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Farndale House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Farndale House Residential Care Home is a care home for up to three people with a learning disability or with autistic spectrum disorder. The home provides support and residential care. There are two floors and bedrooms are located on the first floor. There is a stair lift to the first floor for people who have difficult managing the stairs. On the day of the inspection there were two people living at the home.

At the last inspection in March 2015, the service was rated as Good with one area rated as Outstanding. At this inspection we found that the service remained Good with one area rated as Outstanding.

There continued to be sufficient numbers of staff employed to make sure people received the support they needed, and those staff had been safely recruited. People indicated to us they felt safe living at the home.

Staff had continued to receive appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and on how to protect people from the risk of harm.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind, caring, compassionate and patient. They respected people's privacy and dignity and encouraged them to be as independent as possible.

Care planning described the person and the level of support they required. Care plans were reviewed regularly to ensure they remained an accurate record of the person and their day to day needs.

People were given the opportunity to feedback their views of the service provided and were encouraged and supported to express their concerns or make a complaint.

The care people received continued to be exceptionally responsive to their needs. People took part in activities of their choice and had regular holidays and weekends away with the family.

The registered manager and assistant manager carried out audits to ensure people were receiving the care and support that they required, and to monitor that staff were following the policies, procedures and systems in place.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Outstanding.	**Outstanding** ☆
Is the service well-led? The service remains Good	**Good**

Farndale House Residential Care 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 checked whether the registered 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 was a comprehensive inspection that took place on 27 April 2017 and was unannounced. That means the registered provider did not know we would be inspecting. The inspection was carried out by one adult social care inspector.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was not asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from one health / social care professional.

On the day of the inspection we chatted to the two people who lived at the home, and spoke with the assistant manager and a member of staff. We looked around communal areas of the home and one bedroom, with the person's permission. We also spent time looking at records, which included the care records for both people who lived at the home and other records relating to the management of the home, such as quality assurance, staff training, health and safety and medication. Following the inspection, we spoke with another member of staff to gain their feedback.

Good

Is the service safe?

Our findings

People continued to tell us they felt safe living at Farndale House. One person told us, "I feel secure living here. I use the stair lift so I'm safe getting up and down the stairs." Relatives who we spoke with supported this view. A member of staff described to us how they kept people safe. They said they checked people used lap belts when using the stair lift, seatbelts when in the car and that people wore safe footwear to reduce the risk of trips and falls.

Care needs assessments had been carried out, and when risks had been identified, action was taken to minimise potential risks without undue restrictions being placed on people. We saw specific risk assessments in respect of falls and nutrition, and a general risk assessment that covered topics such as 'stranger danger', diet, epilepsy, allergies, crowded places and awareness of water temperature. All areas of the home and any identified risks were recorded on the risk assessment, including how the risk could be controlled or minimised.

There was a 'missing persons' form included in people's care plans that recorded their photograph and a description. This was to help the emergency services find someone if they went missing from the home.

Staff had received training on safeguarding adults from abuse. They were able to describe different types of abuse they may become aware of and the action they would take to protect people from harm. Staff told us they would contact the safeguarding adult's team themselves if needed.

We observed there were sufficient numbers of staff on duty and that people received prompt attention. There was a continuous staff presence in the home and additional staff were available to enable people to take part in activities. During the night there was a 'sleep in' support worker on duty. Rotas evidenced that these staffing levels were consistently maintained.

No new staff had started to work at the home since the last inspection of the service. At the last inspection we found that people had been recruited safely. This meant that only people considered suitable to work with people who may be vulnerable continued to work at Farndale House Residential Care Home.

Care plans included detailed information about each medicine prescribed, any possible side effects and product information. We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately. There were no gaps in recording on medication administration charts (MARs). The pharmacist had carried out an audit in January 2017 and we saw that only minor remedial actions were required. We noted that these recommendations had been actioned. A healthcare professional told us that medicines management at the home was robust, and there was evidence that all staff working at the home had completed training on medicines management.

There had only been one recorded accident at the home since January 2016. We saw that the emergency services had been contacted and that paramedics had checked the person for injuries. The assistant

manager told us that accidents and incidents would be analysed to identify if any patterns were emerging or if any improvements needed to be made.

Each person had a personal emergency evacuation plan (PEEP) in place that recorded the assistance they would need to evacuate the premises in an emergency. Fire drills were undertaken each month to ensure people knew what action to take in the event of a fire.

We reviewed service certificates and these evidenced that equipment and systems had been appropriately maintained. This included the electrical installation, portable electrical appliances, fire alarms, gas appliances and the stair lift. In house checks were carried out by the registered provider, including checks on first aid boxes, the fire alarms, fire extinguishers, carbon monoxide alarms and security alarms. We also saw that the home was maintained in an extremely clean and hygienic condition

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Following a recent care plan review, it had been decided that a DoLS application would be submitted for one person who lived at the home and this was being progressed. This was because the person needed support to go into the local community, as they lacked insight into road safety and were vulnerable due to their learning disability.

