

# Flollie Investments Limited

# Fig House

## Inspection report

16-20 Cecil Road  
Weston Super Mare  
Avon  
BS23 2NT

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Fig Tree House is a residential care home that provides specialist care for up to 26 people with dementia who require personal care and nursing care. At the time of the inspection there were 24 people living in the home.

People's experience of using this service: People, relatives and staff all felt the service was friendly and a nice place. People and relatives spoke highly of the support from staff and staff demonstrated a kind and caring approach.

The service worked in partnership with other professionals and records confirmed outcomes of these visits. The service was managed by a registered manager who was accessible and approachable.

The service was clean and people were encouraged to undertake tasks of daily living around the home and to access the community including walking the resident walk which was a big part of the home.

People received their medicines safely and when required although keys could be accessed by all staff.

People's wishes were sought in relation to their care, care plans were personalised, individual and included people's likes and dislikes and routines.

The service had various activities and people were seen to enjoy participating in them as they wished throughout the day.

The service had received various compliments and there was a complaints procedure in place. People's, relatives, staff and health care professional's views were regularly sought so that improvements to the service could be made.

People had access to snacks and drinks throughout the day and they had various meal options everyday which they could enjoy with something alcoholic should they wish.

Audits were in place to monitor the quality of the service and notifications and other legal requirements were being met.

Rating at last inspection: Good (August 2016)

Why we inspected: This was a planned inspection based on the previous rating. The service's rating remained Good.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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 well-led

Details are in our Well-Led findings below.

Good ●

# Fig 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has a personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was caring for an elderly loved one.

**Service and service type:** Fig Tree House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

**Notice of inspection:** The inspection was unannounced.

**What we did:** We reviewed information we had received about the service since the last inspection in August 2016. This included details about incidents the provider must notify us about. We assessed the 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 sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection we spoke with ten people living at the service and five members of staff, along with the registered manager. We also spoke with three relatives and sought views following the inspection from health care professionals, however no feedback was received. We reviewed two people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits,

questionnaires and compliments and complaints.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes were in place to safeguard people from the risk of abuse

- All people, relatives and staff felt the service was a happy and safe place. People told us, "I like it here". Another person said, "We like the dog". Relatives said, "Well cared for". Another relative said, "I think she's happy here".
- Staff were able to demonstrate a good understanding of the different types of abuse and who to go to. One member of staff told us, "Safeguarding means keeping people safe from abuse. Financial, emotional, physical. I feel people are safe". The member of staff then confirmed they would raise any concerns with [the registered manager name], [the owner's name], Care Connect or CQC".

Using medicines safely

- Medicines records were current and up to date and confirmed if people had allergies. Medicines were stored safely however keys could be accessed by all staff on duty that day. We fed this back to the registered manager.
- Medicines Administration Records (MARs) had people's pictures and people's care plans had pain management assessments in place to support staff in identifying if people were in pain.

Assessing risk, safety monitoring and management

- People's care plans had risk assessments in place that identified risks relating to their mobility and activities. Staff also had access to detailed guidance so they could support the person safely. However, we found not all walking sticks were safe as two walking sticks we reviewed required their rubber ends replacing. We raised this with the registered manager who confirmed they would review people's walking sticks to ensure they were safe.
- Environmental risk assessments were in place for animals, day trips, horse riding, cooking and the garden. These risk assessments identified risks and the measures in place to reduce the risk.
- People had individual personal evacuation plans in place that confirmed what assistance they required in the event of an emergency. Regular fire checks were undertaken and the home had a fire risk assessment in place.

Staffing and recruitment

- People were supported by staff who had checks undertaken to ensure they were suitable to work within the service.
- People were supported by sufficient numbers of staff to support them safely and meet their needs. Relatives told us, "Yes. They choose nice staff, across the board, the carers, the cleaners, kitchen staff all of them chat with mum". Another relative said, "Can't fault the staff, always someone about to talk to". Another relative told us, "There seems to be a good core group of staff".

Preventing and controlling infection

- Staff received training in infection control and during the inspection we observed staff washing their hands regularly in between supporting people with meals, medicines and care.
- People's en-suite bathrooms, communal toilets and bathrooms had liquid hand wash, paper towels available for people, visitors and staff to use. However, we found not all bathrooms had a peddle bin to dispose of the paper towel after use.
- Staff had a good understanding of how to segregate laundry and measures they needed to take should it be contaminated or dirty. During the day we observed housekeeping staff, hoovering, mopping floors and cleaning people's rooms.

#### Learning lessons when things go wrong

- Incidents and accidents were logged, analysis and records confirmed actions taken. For example, people had been referred through to the falls assessment team or to the GP for a review of their medicines.
- When incidents had occurred, there was an opportunity for lessons to be learnt. For example, where there had been a Medicines recording incident the member of staff had received additional training to prevent a similar situation from occurring again.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found where people were being restricted of their liberty, authorisations were in place.

Staff support: induction, training, skills and experience

- Staff received training and had a good understanding of the training they had undertaken. For example, staff confirmed they had received moving and handling, safeguarding, safe administration of medicines, health and safety, infection control, mental capacity and deprivation of liberty.
- Staff also had access to additional training so they had the skills to support people's individual needs. Additional training included diabetes awareness, epilepsy, end of life and understanding communication and behaviour.

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

- People had continual access to fresh fruit, hot and cold drinks.
- All people were observed to enjoy their meal. Relatives told us, "The food is excellent". Another relative said, "More like a hotel. They cater for everyone's needs".
- People could use the kitchen area in the dining room to make themselves a hot drink or to wash up their cups. This enabled people to remain independent and to maintain routines of daily living.

