food offered. Comments included, "The food is brilliant, the best…"; "I enjoy the food. They always make me what I like…" and "I am very happy with the food…there's plenty of it."

People's dietary needs and preferences were known and the menus reflected these. There were two daily choices for the main meal, served at lunchtime. However, we saw alternatives were also available. One person explained they liked a 'Mediterranean diet', with lots of fresh salads and fish. Their main meal reflected this and looked healthy, colourful and appetising. Staff were attentive at mealtimes and ensured people received the help they required to eat. People were offered regular drinks and snacks. People who were at risk of weight loss had calorie fortified food and regular supplements, as recommended by the community dietician.

People received advice, care and treatment from relevant health and social care professionals, such as their GP, community dietician, speech and language therapist and optician. The chiropodist visited each month. Staff made referrals when required. One health professional said, "They (staff) pick up on things, any changes, early and tell us…" Another said, "I have good communication with them (staff). I am happy with the quality of the nurse's assessments and we get the necessary referrals." Specific care plans were in place for people living with health conditions such as diabetes. These gave staff guidance on how they should support people to reduce the risks associated with diabetes. One person explained, "I am diabetic, and they make sure I am ok."

People's care and support needs had been assessed and discussed with them or their relatives or friends prior to their admission to the service. An assessment of their needs was completed by the clinical lead and included information about their needs as well as their preferred choices and routines. This helped to ensure the service could provide the most effective care to suite the individual's needs and wishes.

Staff said they were well supported in their role through induction, supervision and training. They described a team which worked well together. Comments from staff included, "This is a nice place to work…there's good support and team work…" and "It's a nice team here and the training has been good."

The staff training records demonstrated that staff had received training in essential topics such as fire safety; moving and handling; safeguarding, first aid; food hygiene and dementia care. Some staff had received additional training in relation to aspects of their role. For example, registered nurses had completed medication training, catheter care; end of life care and wound care.

New staff were supported with induction training when they joined the service, to help ensure they were familiar with people's needs and worked safely. They completed a range of training and also 'shadowed' experienced staff until they were assessed as confident and competent to work unsupervised. The registered manager confirmed new staff completed the Care Certificate as part of their induction, regardless of their qualifications or past experience. The Care Certificate sets a minimum standard that should be covered as part of induction training of new care workers. Staff were supported to obtain additional qualifications to help them develop professionally. For example, staff had been supported to complete a National Vocational Qualification (NVQ).

Staff had regular supervision. Supervision sessions between care staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. Staff also received an annual appraisal. Staff said they felt able to raise any queries or concerns informally at any time with the registered manager or nursing staff.

Some staff had been recruited from other countries. One relative raised concerns about some staff's ability to communicate effectively in English. Another described how staff's English had improved over time. All staff we spoke with had good English language skills. No concerns were received from people using the service about any language barriers. People described a kind and caring staff team and expressed confidence in their ability to care for them. One person said, "The staff are top class. You couldn't criticise them…" The registered manager explained that overseas staff were supported to improve their English where necessary through on-line training and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in the MCA and were aware of their roles and responsibilities. They understood the importance of offering people choices in respect of how they wanted their care to be delivered. During the inspection we heard and saw staff involving people in decisions about their care and how and where they spent their day. The registered manager had submitted appropriate DoLS applications to the local authority. In the meantime, care and support was delivered in the least restrictive way.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated good. At this inspection the good rating had been sustained.

People received care and support from staff who were kind, gentle and understanding. People said staff were polite, caring, friendly and respectful. Comments included, "Staff are thoughtful and very kind. They know me well. We can chat and laugh together…" and "All of the staff are friendly and very helpful. They are always willing to help me…" Relatives also described a caring team of staff. They told us, "Staff are very kind. They understand (person's) needs and idiosyncrasies…" and "All staff I saw were always very kind and respected dignity. There is a stable staff team, so that is positive…"

One relative described the improvements to their family member's health and wellbeing since living at the service. They said, "(Person) seems very happy and likes it here. They (staff) have helped (person's) mood and behaviour as (person) is having the appropriate care and medication…" Another relative said, "(Person) smiled with certain staff so we could see she was happy…" Feedback from a relative about the difficult process of moving to a care home showed staff understood this time and ensured people felt welcomed. The comment included, "Although it was a sad time…the welcome was very good and very helpful."

Staff showed concern for people's wellbeing in a caring and meaningful way. They visited people who stayed in their bedrooms regularly to ensure they were comfortable and to offer drinks and snacks. One person required regular position changes when in bed and we saw that staff visited them frequently to ensure they were comfortable. Staff took time to enquire about people's welfare; greeting people by saying, "Good morning…how are you feeling?" and "Hello (person), can I get you anything?"

Staff supported people to maintain their dignity and privacy. People's personal care was attended to. People's clothing was clean and they were dressed appropriately. Staff discreetly supported one person to change after the person had an accident. Staff spoke to the person in a supportive and kind way and encouraged them to return to their room where they could be assisted in private.

