Fenners Limited

Fenners Farm House

Inspection report

Fersfield Road
Fersfield
Diss
Norfolk
IP22 2AW

Tel: 01379687269
Website: www.fennerscarehome.co.uk

Date of inspection visit:
23 January 2018
31 January 2018

Date of publication:
16 April 2018

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

The inspection took place on 23 January 2018 and was unannounced. We also returned on the 31 January 2018. The registered manager was given notice of the other date, as we needed to spend specific time with them to discuss aspects of the inspection and to gather further information. Fenners Farm House is a residential care home providing support to up to nine people. At the time of our inspection there were eight people living at the service. People living at the service had learning disabilities, physical disabilities and some people were living with dementia.

At our last inspection on 15 December 2016, we rated the service overall Good. The key questions Effective, Caring and Responsive were rated good. The key questions Safe and Well-Led were rated Requires Improvement with a repeated breach of Regulation 12 of the HSCA Regulated Activities 2014. People's medicines were not always managed safely.

We asked the provider to complete an action plan to show what they would do and by when to make improvements. The provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection.

At this inspection, we found that the improvements had been fully embedded into practice and all key questions are now rated as Good.

Fenners Farm House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Fenners Farm House accommodates people in one building, which has been extended and adapted in some areas.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

There was a registered manager in post. 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.

Staff worked with people to identify goals and manage risks in a way that enabled people to develop confidence and skills whilst ensuring that they were safe. The provider took a proactive approach to incidents and which meant that they were deescalated quickly and systems were in place to respond to concerns. Staff understood their roles in safeguarding people from abuse.

There were sufficient numbers of staff to meet people's needs and the provider had carried out checks to ensure that staff were suitable for their roles. People received their medicines safely. Trained staff administered medicines and the provider managed medicines in line with best practice and regularly audited them. The provider had systems in place to ensure the risk of the spread of infection was reduced and people lived in a clean home environment.

People were supported to access healthcare professionals when required with support from staff.

Staff had received appropriate training for their roles. Staff received one to one supervisions and there was an appraisal process in place. Regular meetings took place that involved staff, people and relatives in decisions about the service. People were asked for consent and care was provided in line with the Mental Capacity Act (2005).

Staff knew people well and interacted with them with kindness and compassion. Staff were respectful of people's privacy and dignity when providing care to them. People were supported to maintain relationships that were important to them.

Care was planned in a person-centred way. People had their own records to document their care and activities using pictures and photographs. Care planning had achieved positive goals for people and helped them to develop skills and try new things. Care plans were regularly reviewed and any changes to people's needs were actioned by staff. People were supported by allocated staff that oversaw their care and helped to identify choices and preferences. People and relatives were routinely involved in care planning.

People had access to a range of activities that suited their needs and interests. The provider had a clear complaints policy in place and had a proactive approach to feedback to identify improvements.

The provider carried out regular checks on the quality of the care that people received, this included visits from stakeholders independent of them. There was a variety of audits in place to monitor quality and the provider had sent surveys to relatives to gather feedback from them. The provider maintained accurate an up to date records and had notified CQC of important incidents and events. Staff felt supported by the registered manager, team spirit and morale was very positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people were routinely assessed and appropriate plans were implemented to keep people safe.

Staff took action following incidents to reduce the risk of them reoccurring.

There were sufficient numbers of staff to keep people safe. The provider had carried out checks to ensure that staff were suitable for their roles.

People received their medicines safely. Systems were in place to ensure medicines were stored and managed in line with best practice.

People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

People were supported by staff that were trained to carry out their roles.

Staff prepared food with people that matched their preferences as well as their dietary needs.

People's legal rights were protected because staff followed the Mental Capacity Act 2005.

The provider assessed people's needs holistically and in line with best practice.

People were supported to access healthcare professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff that were observed to be caring, kind and compassionate.

People were supported to maintain important relationships.

Staff routinely involved people in their care and promoted people's independence.

People's privacy and dignity was maintained when staff provided care to them.

Is the service responsive?

Good

The service was responsive.

People's care was planned in a person centred way and care plans were accessible to people.

The registered manager reviewed people's needs regularly and where changes were identified they actioned them.

People had access to a range of activities that reflected people's needs and interests.

People and relatives were informed of how to complain.

