

Mrs Kathleen Susan Fairbrass

Farndale House Care and Support Services

Inspection report

21 Rowan Avenue
Molescroft
Beverley
Humberside
HU17 9UN

Tel: 01482872015

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Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

About the service

Farndale House Care and Support Service is a domiciliary care agency providing care and support to children and adults diagnosed with learning disabilities, autistic spectrum disorders, dementia related conditions, and physical disabilities living in their own homes.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, there were 12 people living in local towns and villages receiving personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

A positive culture was firmly established within the agency. This meant people were supported by exceptionally responsive and attentive staff that knew them well and helped them to achieve their potential.

Care was bespoke to the individual and delivered by committed staff. Without exception feedback was extremely complimentary about the dedicated nature and approach of the staff and management team.

Support was highly flexible and personalised, adjusting to people's changing needs. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The leadership of the service continued to be outstanding. The provider, supported by their assistant manager, had established a person-centred culture amongst the staff team, that consistently delivered high quality care. Staff and the management team were passionate and motivated about their roles and understood their responsibilities. They actively engaged and included people, their relatives and professionals in the ongoing delivery of their care and support. This resulted in positive outcomes for people.

There were policies and systems in place to support the safe administration of medicines. Where people required support with their dietary needs and health, this was done safely and effectively. Infection control processes protected people from the risks of cross infection.

Staff understood their responsibilities to report any concerns of abuse or harm. Risks to people were assessed and there were plans in place to support staff to manage risks.

There continued to be enough staff safely recruited, trained and supported appropriately in their roles to care and meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff empowered people to make informed decisions and enabled them to maintain control and achieve their goals and independence.

People's rights to privacy, dignity and independence were promoted and respected.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

Since our last inspection, the service has continued to improve. Effective management and clear leadership had led to a visibly person-centred culture that was embedded throughout the service. This consistently delivered high quality care and support achieving positive outcomes for people.

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

Rating at last inspection

The last rating for this service was good (published 2 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Farndale House Care and Support Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The agency was managed by an 'individual provider' who is a 'registered person' and was in day to day charge. Registered persons are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection, because it is a small agency and we needed to be sure the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about

the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We visited the agency office on 4 December 2019 and spoke with the provider, assistant manager, one care worker and one person receiving a service. We also spoke with another person receiving a service on the telephone. We reviewed a range of records. This included three people's care records and four staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed. An Expert by Experience spoke over the telephone with one person receiving a service and three people's relatives to seek their feedback.

After the inspection

We obtained further information from the provider and assistant manager following the inspection. We received email feedback from three care workers and spoke with a healthcare professional about their views of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from it. They had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- People felt safe as they were supported by regular staff they knew and trusted. One person said, "[Staff support] has made me much more comfortable. I have a problem with anxiety, so staff help me with that. They make me feel good about myself."
- People's care records contained information about their support needs and the associated risks to their safety. These included risks associated with the person's home environment, mobility and nutrition.

Staffing and recruitment

- The agency operated a duty rota system that took account of travel time and provided people with continuity of care. People and relatives told us they were never rushed, always knew who to expect at their home, and staff arrived on time and stayed the amount of time needed. One relative said, "[Agency] send me emails about the rota. My relative has the same person but if the same carer is not around then there is another carer available who is also familiar to my relative."
- There continued to be enough staff who had been recruited safely and who had the skills to meet people's needs.

Using medicines safely; Preventing and controlling infection

- There were policies and systems in place to support the safe administration of medicines, if needed. This included staff training on medicines management and systems to record details of any prescribed medicines.
- Staff had access to protective equipment, for example, gloves and aprons, to reduce the risk of cross infection when providing personal care and support to people.

Learning lessons when things go wrong

- There were policies and systems in place to monitor and review accidents and incidents, if required. This included analysis to identify any patterns emerging or improvements that needed to be made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before being supported by the agency, with relatives and significant others involved in the process as much as possible to ensure they could meet the person's needs.
- Care plans were holistic taking into consideration people's communication, physical, social and cultural needs.
- Care and support arrangements were regularly reviewed to ensure people were receiving the right care and support. One person said, "We [staff and the person] talk about my needs, and my mum and dad are with me. My needs change all the time, so this is always communicated and amended accordingly."

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

- Where required, staff supported people at meal times and encouraged them to remain hydrated during the day.
- Staff understood the importance of supporting people with their meals, including those with specific dietary needs.
- People were given choice and, where they were able to, supported to shop for their own food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The agency worked well with other health and social care professionals to ensure people received effective care and support.
- Staff ensured people had the access to healthcare support they needed in a timely manner. One person told us, "Staff took me to the dentist, and they come and pick me up from doctors and hospital [when needed]."
- Staff were provided with up-to-date information about people's healthcare needs. Updates and any changes to people's care was shared amongst the staff team.