Staff had received training in MCA and DoLS and we found that they had a good understanding about people's rights to make decisions and the importance of obtaining people's consent to their care. It was clearly recorded when decisions had been made in the person's best interest when they did not have the capacity to make the decision themselves. Staff described to us how they helped people to make day to day decisions, such as which meals to choose, what clothes to wear and what activities to take part in. They added, "We don't give too many choices as that can overwhelm people."

The assistant manager told us that new staff would be expected to complete the Care Certificate if they had not previously worked in adult social care; this would ensure that new staff received a standardised induction in line with national standards. They also said that, if staff had previously worked in adult social care and completed relevant training, they would be asked to complete the Care Certificate self-assessment tool to test their knowledge and competency. Some staff had achieved a National Vocational Qualification (NVQ) or equivalent at Level 2 or 3.

Training records showed staff had completed training on the topics considered essential by the home, including moving and handling, fire safety, safeguarding adults from abuse, food safety, health and safety, medication, infection control and record keeping / handling information. Some staff had completed non-essential training courses, such as epilepsy, dementia and hand hygiene.

People told us that staff had the skills they needed to carry out their roles. A relative told us, "I have lots of faith in them [the staff]. I'm extremely happy with them."

Staff told us they felt well supported. We saw evidence to show that staff had a supervision meeting with a manager on a three monthly basis. This meant staff had the opportunity to meet with a more senior member of staff to discuss any concerns and their development needs.

People had an annual health check and were supported by GPs, community nurses and other healthcare professionals; all of these contacts were recorded. We saw any advice sought from healthcare professionals had been incorporated into care plans.

People had patient passports in place. These are documents people can take to hospital appointments or admissions to inform hospital staff of their specific care requirements, when they are unable to

communicate these verbally.

People's special dietary requirements and their likes and dislikes were recorded in their care plan and we saw people had appropriate nutritional assessments and risk assessments in place. People were also weighed as part of nutritional screening. Staff knew people's likes and dislikes in respect of meals. One person told us, "I love the food. My favourites are curry, chilli and chicken. I also like going out for a meal." One person had a glass of wine with their meal each evening.

We observed that people walked around all areas of the home without restriction and had no problem with finding their way around. There was a toilet downstairs that people could use when they were spending time in the living room or kitchen. The home had a stair lift that one person used to access their bedroom and bathroom.

Good

Is the service caring?

Our findings

We observed that staff were kind, caring and patient. Our chats with people who lived at the home indicated they were happy with their care. One person told us that they felt staff really cared about them and that they felt like part of the family. Staff told us that people who lived at the home did not consider they lived in 'residential' care. They said, "They see themselves as family and we treat them like family." Family photographs were displayed around the home and the people who lived at the home featured highly in these. A relative told us, "This is not a stereotypical care home. It's a family environment." This confirmed to us that people lived as part of the family.

People were supported by the same team of three staff, who were all members of the registered provider's family. Another member of staff was gradually being introduced into the care team to give them more flexibility and availability to support people with activities. Again, they were a member of the registered provider's extended family.

One person told us they had a good relationship with the other person who lived at the home, and we observed this to be the case on the day of the inspection.

Daily diary sheets recorded the time the person got up, any assistance offered with personal care, activities taken part in, meals enjoyed and medicines administered. These reflected care and warmth from staff, such as 'a cup of warm milk before going to bed at 10.30 pm'.

People's care plans recorded their preferred name, and we observed that these were used by staff. Staff described to us how they respected people's privacy and dignity when assisting them with personal care, although they said, "People only need prompts when they are getting a bath or shower. We check everything is safe for them and allow them some privacy." We saw that the minutes of a staff meeting reminded staff about one person's behaviour when in the community and how they should protect their privacy and dignity.

People were supported to be as independent as possible, with any risks being managed. One person referred to their bedroom as 'their flat'. They had a small fridge in their room to hold bottles of water, which meant they could help themselves to a drink whenever they chose. Relatives told us, "[Name of family member] has a room of their own. I assume they are allowed to do as they please and staff keep an eye on them" and "They don't force things on them. There is no set timetable. If they decide they don't want to do something, they don't have to. They get them to help out – making the bed, putting pots in the dishwasher and helping with meal preparation." They added, "[Name of family member] is thriving at Farndale House. They are much more independent." This demonstrated that people were encouraged to be as independent as possible.

The registered provider was aware of advocacy services that were available locally. However, neither of the people who lived at the home required support from an advocate.

We saw that written and electronic information about people who lived at the home and staff was stored securely. People's care plans contained a statement about confidentiality; 'It is confidential information that I am happy to share with you if you are helping me with my care. Please ask for permission before you share this information with anyone else'.

Outstanding ☆

Is the service responsive?

Our findings

At the last inspection the service was rated as outstanding in this domain. At this inspection we found the service remained outstanding and that staff continued to be exceptionally responsive to people's needs.