Suitable provision had been made in the event of a person requiring end of life care. To have a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well-led.

Meetings took place that involved people, relatives and staff in the running of the service.

There was an open culture and people benefited from staff understanding their responsibilities so that risks and regulatory requirements were met.

The provider undertook a range of audits to check the quality of the care that people received.

Staff maintained up to date records and the provider notified CQC of important events, in line with the responsibilities of their registration.

Fenners Farm House

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.

The inspection took place on 23 January 2018 and was unannounced. We also returned on the 31 January 2018. The registered manager was given notice of the second date, as we needed to spend specific time with them to discuss aspects of the inspection and to gather further information. One inspector carried out the inspection.

Before the inspection, we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC, which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

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.

Due to the nature of people's complex needs, we were not able to ask everyone direct questions. We spent time observing people in areas throughout the home to see interactions between people and staff. We observed people as they engaged with their day-to-day tasks, the care they experienced, including the breakfast and lunchtime meal, medicines administration and activities.

As part of our inspection, we spoke with the registered manager, the deputy manager, four care staff and a visiting community occupational therapist. We also spoke with six people who used the service, observed the care that people received and how staff interacted with people. After the inspection, we spoke with two relatives. We reviewed care plans for three people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at two staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We also looked at records about food, activities and minutes of meetings of staff and residents.

Good

Is the service safe?

Our findings

At our last inspection in December 2016, the key question Safe was rated as Requires Improvement. We identified a repeated breach of Regulation 12 of the HSCA Regulated Activities 2014, safe care and treatment. People's medicines were not always safely managed.

The provider submitted an action plan to us about the measures they were taking to address the concerns found at the previous inspection. At this inspection, we found that these measures had been fully embedded into practice, and the service was no longer in breach of this regulation.

People and their relatives told us that they felt safe living at the home. One relative told us that this was because, "Everything is open and transparent."

People received their medicines safely. The registered manager ensured medicines were stored securely and in an organised manner. Staff carried out daily checks of the temperatures of storage areas to ensure medicines were stored in line with the manufacturer's guidance. Staff carried out a daily count of medicines as well as a weekly audit. There was an annual visit from the pharmacy, the most recent visit had identified no concerns. Staff had been trained in how to administer medicines and the provider assessed their competency every year. Staff were observed administering medicines to people and they did this in line with best practice. Staff checked who they were administering medicines to and followed guidance in care plans.

Medicines administration records (MAR's) were up to date with no gaps. Where people had not been administered their medicines, for example if they had been on leave and with relatives, this was made clear. People's records contained protocols for 'as required' (PRN) medicines. PRN protocols provided guidance on how staff should recognise if people required pain relief.

People were supported by staff that understood their roles in safeguarding them from abuse. Staff had received safeguarding training and this had been regularly updated. Safeguarding was discussed at every meeting, and there had been a recent specific safeguarding focussed team meeting. Staff were knowledgeable about the correct process for raising any potential safeguarding concerns that they may have.

Staff managed risks that people faced and this enabled them to develop skills and independence, whilst ensuring that they were safe. People's care records contained detailed risk assessment tools. These assessed risks to people in a number of areas such as nutrition, epilepsy and behaviour. Where people developed new interests and took part in new activities, clear plans were drawn up to manage the risks associated with these activities.

The registered manager kept a record of all accidents and incidents. This included where people became distressed or angry, and displayed behaviours that were considered as challenging. Any incidences of this were discussed at reviews of people's placements. We saw that staff had recorded any potential triggers for this behaviour, and the impact of any interventions that they had tried. People's risk assessments were

updated following this and a new plan was drawn up for staff to follow. This demonstrated that systems were in place to learn from incidents and take actions to ensure people's safety.

We found the staffing level was appropriate to ensure that there were enough staff to meet people's needs safely. Peoples request for assistance were responded to in timely manner. The management team used a dependency tool to work out the required number of staff and this was adjusted regularly to accommodate people's assessed level of need as this varied. People were interacting with staff throughout the day. Where people needed to go out on planned activities, staff were able to take them. People benefitted from staff being present to engage with them in activities and games throughout the day.