Staff support: induction, training, skills and experience

- Staff were well-trained. They completed an induction before they started working for the agency and continued to undertake additional training to meet people's needs.
- Staff received supervisions and felt these were supportive. One said, "I am very grateful of the opportunities they give me to aid my development."
- Staff told us Farndale House Care and Support Service was a great place to work. This was reflected by a stable workforce.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported to have maximum choice and control over their lives.
- The provider and assistant manager were aware of best practice guidance on how to support people with making decisions about their care.
- Staff understood the importance of gaining people's consent before providing them with care and support.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The culture of the agency was visibly person-centred, and staff were passionate about providing high quality care and support.
- People told us staff were always caring and kind. One person said, "Staff are amazing."
- Relatives were equally happy with the support provided and the positive impact this had on their family member's health and wellbeing. One relative said, "It's because of the support staff give that [Name] is doing really well. There was a time I thought they may have to go into a home, but with their help they are almost back to their old self."
- People's care plans contained information about their life story, so staff would have a good understanding of who they were and what was important to them.
- Staff understood how people's protected characteristics should be considered when delivering care and support. For example, one member of staff supported a person to regularly visit a place of worship, and to attend festivals celebrating their faith.

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

- People's care and support was determined around their needs and wishes and there were regular reviews to check with people and their families that they were happy with their care.
- Families had a regular and positive role to play in the lives of people being supported. We were provided evidence of consistent communication in relation to people's needs. For example, staff had set up regular electronic contact with family members and updated them regularly to let them know what the person had been doing and what was planned.
- People were actively involved in making decisions about their care. One member of staff told us, "I always involve people in decision making, choices and promote their independence. I respect their personal space and possessions."
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted, and they were treated with dignity. One relative explained, "They treat [relative] like an equal. They talk to them as if they were a friend and with respect."
- People were supported to maintain their independence and learn new skills where possible. A person told us, "Staff always make sure I exercise so I feel well. That's all part of maintaining my independence." A

relative said, "My relatives care is focused on ensuring they can sustain independent living for as long as possible. The staff are focused on delivering on that objective."

- People's private information was kept secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The agency showed an exceptionally person-centred ethos in the way they worked with people. By focusing on providing bespoke care and support packages, staff achieved positive impact on people's lives.
- People gave examples of how their lives had changed for the better. One person told us, "They [staff] make me feel good about myself." Another person had suffered significant trauma in their life. Staff had provided consistent emotional support with hugs, regular phone calls, and offering flexible visits when the person needed them most. They told us, "Even my children say I'm a changed person, because of their support. I can't thank them enough for what they have done for me - they are wonderful people."
- Relatives appreciated the agency's role in helping people to remain independent and valued the relationships they had formed with staff. Staff went the extra mile to support people to achieve goals and live their best life. One relative commented, "To see [person] change in such a positive way has had a massive effect. Their life now has meaning. The staff are amazing, and this is building their confidence. Because of [agency] we see a very happy [person]. They are changing lives for young people."
- People were supported extremely well to maintain relationships, avoid social isolation and to be part of the community. For example, one person's spouse was terminally ill. The agency provided extra support to them over that period. This ensured they were able to spend the last hours with their loved one.
- People used two lodges and three caravans the provider had purchased at local seaside resorts. People were supported to visit these to relax and socialise. One person enjoyed birdwatching in the surrounding forest areas. When people's families visited, the provider offered the lodges free of charge, so people could spend time with their loved ones without additional costs of accommodation.
- People were active members of their local community. Some people engaged well with people who lived in a care home also managed by the provider. Positive relationships had been formed in which people celebrated events and took part in regular activities together. This meant that people did not suffer isolation.

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

- People's care was extremely person-centred, delivered consistently and focused around each person's individual needs, wishes and preferences.
- The agency consistently provided support for people that met their individual needs and improved the quality of their life. One person displayed a change in mood following a bereavement. Staff were prompt in recognising this, providing emotional support, and sourcing professional help. The person commented, "I feel on cloud nine. I went out after seeing [professional] as I feel so much better." This helped reduce the

distress to the person.

- People and their relatives spoke enthusiastically about how they had positively progressed with support from the agency. One person said, "I wanted to learn to cook, be less scared and make friends. I have done all this. I've not felt this happy or this confident in a year. They are doing more than a good job."
- The agency used innovative methods to support people, and tailor their care to their needs. One person chose not to acknowledge their illness nor the support they required to remain living independently. Staff spent time with the person prior to the service beginning until they recognised them as 'friends.' This resulted in the person engaging willingly with staff and taking part in a variety of community activities.
- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. They captured details of people's abilities and wishes regarding their support and care. Work sheets demonstrated staff provided people's care based on the way individuals liked things done.
- People's changing needs were monitored, and the package of care adjusted to meet those needs if necessary. People were happy with the care and support they received from the service. One person told us their support was, "Outstanding."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were actively encouraged to communicate using their preferred methods.
- People's communication needs were identified and recorded in their support plans. We saw evidence communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and were confident the service would take appropriate action if needed. One person commented, "The staff always want to listen, they give you time. I feel if I did complain, then something would be done about it."
- Staff were aware of the procedure to follow should anyone raise a concern with them.

