Garton Care Limited

Faith House Residential Home

Inspection report

Station Road
Severn Beach
Bristol
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Date of inspection visit:
22 November 2022

Date of publication:
09 January 2023

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Faith House Residential Home provides personal and nursing care for up to 10 people. At the time of the inspection, 10 people were living at the home.

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

The provider had failed to identify or act to mitigate the risks to people. We identified through our inspection that the home did not have safe staffing levels during the night. Some people the staff cared for required two staff to safely support them. Only one night staff worked during the night with one staff member on call.

Systems to monitor and audit the home were not effective and had not identified the improvements that were required. The provider visited the home, but no formal audits had been completed which would have helped to identify any shortfalls and to monitor any actions identified. Quality assurance systems were not robust.

Staff were trained to recognise signs of abuse or risk and understood what to do to safely support people. People had risk assessments in place which meant peoples' safety and well-being was promoted. The home was clean and tidy. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service. Accidents and incidents were recorded, and lessons learnt to prevent reoccurrences. Medicines were safely administered to people by appropriately trained staff, who had been assessed as competent.

Staff received regular support to help them carry out their role. The annual training programme equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. 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.

Staff were caring, and people were treated with kindness and respect. Staff knew people well and understood how to communicate with them. People's privacy was respected, and their dignity and independence promoted. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner.

Rating at last inspection
The last rating for this service was good (published 13 August 2021). At this inspection the rating had changed to requires improvement.

Why we inspected
This service was registered with us on 21 January 2020 and this was the first full inspection of the five key questions to formally rate the home. We undertook a focused inspection of the home 17 June 2021 to check

the service was safe and well-led which we rated good.

We have found evidence that the provider needs to make improvements. We have identified some shortfalls relating to managing risks to people's safety, the staffing levels at night and around good governance. Please see the safe and well-led sections of this report.

You can read the report from our last inspection, by selecting the 'all reports' link for Faith House Residential Home on our website at www.cqc.org.uk

Follow up
We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not safe. Details are in our safe findings below.	**Requires Improvement**
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 not well-led. Details are in our well-led findings below	**Requires Improvement**

Faith House Residential Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Faith House Residential Home is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

A home manager also helped to manager the home. On the day of the inspection the home manager supported the inspection. Through the report we refer to them as the manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the findings from the last inspection of 17 June 2021 to help plan the inspection and inform our judgements.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with four people who lived at the home and one relative.

We spoke with the manager and three staff.

We reviewed a range of records. This included three people's care records, medication records, two staff files in relation to their recruitment, maintenance records and a variety of records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We could not be satisfied the systems in place ensured safe levels of staffing. We were told staffing levels were based on the dependency of people that lived at the home.
- There were potential risks to people and staff because of staffing levels during the night. There was one care staff for the 10 people living at the home. A senior staff member was on call in the event of an emergency.
- We checked the care records of two people who had the highest care needs. This recorded that both people required support from two staff with repositioning during the day and night. Two staff were also needed to provide all aspects of personal care. Staff confirmed that two staff repositioned and gave personal care to both people during the day.
- We asked the staff how they managed to turn both people during the night with only one staff member. We were told that the night staff repositioned one person on their own.
- Each person had personal emergency evacuation plan in place which were reviewed annually to ensure they were up to date. The records of both people recorded that two staff were needed to support them. This was due to their poor mobility. The manager told us the on call person would be contacted as they lived very near to the home.
- Staffing levels at night had not taken into account the staff being able to deliver person-centered care to people.

This meant people were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. This was a breach of regulation 18 (Staffing) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke to the manager about our concerns in relation to the risks to people during the night. They increased the staffing levels to two waking night staff straight away.
- During the day three care staff were on duty. The manager was also available to provide hands on care. A member of housekeeping staff worked alongside the staff.
- We spoke to staff about the staffing levels during the day at the home. They told us, "I feel it is manageable during the day. We have enough time to provide good care" and "We work as a team and cover any leave and sickness. I feel we have enough staff."
- We spoke to people about staffing levels at the home. One person told us, "I think the staff work hard. I do not wait very long day or night if I need help."
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience

and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. The manager told us they planned to renew all staff DBS checks within the next few months.

Assessing risk, safety monitoring and management
● Risks in relation to people who used the service receiving care and support were assessed. There were appropriate risk assessments and management plans in place.
● Risk assessments were monitored and updated to make sure people's care records remained current.
● The manager made sure the building and equipment were safe and well maintained.