Staff understood people's individual needs, preferences and interests and respected people's diversity. They had time to spend with people socially to get to know them. One person loved farming and gardening, although they did not leave their bedroom. They had been allocated a room with a view over the garden, which they enjoyed; they said, "I loved my garden". They explained they enjoyed watching the birds and the seasonal changes. They added, "The staff go out of their way to bring me books about farming." Another person described a recent bereavement and how this had affected them. They said, "…staff are very kind and I can talk to them…" One person was a very keen football fan and staff said they enjoyed chatting with the person about the local teams or watching football matches with them. The person had bonded with some staff through their love of football. During the inspection we saw staff chatting to people and laughing with them.

Staff demonstrated patience when supporting or interacting with people. They allowed people time to

move, or express their needs without rushing them. When assisting people to move using equipment, such as a hoist, staff ensured the person understood what they were doing. They ensured the person was ready to be moved and completed the manoeuvre slowly and competently. The person said they had confidence in staff. Staff approached one person to offer assistance. The person was hard of hearing, so staff knelt down to maximise eye contact and ensure the person could hear them.

Staff spoke of people fondly and in a respectful way. One member of staff said, "I am here to give them (people) a better life…I treat people like I would my Mum, with respect." Another said, "We must respect older people, we do in my culture. They can teach us a lot…" A health professional said, "Staff are really good to patients. This is number one…"

People were supported to maintain relationships with family and friends. People could have visitors when they wanted and there were no restrictions on what times visitors could call. Relatives said they felt welcomed by the registered manager and staff and were always offered refreshments. One relative said, "I come and go when I want. I always feel welcome…" Another said, "I have been visiting for a long time. We are a bit like family now…"

People and/or relatives and friends had been involved in the planning of their care. One person said staff had discussed their needs and preferences with them and that the registered manager was "…always checking to make sure I am ok…" One relative said the service was very good at communicating with them about any changes or concerns regarding their loved one. They added, "They (staff) share important information with me as the next of kin. It's very nice here…" Another visitor said, "They (staff) ring me if there are any concerns. That is reassuring…"

The service took people's confidentiality seriously. Care records and other confidential information were stored in locked cabinets in the offices.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection this key question was rated good. At this inspection it has been rated Requires Improvement.

The registered manager and supervisor had recognised that improvements were needed to ensure people's social needs were met. There were limited opportunities for social activities or occupation. Activities offered were not always based on people's individual likes or interests or targeted at an appropriate level to accommodate people's varying abilities, especially those people living with dementia.

The rota showed that activities were offered for an hour and a half after lunch Monday to Friday. Activities offered included bingo; occasional musical entertainers and games. One relative said, "More often than not people are sleeping in the lounge. The TVs are always on…" Another relative had raised activities as an area for improvement during a care review. They explained there was "…little social interaction" at the service. They were also concerned about people's lack of opportunity to take part in activities outside of the service. Activity records showed people had mainly watched TV or played bingo or chatted with staff.

People who chose to stay in their rooms and those living with dementia had little stimulation or occupation, apart from the regular comfort visits from staff. One person said they were very happy with the arrangements and they did not want to go out or spend time in communal areas. Another person had been supported to attend church but due to the weather they had not been able to see football matches at the local club, which was their passion. Staff had supported people to attend a Christmas Pantomime. Another person said they would like to attend church but had not been offered the opportunity. We discussed this with the registered manager, who said the person had not expressed this wish previously. They said they would discuss this with the person to see what arrangements could be made. A regular service was held in order to meet people's spiritual needs.

The registered manager showed us a new activity plan which was being developed. This included sensory activities such as massage and pampering. They planned to use a communication board with images to illustrate emotional; social; personal and health needs to enhance the understanding of individual's preferences. They planned to purchase 'conversation cards' and books, to promote and support meaningful conversations between people and staff. Arm chair exercises and singalongs were also being planned.

People living with dementia would benefit from activities based on current good practice guidance for dementia care. For example, the use of sensory items, rummage boxes and comfort items, which help to prompt meaningful conversations, social interactions and recollections for people. We recommend that the service seek advice and guidance on developing activities for people living with dementia.

People received the care they needed and staff were responsive to their needs. People's care plans gave staff guidance about how people preferred to be supported and the level of support they needed to ensure their wellbeing. Care plans contained information about the support people required with all aspects of their daily living activities. Care plans contained some information about people's social background and

life story, which helped staff to get to know people.

Staff felt the care records were detailed and helpful. One said, "They (care plans) show us how to take care of people; how to handle them and keep them safe…" Staff's knowledge reflected the information within individual care plans. Staff said there were good communication arrangements between them. They had a daily handover to ensure they were aware of any changes. One member of staff said when a new person moved to the service staff met to "discuss everything" relating to the person's care needs.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 which requires the service to identify; record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans provided information about people's sensory or hearing impairment. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication. We saw people's glasses and hearing aids were in use, with the person's consent. Staff were aware that one person did not like to use their hearing aids, so on occasion staff used a pen and pad to communicate with them. Their visitors said this was the person's preferred way to communicate. Staff were able to communicate with people and understood their requests. People had access to health professionals to improve communication, for example audiology professionals and opticians.