End of life care and support

- No one using the service was receiving end of life care and support. Arrangements were put in place to meet people's needs should they require this support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care

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

- The agency continued to be led by a management team that were highly motivated and committed to providing high quality, person-centred care that enhanced the lives of children and adults who used it. Without exception, people, relatives and a professional gave us very positive feedback about the exemplary care and support provided by Farndale Care and Support Service. One person said, "They have exceeded all my expectations. They are absolutely fabulous." Another told us, "They have made my life – and I mean that." A professional told us the agency went, "Over and above what is expected of them by supporting people's independence, but with a safety net."
- The provider chose to provide care and support themselves at times, and one person described them as an "Angel." The assistant manager told us they made a point of doing assessments, care calls and being fully involved when people's care packages began, to ensure staff and people were happy. This contributed towards the exceptionally caring relationships identified during this inspection and enhanced people's experience of receiving care.
- The management team and staff were incredibly committed to supporting people to live independent lives, rather than taking over. Excellent collaborative working with other agencies and families to consider ways of working had supported productive outcomes, and people's ability to make informed decisions which protected their long-term well-being. For example, staff worked with people teaching travel safety, budgeting, cooking and cleaning. This had enabled people to remain in their own homes.
- Staff were supported with learning and used strategies to promote positive outcomes for people. For example, staff attended specific training and followed education strategies to support a person. This had a positive impact on the person's physical health and wellbeing, which included improved motor and communication skills. A relative told us, "[Name] would not be able to go to [education programme] without support from staff. They are doing something positive and productive."
- Everything the agency did was built around each person's package of care and support. There was attention to detail to ensure people were comfortable and led active and fulfilled lives based on what was important to them. For example, people's life histories had been considered and bespoke plans developed by the provider and staff to support people's understanding of what they wanted to achieve. This had resulted in people's lives improving in relation to social interaction, quality of life and mental health.
- Staff were incredibly positive about the management and working at the service. One told us, "Managers always go above and beyond to deliver the best form of care they can." Many staff had worked with the provider for a number of years, because they liked their passion, leadership style and felt very supported. Internal processes recognised and rewarded positive staff practice which included financial bonuses and

funded celebratory parties at key times of the year. This focus on supporting staff contributed towards the provider's ability to maintain a stable and consistent staff team; improving the quality of people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People continued to benefit from an exceptionally well-led service.
- An extremely motivated and enthusiastic staff team continued to be in place, led by a passionate provider and assistant manager who worked together to follow best practice and achieve very positive outcomes for people. A relative commented, "There has been a massive difference in [relative's] care. Before my relative had [agency] support it was complete havoc and stressful. Now, everything is managed calmly, efficiently and competently."
- There was an open and transparent culture within the agency that enabled learning from events and supported reflective practice. This included supporting people to overcome isolation, bereavement, and anxieties in making friends.
- The provider had effective systems in place and had appointed additional staff to support the growth of the organisation since our last inspection. For example, the administrator helped the assistant manager concentrate on managing the service, and another staff member completed rota management.
- Staff felt well supported and listened to. Their roles and responsibilities were all focused on people and the quality and safety of their care and support.
- The provider understood the duty of candour requirement. This requires the agency to be open and honest with people and their representatives when things have not gone well.

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

- People, relatives and staff were at the forefront of the development of the agency. There were multiple ways people could engage and share their views, depending on which communication method best suited them. This included regular telephone calls, emails, home visits, complaints procedures, regular care reviews and surveys. Feedback was used to continually develop the agency.
- The agency was an important part of the local community. It developed links to reflect people's changing needs and preferences. Each year festive celebrations were held at a local venue. This had evolved from an evening dinner/dance to a party in the afternoon. This ensured more people were able to attend if they chose to.
- The provider had continued to evolve in the way they provided services. A further log cabin had been purchased in the local area to provide people with a place to spend time. The feedback about the cabins was very positive. For example, one person proudly told us how they had learned to cook there.

Continuous learning and improving care; Working in partnership with others

- A system of quality monitoring checks was regularly completed covering aspects of the service such as care plans and risk assessments, and worksheets. Where actions were required as a result, these were shared within the team through emails and telephone calls.
- The agency worked extremely well with other professionals and organisations to ensure support was joined up and supported people to continue to live within the local community. A professional told us it was a pleasure to work with the service and the agency staff were "Very caring and worked collaboratively."