Systems and processes to safeguard people from the risk of abuse
● People were protected from abuse and avoidable harm. People told us they felt safe and were confident action would be taken if abuse was suspected. One person told us, "I talk to the staff a lot and would report any worries. I do trust them."
● Staff received safeguarding training and they understood how to keep people safe, and identify, report and act on any potential concerns. Staff comments included, "If I had any concerns, I would report this straight away. I know I can also contact safeguarding too" and "I had safeguarding training during my induction. I know I can speak up with any concerns."
● The manager had taken prompt action where abuse or risk of abuse was suspected. They had reported all concerns to the local authority safeguarding team so that action could be taken to reduce any risk.

Using medicines safely
● People received their medicines in a safe way. People told us the staff brought their medicines at the right time. We observed staff administering medicines to people. They supported people to take their medicine in an appropriate and safe way.
● Staff had received training in administration of medicines, and they had their competency assessed.
● We found medicines administration records were up to date and accurate. Staff checked and recorded all medicines received into the home and medicines returned to the pharmacy.
● Medicines were stored in the right way in line with manufacturer's guidelines. Daily checks were carried out to ensure the medicines fridge and room temperatures were within safe limits.
● Monthly audits were carried out by the manager. Action was taken where any shortfalls were identified.

Preventing and controlling infection
● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The manager encouraged visitors to the home. We observed a relative visiting a person during the inspection. They told us they did not have to pre book any visits and were able to visit freely.

Learning lessons when things go wrong
● The home managed incidents affecting people's safety well. Accidents and incidents were reported appropriately. The manager investigated incidents and shared lessons learned.
● The staff told us that they would record and report any accidents and incidents to the manager and were confident that they would be investigated.

Good

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.

This is the first time we have rated this key question. This key question has been rated good. 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

- Before people moved into the home, their needs were assessed. These assessments were used to develop the person's care plan. Some people had come to the home on short stay basis but had then decided to stay. The period of short stay helped the staff to assess people's needs.
- Assessments of people included making sure that support was planned for people's diverse range of needs, such as their religion, culture, likes and dislikes and their overall abilities.

Staff support: induction, training, skills and experience

- People received care and support from appropriately trained staff with the skills necessary to meet their needs. Records showed staff training had been regularly refreshed and updated.
- There were appropriate induction training procedures in place for new members of staff. Where staff had limited previous care experience, they were supported to complete the Care Certificate. This training is designed to provide new staff with an understanding of current best practice.
- New staff completed a number of shadowing shifts before they were permitted to provided care independently. This included working two early shifts, two late shifts and two night shifts.
- Staff told us they felt, "very supported" and records showed staff had received formal supervision and attended staff meetings. These meetings provided opportunities for staff to raise any issues, identify additional training needs and share any concerns or learning with the manager.

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

- People were supported to eat and drink enough and to maintain a balanced diet. Staff were supportive to people during mealtimes, encouraging people when needed.
- The staff were proactive and enthusiastic about ensuring people's choices and preferences were followed. The menu was regularly reviewed and was displayed in the dining room/kitchen. People were asked for their opinions regarding meal choices.
- People's dietary needs and preferences were recorded and followed by staff. For example, where people preferred a smaller meal portion, this was offered. If people requested something off menu, the staff were happy to provide alternatives.
- We observed positive interactions between staff and people at lunchtime. Some people had chosen to eat breakfast in their bedrooms and other people in the lounge.
- Referrals were made when required to appropriate professionals such as the GP, speech and language therapists (SALT) and dieticians to seek guidance and support with managing people's intake of food and fluids safely.

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

● People were supported to access healthcare services when needed and staff worked well with other agencies to ensure effective care.

● Appropriate referrals had been made when needed to external professionals. People's care records reflected the advice given to help adjust care when needs changed.

● People told us they were able to see the GP when they needed and staff supported them with other medical appointments.

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

● The home was a converted bungalow with two floors and 10 bedrooms. Some people's bedrooms had a toilet and basin within.

● The access to the building was suitable for people with reduced mobility and wheelchairs. The home had toilets and bathrooms with fitted equipment such as grab rails for people to use to support their independence.

● The home did not have a lift installed due to space and the layout of the building. A stair lift was in place for people to access the two levels of the building.

● The manager told us plans were in place to decorate some areas of the building. A new kitchen was due to be fitted in 2023 due to some wear. One person's room and ensuite was due to be decorated.