There were robust recruitment procedures in place to check that prospective care workers were of good character and suitable to work in the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. These included two written references, proof of the person's identification, employment history and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were protected against the spread of infection. The home environment was clean with no malodours. We observed that people's bedrooms were free from clutter with clean linen and surfaces. Records showed that people were involved in cleaning their rooms as well as communal areas. The provider regularly checked infection control and cleanliness and staff had received training in this area.

The provider ensured the safety of the premises. Regular checks were carried out on the health and safety of the building and maintenance works were actioned where improvements were identified. The provider had plans in place for in the event of a fire and equipment in place to support staff. Staff were trained in fire safety and regular drills were conducted.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt staff were competent. They told us that staff were well trained, and knew how to support them.

People's needs had been assessed before they moved into the home to ensure staff could provide the care they needed. Staff had the skills and knowledge they needed to meet people's needs effectively.

There was a programme of on-going training available for all staff, which included, safeguarding, moving people, safe handling of medicines and health and safety. Staff training records showed that staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us the training was beneficial to their role. Staff received regular updates of their training to ensure that they continued to support people safely.

Before starting work at the service, staff completed an induction programme. New staff shadowed more experienced staff to get to know people and their choices and preferences. They went on to say experienced staff had supported them which had been beneficial in getting to know the people living at the home. Staff where supported to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff received training and support specific to the needs of the people that they supported. Staff supported people with learning disabilities and all staff had received training in this. Staff were knowledgeable about the people that they supported and their individual needs. Staff had one to one supervision meetings where they discussed people's needs and any areas for training and development. However, staff said that these meetings were not always planned regularly. This was something they felt was an area that had improved since the last inspection, but still required better organisation. The registered manager was available to support staff on a day-to-day basis. Staff told us that they felt supported and could approach them at any time.

People's needs had been regularly reassessed and any changes documented and actioned. Where people required the use of technology to support them in their daily living, this was provided and staff supported them with it. For example, one person used a computer tablet to keep them calm, staff ensure that they had this available and to hand. People's support plans identified where they needed additional support to ensure they were not discriminated against, for example to meet their religious needs. We saw for one person, staff had supported a person with their religious needs through a grieving process, which was very important to them.

We received positive feedback about the food provided at the home. One relative told us, "The food is brilliant." People were able to choose where they wanted to eat their meals, with people opting to join friends and staff in the dining room. This made meal times a social experience. Mealtimes were flexible to people's schedules and wishes, with meals being freshly prepared at various times over the lunch period,

depending on when people arrived. The lunch time meal was a social occasion, people sat with their friends to chat while they were eating. Staff joined people for lunch but asked for their permission to join their table before doing so. The main meal and puddings were served separately and people were able to eat at the pace that suited them. Choices of drinks were offered throughout the meal.

Weekly menus were planned and rotated every four weeks and included people's favourite choices. The daily menu was displayed on a notice board. People could choose where they wished to eat; some ate in their rooms, others in the dining areas. We observed lunch and saw that the dining tables were set with place settings and condiments. People's placemats were individual, so they could remember where they had chosen to sit, if they had left the table and returned. The meals looked appetising, and all meals were prepared daily from fresh ingredients. We observed that refreshments and snacks were offered throughout the day. Where people were known to not like the main choice of meal on offer that day, they had been provided with a choice of alternatives.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. One person who had difficulties with swallowing food, known as dysphagia, had a special meal provided for them which reduced the risk of choking. Risk assessments had been carried out to identify people at risk of malnutrition and dehydration. Staff monitored people's weights to make sure they remained as healthy as possible. When staff had a concern, they contacted health professionals, such as dieticians for advice and followed any guidance given. People who needed support to eat their meal were supported discreetly. Staff gave people time to eat at their own pace, and chatted to them during the meal.

People were supported to access healthcare professionals. Every person had their own 'Health Action Plan' that identified any medical conditions and any medicines that they were prescribed. Staff supported people to arrange and attend appointments and documented these. One person had on-going support from the community team for people with learning disabilities. Staff handled letters from the team and records showed that notes were taken following visits. People's records also contained evidence of regular visits to the dentist, optician and GP.

On the day of our inspection, we spoke to a community Occupational Therapist (OT) visiting the home. They told us that staff were very organised and responsive to people's health care needs. They told us that staff were particularly good at reminding and preparing the person for the visit before the community professionals arrived. They went on to tell us, "Fenners is very caring, staff are supportive and respectful to residents, they empower residents to speak at their appointments." They told us that staff had a proactive approach in supporting people with healthcare needs, and would always try to seek to resolve the problem first rather than automatically contact the OT service. They said that staff were, "Very aware of what they can and can't do, approachable, and good to work with."