No one living at the service was receiving end of life care at the time of our inspection, however the service aimed to support people who required end of life care. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice. We saw several thank you cards and compliments from relatives about the care and kindness staff showed during difficult times. Comments included, "The Fabee became her home, where she felt safe and where we could have confidence in her treatment. You became our friends…" and "Our sincerest thanks for the excellent care and help…I know her last few months with you were happy…"

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Two complaints had been raised since our last inspection, which had been investigated by the registered manager and resolved. A concern was raised with us during the inspection. The registered manager was dealing with this. People said they could speak with the registered manager and staff at any time if they were worried about anything. They were confident their concerns would be taken seriously and acted upon. One person said, "The manager is always around and is easy to talk to. I have no complaints but would speak with him if I had."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection this key question was rated good. At this inspection it has been rated Requires Improvement.

The provider was also the registered manager. They were responsible for the day to day running of the service. The registered manager had a very good knowledge of the people who lived at Fabee Nursing Home and staff team. The registered manager was visible at the service; people knew who he was and said they saw him daily.

There were a range of audits and systems in place to enable the provider to monitor the quality and safety of the service. For example, medication, infection control, fire safety and other health and safety checks were completed regularly. From the audits we could see that action had been taken in relation to some issues, such as minor maintenance and repair issues had been addressed. However, our findings at this inspection showed the quality assurance system was not always effective. Issues identified at the time of our inspection had not been recognised during the auditing and monitoring process. For example the shortfalls surrounding the safe management of medicines; staff recruitment practices; issues relating to the environment and the lack of person centred activities.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the feedback session to discuss our findings, the registered manager accepted our findings and was committed and passionate about making the necessary improvements and providing a good service.

The Provider Information Return (The PIR) stated "We have an open culture system in the home. We have an open door policy whereby (the registered manager) can be contacted at any time for discussion." People using the service and most relatives agreed with this. They confirmed the registered manager was always available to speak with and was easy to approach. Furthermore we saw that warm and friendly relationships had developed between the registered manager and people using the service. Comments included, "The manager is great. He is always around. I like his wife too she is fun…" and "The manager is brilliant. They (staff) all are. We know what is happening around here." We saw one person beamed when they saw the registered manager and they chatted happily with him. One relative thought the registered manager less approachable and their concerns were being dealt with.

There was a management structure in place. The registered manager was supported by the clinical lead and registered nurses. Health and social care professionals described an openness and willingness from the service to work with them and carry out their recommendations. Health professionals expressed confidence in the clinical knowledge of the clinical lead and nurses. Comments included, "We have a good working relationship with them (nurses)…" and "Nurses are alert to patient's needs…they act on our recommendations…" Staff were aware of their role and responsibilities and said there was good communication between the management and themselves.

People, their relatives and professionals thought the service was well managed; with the exception of one relative. Comments included, "I think it is well run. The manager seems nice and friendly and (person) is happy and settled here…"; "Yes it is well managed. (The registered manager and his wife) are so lovely. They take a personal interest…" and "It seems to be well managed. The manager is easy to talk to…there is never a problem with staffing and there is good communication with GPs etc. I would be happy to have a relative here…"

The provider monitored people's experience of the service through regular surveys and meetings. Surveys completed by people, relatives and health professionals showed they had been asked for their feedback on various aspects of the quality of the service. Responses from people using the service showed there were enough staff; staff were helpful and polite, the food was good, and people were content. No improvements were identified. Relative's responses were similarly positive about the care. Comments included, "Fantastic care" and "I have no concerns with the care…" However opportunity for more activities, including activities within the local community, was identified as an area for improvement. We have made a recommendation to improve people's access to meaningful and stimulating activities.

Staff said they felt well supported and enjoyed working at the service. Regular staff meetings were held at the service, which gave staff an opportunity to share their opinions and feedback on the service. Minutes showed a variety of issues were discussed and staff given feedback about their expected approach.

The registered manager undertook regular analysis of accidents and incidents to identify any trends. Staff recorded information about the location, time, and cause of accidents and incidents, such as falls. This helped the provider to identify any patterns and take necessary action. No serious injuries had been sustained at the service in the past 12 months.

The registered manager and staff demonstrated that they learnt from experience to improve practice. For example, one health professional described how initially some referrals for the use of dietary supplements had been inappropriate. They advised staff to explore alternatives foods with people before referring for supplements. The health professional said, "They (staff) have learnt from this and now make appropriate referrals."

The registered manager was aware of their responsibility to notify the Care Quality Commission (CQC) of any significant events and notifiable incidents. To the best of our knowledge, the registered manager has notified the CQC in line with their legal responsibilities. The most recent CQC rating was prominently displayed in the hallway area of the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that a fire risk assessment had been completed. Improvement were required in order to prevent cross infection. Some aspects of medicines management required improvement.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises were maintained and decorated. The premises were in need of refurbishment to ensure it met people's diverse care and support needs, especially those living with dementia.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems for assessing and monitoring the service were robustly carried out to identify where improvements to the service were needed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that robust recruitment process had been follow to ensure prospective staff were suitable to work at the

service.