We checked the care records for both people who lived at the home. A support plan had been received from the local authority who commissioned the person's placement. This information, along with a thorough assessment undertaken by the registered provider, had been used to develop an individual plan of care. We found care plans included a profile that described the person's relationships, personality, daily routines, how the person communicated, assistance needed with personal care, medicines prescribed, favourite pastimes, mobility, nutritional requirements, the person's likes and dislikes and a life history. The content of care plans had been discussed with people and they had signed them to show their agreement.

Care plans were reviewed regularly by staff and more formal reviews were held with service commissioners. We saw that any recommendations made in care plan reviews or quality monitoring visits by the local authority had been actioned. We noted that care plans continually evolved as staff found out new information about people or the person's needs changed. This resulted in care plans providing an agreed and up to date record of each person's care needs.

Staff told us that they shadowed the current support worker when they started to work with a new service user so they became familiar with their needs. It was clear that staff had an exceptional understanding of people's care and support needs, their interests, their personalities and their skill levels. This had led to staff being able to make suggestions about people's life style choices that had resulted in their well-being and quality of life being enhanced. A relative shared information with us that confirmed this outcome, and they added, "[Name of family member] seems happier since they moved to Farndale House. They became lonely when they lived alone."

A healthcare professional told us, "My general impression is that the home is very supportive and understanding of the needs of their residents" and "The ultimate test I always apply to all of my visits is 'Would I be happy for one of my friends or relatives to be cared for in this home?' The answer in this case is a resounding 'Yes'."

Staff told us they had a handover meeting from one shift to the next. They read the person's latest diary sheet and the house diary so that they were aware of the person's current care needs and well-being. They told us and we observed that they highlighted any important points in red ink.

Relatives told us they were happy with the level of communication with them. They said that they were always informed if their family member was unwell.

Staff continued to demonstrate an 'above and beyond' approach to helping people keep in touch with family and friends, both through visits and over the telephone. One person had their own mobile telephone. These family and friend relationships were clearly recorded in people's care plans and visits to see family

and friends were included in their weekly activity sheets. A relative told us that their family member had a special friend. The friend became ill and their family member was distressed about this. The relative said, "Staff from Farndale House took them to hospital to see their friend. They were able to hold their hand and this gave them great comfort. They also felt that this comforted their friend." The relative felt that staff had gone to considerable lengths to enable their family member to maintain this relationship during a very difficult time, and staff told us they still supported this person to keep in touch with their friend by facilitating monthly visits. The relative added, "Staff do an admirable job."

People had activity programmes in place although these were flexible depending on their needs and wishes. One person told us they had plenty to do. They told us about meals out, visits with family, bowling, visits to garden centres and 'having their nails done'. On the day of the inspection one person stayed in their room watching the TV. They told us they were going out that evening for tea. The other person spent some time in their room playing music, and some time in a communal area of the home with the husband of the registered provider. It was clear they were comfortable in his company. Staff told us about people's hobbies and interests and added, "We go out most days."

People continued to have an annual holiday with the family at Butlins and regular weekends away with the family at a nearby caravan park. It was clear from photographs we saw and from entries in daily records that these holidays were very important to the people who lived at the home, and reinforced the view that they lived as part of the family. In addition to this, some activities and outings included people who had previously lived at Farndale House. This provided an additional way for people to keep in touch with old friends and retain a wide circle of friends.

There were policies and procedures in place that informed people how to express concerns or make a complaint. We checked the complaints log and saw there had been no formal complaints during the last year. One person told us they would speak to the assistant manager or any of the support workers if they had a concern. They said they were confident they would be listened to and that they would "Try to put it right." Relatives told us they had never needed to complain, but believed their complaints would be listened to and dealt with. One relative said, "I'm certain all staff would listen to me and try to put things right. But I trust them – I feel very comfortable that [Name of family member] lives there. They seem happier since they moved to Farndale House."

People had an opportunity to express their views on the care and support provided in satisfaction surveys. These included 'sad' and 'happy' faces to help people understand the questions and responses. Questions included 'Do your supporters listen to you?', 'Are you supported to see and visit your friends?' and 'Are your rights and choices respected and listened to?' Every response recorded was positive. In addition to this, house meetings were held. People were always asked at these meetings if they were happy. One person responded at a recent meeting by saying they had never felt so happy and settled for years.

Good

Is the service well-led?

Our findings

The home was managed by the registered provider, who is a 'registered person'. 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 asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. In addition to this, the current ratings for the service awarded by CQC were clearly displayed in the home, as required.

Staff described the culture of the home as, "Family orientated", "Loving, kind, respectful and generous" and "A happy place to be."

Staff meetings were held on a regular basis and staff told us they had the opportunity to express their views at these meetings. They told us that they saw each other almost daily at handover meetings and informal meetings, so were a close-knit team who kept each other informed of events at the home and about people's well-being.

Staff told us they were happy with how the home was managed. Comments included, "The home is very well managed", "We work as a team – any problems are discussed and dealt with" and "I feel valued." A relative told us, "I get phone calls sometimes to check that I am happy with the care and support [Name of family member] receives. Staff are always mindful that we are their family."

The registered manager continued to carry out quality audits to monitor that systems at the home were working effectively and that people received appropriate care. These included audits on care plans, health and safety and infection control.