People were involved with the decoration of the premises. They told us about choosing the colour of their bedroom and that they were consulted on changes to communal areas. The design and layout of the premises and garden was appropriate to meet people's needs. Work had been undertaken recently to improve the accessibility of the garden area for people who used wheelchairs to mobilise.

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 people 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).

People's legal rights were protected because staff followed the correct legal process outlined in the MCA. We noted that staff carried out decision specific mental capacity assessments wherever a new decision was made. Examples seen showed that assessments were made on decisions such as finances, medicines and consenting to having a flu vaccination. Where people were assessed as unable to make a decision, a best interest decision was documented that involved relatives and healthcare professionals. Where restrictions were placed on people in their best interests, an application was made to the local authority DoLS team.

Good

Is the service caring?

Our findings

People and their relatives told us that they found the staff to be caring. One relative told us, "The staff are lovely." Another relative said, "Everyone always gets along together, every one mucks in, is a very homely caring place." A visiting Occupational Therapist (OT) told us, "Fenners is very caring, staff are supportive and respectful to residents, they empower residents to speak at their appointments."

We observed pleasant caring interactions between people and staff. Staff were observed sitting with people and engaging in activities throughout the day. People looked comfortable in the presence of staff and responded positively to interactions with them.

People were supported by staff that knew them well. All staff that we spoke with displayed a good knowledge of people's backgrounds and their preferences. Care records contained information about people's backgrounds and choices and staff were knowledgeable about these. For example, one person liked to watch clips on a particular You Tube channel and staff were able to tell us about these and how important it was for the persons daily routine. Each person had an allocated keyworker. A keyworker is a member of staff who works closely with a person, getting to know their needs and choices so that they can oversee their care and reviews. We noted that many staff had worked at the home for a long time and had got to know the people that they supported well.

People were supported to maintain important relationships. People's care plans showed involvement of relatives and plans were in place for them to maintain regular contact. Care plans contained pictures of people's relatives and how they wished to maintain contact. Relatives told us that they had good communication with staff. Relatives views were documented at reviews and relatives told us they were encouraged to visit whenever they wished.

People were routinely involved in their care. Where people could not make choices verbally, effective communication methods were used to empower them to make choices. Assessments and reviews took into account any specific religious or cultural needs people may have so that these could be identified and met. Staff identified ways to encourage people to develop skills and confidence. This included working with people to identify potential avenues for voluntary work, based in the community. People's care plans had recorded goals and we saw evidence of people being supported to achieve them. People's schedules included support to gain skills and go out into the community; staff told us that this was an important part of people's routines. One person told us that they were in the cast of a pantomime being performed by the local amateur dramatic society, and were supported by staff to do this.

Care was provided in a way that promoted people's privacy and dignity. Staff carried out personal care discreetly in people's rooms. Where we wished to discuss people's needs, we noted that staff were mindful to ensure discussions took place where they could not be heard. This showed a commitment to people's confidentiality. Staff were able to tell us how they provided care to people in a way that respected their privacy. They gave us examples about how they would do this, such as knocking on peoples bedrooms doors, or checking with them first before providing support.

Good

Is the service responsive?

Our findings

People received personalised care that reflected their needs and preferences. People's needs and choices were identified through a comprehensive assessment process. Records contained evidence of an assessment on admission and these captured important information such as people's needs, their backgrounds and their preferences. These assessments documented life histories and they types of activities that they enjoyed.

People's care plans contained detailed information about what they needed support with and what they enjoyed doing. For example, one person who enjoyed theatre productions all their life, but was living with dementia, had been supported to attend dementia friendly musical performances.

Care plans gave staff the information that they needed to provide support to people. For example, one person could become anxious or agitated at mealtimes if the felt pressured to eat. Through recording any incidents in which the person was agitated, staff identified the best way to interact with and support this person. The person's care plan was regularly updated and clearly informed staff how to support them.