Staff working with other agencies to provide consistent, effective, timely care

- The service had regular visits from district nurses and other health professionals.
- Positive feedback had been gained from visiting GP's and other health care professionals through the provider's feedback questionnaires'.
- Where people had visits from Health care professional's records confirmed the outcome of the visit and any other important information.

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

- People were encouraged to maintain their mobility and to come and go throughout the home as they

wished. Risk assessments were in place for the environment and where people enjoyed walking around the home.

- There was an outside seating area and patio where people could sit in warm weather.
- People's rooms were personalised and contained pictures and possessions that were important to them. Outside each person's room was a memory box. Their memory box contained items that were important to the person's life such as what they had done for work and their hobbies and interests.

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

- People's needs were assessed by the registered manager prior to admission into the service.
- Staff had a good understanding of Equality and diversity. One member of staff told us, "It is about knowing people their religion, race, culture, disability so that we can support them".

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. Relatives told us, "You can see that love just glows out from the staff". Another relative told us, "Hard workers, lovely to be with". Another relative said, "Very approachable. Always ask me how I am".
- The service had received various compliments about the care provided. Compliments included, "Staff at Fig Tree, with many thanks for all your care and kindness to [Name of person]". Another compliment included, "Thank-you so much for your love and excellent care given to [Name] during the last 2 ½ years at Fig Tree. Words cannot say how much peace of mind it gave you us knowing she was safe, well cared for and very happy".
- The home had a relaxed and friendly atmosphere with music playing, people talking and spending time with their family.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected. During the inspection we observed staff knocking on people's doors before entering.
- People were encouraged to maintain their mobility and independence and risk assessments were in place to support these activities. For example, people could walk the dog with staff daily, walk around the home and garden area and go for a day trip.

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

- People were supported by staff who gave examples of how they give people choice to make decisions about their care.
- People's care plans had their wishes and views relating to their care.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- People's care plans were personalised and had important information relating to their likes and dislikes. Care plans also contained people's life histories such as their career information, if they had been married had siblings, children and grandchildren.
- Care plans contained people's wishes such as if they preferred a bath or a shower and how they preferred to be addressed.
- People's needs were met under the Equalities Act protected characteristics. For example, were people needed to wear a hearing aid or glasses this was recorded in the person's care plan along with any religious needs.
- People had access to a varied activities schedule. Activities included, games, poetry, singing, dancing, sharing memories, walking, knitting and reading. Various photos had been taken of people enjoying these activities. People also had access to a mini bus on certain days of the week and day trips included going bowling, a visit to a local farm, swimming the aquarium.
- People and relatives were happy with the activities available. One person told us, "I can join in if I want to or I can be quiet". Two relatives told us, "Good activities. Nice outside activities in the summer in the garden" and "Always something going on".
- People could also participate in daily activities such as washing up, preparing vegetables, folding laundry, cleaning and walking the house dog. People could also visit the visiting hair dresser. One person told us, "Mum likes it here because she can have her hair done every week".

Improving care quality in response to complaints or concerns

- Complaints were investigated and responded to. These were logged including any actions taken. All people and relatives were happy and felt able to raise any concerns should they need too. One person told us, "No complaints". One relative told us, "No complaints, superb".

End of life care and support

- One person at the time of the inspection was receiving end of life support. Their care plan confirmed their wishes however there was no information relating to the involvement of the visiting health care professionals. For example, what support they were providing and how often they were visiting.
- Staff had received training so they had the skills and competency in supporting people and their families at the end of their life.



# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were involved in planning their care and care plans were personalised and person centred.
- The provider was actively involved in supporting staff and attending staff meetings. One member of staff confirmed the provider had been talking to them about their employment due to up and coming changes that could affect their employment. The member of staff felt fully supported and valued as an employee.

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

- The provider was displaying their rating of the service within the home and on the providers website.
- Audits were in place to monitor and check the quality of the service. Audits included, infection control, incidents and accidents, falls, and care plans.
- People, relatives and staff all felt the service was a nice place and had a good atmosphere. One relative confirmed how helpful staff were. They said, "Yes, absolutely, from the very top, including office staff if I have a query over finances they're always helpful". One member of staff said, "I love it here. I bring my children in and the people love to see our children. It's like home to home".
- Staff were clear with their individual responsibilities and they received training relating to their role.

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

- Regular meetings were held with people and relatives. Records confirmed topics discussed included activities, menus, special events. Minuets were sent to family members who wished to be sent the outcome of the meetings they were unable to attend. One relative told us, "I can't attend as I live too far away, but I always get an email telling me what's being discussed".
- People, relatives, staff and professional's views were sought regularly so that improvements could be made. One relative told us, "Get questionnaires about once a month."
- A member of staff said, "They are very flexible. I have some personal issues and they are very accommodating and supportive if I need to leave early or arrive a little late for work. It's like my extended family. Staff socialise outside of work and we work as a team".

Continuous learning and improving care

- Incidents and accidents were logged including outcomes. Outcomes confirmed what actions had been taken to prevent similar incidents from occurring again.
- Staff had regular meetings including a daily handover meeting.

- There was a positive atmosphere and culture in the service.

#### Working in partnership with others

- The home worked in partnership with health care professionals such as GP's, district nurses and social workers. The service had received various comments from professionals who had visited the service. One comment confirmed, 'The home is clean and odour free, staff are polite and helpful and staff appear caring and attentive'.
- The home had an open-door policy and friends and family could visit throughout the day.