Care plans were accessible and people were involved in creating them. Regular reviews took place to identify any changes to people's needs or choices. People's care records contained evidence of regular reviews. Where staff identified changes, people's care plans had been updated. People were involved in reviews of their care where they wished to be. Reviews also contained input from people's relatives and relevant healthcare professionals.

People had access to a range of activities. People's care records contained activity schedules and these were regularly reviewed. Staff used people's interests and preferences to find activities that they would enjoy. People regularly attended local interest clubs including woodworking, a social club and some people had gym memberships. The provider employed a member of staff whose sole focus was to work with people to identify what they would like to do with their time, and support them to do this.

Care plans were developed to document people's wishes at the end of their lives. At the time of inspection, nobody at the home was receiving end of life care. People had care plans in place that documented wishes and preferences.

People were provided with information on how to raise a complaint. The provider had a complaints policy and information on how to raise a concern was displayed within the home. At the time of inspection, there had been no formal complaints. However, we saw evidence of the provider responding to issues raised in a proactive manner. Keyworkers worked closely with people and relatives had regular contact with staff. Where relatives had requested changes, these had been actioned by management.

Good

Is the service well-led?

Our findings

At our last inspection in December 2016 , we found that the service was not allays well-led and improvements needed to be made. We rated the key question of Well-Led as Requires Improvement. At this inspection, we found that improvements had been made and sustained. We have rated this key question as Good.

People and their relatives told us that they felt the home was well-led. One relative told us, "[Registered manager] always keeps us up to date, [Relative] is very happy, we have never had cause for concern."

Staff told us that they felt supported by the registered manager. One staff member told us, "The management are very supportive; they always listen and are open to criticism. They ask how improvements can be made. They have improved a lot, they have got better at listening." The registered manager had work at the home for many years, and was a director of the provider. This meant that they knew the service and people lived their very well. During the inspection, we observed the registered manager interacting with staff and people and was accessible throughout the day.

The registered manager involved people, relatives and staff in the running of the home. Regular meetings took place that gave people a voice in the running of the home. Not all people living at the home were not able to express themselves verbally. Keyworkers worked with people, using pictures to establish their needs. Minutes showed that staff advocated for people at meetings to ensure that they were represented. Relatives told us that they were regularly consulted on people's care. One relative told us that they visited often and had good telephone communication with staff and their family member between visits.

A group of relatives and friends of people living at the home had formed a support group for Fenners Farm. They did this with a focus on raising funds for additional activity equipment, and providing a support network to all people and relatives involved. This included working together to act as a critical friend to the home. Members of this group conducted quality audits of the home and the service provided. This followed a set of themed areas, for example health and safety, or customer experience. The findings of this were shared with the registered manager, who incorporated this feedback into the service development plan for continuous improvement.

Staff benefitted from regular meetings that involved them in decisions about the home. Staff told us they had regular team meetings and records showed that these took place regularly. Minutes of meetings documented that staff frequently made suggestions to identify improvements at the home. There were regular meetings to enable good communication between staff. Staff completed a communication book and had a very detailed daily handover meeting which we observed. These ensured that important messages about people's care, health or activities were delivered to the staff working with that person. Staff told us that these meetings were an essential way of ensuring they had the most up to date information about how the person they were supporting that day was.

Checks were in place to identify any improvements needed at the home. The provider carried out a variety of

audits to check the quality of the care that people received. Audits covered areas such as infection control, health and safety, medicines and documentation. Any actions required following audits were added to a central plan overseen by the registered manager. The registered manager and provider had a vision for the service and an on-going plan to continually improve including plans to modernise the service for the future, as people's needs and ambitions changed. For example, the registered manager identified that people living at the home were getting older and their activities had been reviewed to reflect changes in needs and interests. Relatives were sent regular surveys on the quality of the care that their family members received.

The registered manager maintained accurate and up to date records. People's care plans all showed signs of recent reviews and information was stored in an orderly manner. People had separate files for care plans, photographs and their health records. Staff told us they were able to find information about people's needs without difficulty. Staff maintained accurate daily notes and important information; this was shared between teams at detailed handover meetings.

The registered manager and the provider understood the responsibilities of their registration. Providers are required to notify CQC of important events such as allegations of abuse, deaths or serious injuries. There had been very few notifiable incidents at the home and CQC had been notified where appropriate. The registered manager demonstrated a good understanding of when to send notifications to CQC when we spoke with them.