● The home had a large kitchen area which could be used by people. This was homely with a table set in the middle of the room. A separate lounge area with a television and dining table was used by people.

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 MCA 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's care records confirmed whether they had capacity to make decisions. Where people lacked the capacity to make their own decisions, a mental capacity assessment was in place. This was to confirm the person lacked capacity and who had been involved in the best interest decision process.

● Staff were observed asking people for consent before providing support, and consent was clearly recorded in people's care plans.

Good

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.

This is the first time we have rated this key question. This key question has been rated good. 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
- People that we spoke with told us that staff were kind and caring. One person told us, "I honestly could not ask for better care. I really do feel I have good care. The staff are naturally caring."
- People's care plans included details of any diverse needs that people had to ensure these were known to staff and respected.
- We were told that some people the home supported had a strong religious faith. The staff organised for a lay preacher to one visit person. The staff respected the person's wishes by giving them space to sing hymns together, pray and to chat.
- People were very much included in the writing of their care plans. This enabled their wishes and desires to be incorporated within their care plan.
- The caring and kind approach from all staff was apparent. Staff were consistently polite and respectful when speaking with people.
- We observed positive conversations between people and staff. The staff showed complete empathy and understanding when this was required, along with sharing humorous moments to pass the day.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to be involved in decisions regarding their care and choosing how their daily support was given. The manager told us, "We encourage and support all our residents to make their own choices."
- People were able to make decisions around food. They were offered a selection of food choices for breakfast, lunch, tea, supper and at snack times. The choices made by people were respected and adhered to. Some people did not want to have a hot meal at lunchtime. They preferred this on an evening. The staff respected this and provided them with a snack.

Respecting and promoting people's privacy, dignity and independence
- Staff respected people's dignity and their need for privacy. For example, some people liked to spend time alone in their rooms. Other people chose to spend time in communal areas with friends and staff. One person told us, "I like time in my room watching TV until after lunch. I will then go and sit in the lounge with my friends."
- Staff understood the importance of maintaining people's dignity, privacy and providing compassionate care and support.
- People's privacy was respected by the staff. Staff knocked on people's bedroom door before entering their room.

● Staff were aware of people's need for personal space. One example included, if people were using the telephone to speak to a family member the staff would return to their room when they have finished their call.
● People were encouraged to carry out personal care and daily living tasks that they are able to do for themselves. This included brushing their hair or cleaning their teeth, but should they require the assistance from staff this was given.
● People appeared well groomed and their clothing looked clean and tidy. People were offered assistance to bath and shower as many times as they wanted throughout the week.
● The staff provided us with feedback with regards to how they supported people. Their comments included, "I care for people like they were my family. I always try to be respectful to them. I encourage people to do things for themselves."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans included information on how to support people in line with their preferences as well as their meeting their health needs.
- Staff told us people were able to live their life according to their own routines. People's care plans described people's individual care needs, likes, dislikes and how they wished to be cared for.
- Daily notes recorded what care had been provided to people, about their wellbeing and what they had eaten and had to drink. They outlined when personal care had been given to people.
- People were encouraged to bring in their own belongings from home when they moved in. This helped to create a home from home feeling for people.
- We were told by the manager that people's rooms were decorated in their favourite colours. Some people had brought in their own armchairs in the lounge or rooms.
- A choice was given to people in relation to clothing they preferred to wear. This enabled people to wear what they wanted and also what they felt most comfortable wearing.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans guided staff on the best way to support people with their communication. If people required aids to read and/or understand information such as reading glasses or hearing aids, this was recorded within their care plan.

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

- Two people that lived at the home had recently been assessed by physiotherapists. This was to have bespoke nursing chairs made for them so the staff could help mobilise them to the lounge. Both people were able to stay sitting in their nursing chairs. This meant that both people could be assisted to the lounge. They were now able to spend time with other people which had helped to avoid isolation.
- The manager sent us a plan of activities for the home. This included for example, quizzes, pampering, arts and crafts and a movie night with popcorn.
- We spoke with people about the activities provided in the home. One person told us, "I like to stay in my

room until after lunch. I am not really interested in activities." Another person told us, "I like to take part in a quiz. I do not like going out."
● The staff we spoke with told us they tried to encourage people to take part in activities, but they found it a struggle to get people to take part.
● We looked at three people's records and found each person had an activity record. The staff had recorded for example, relaxing in the lounge armchair, sleeping with the tv on and sleeping in bed. No meaningful activities were being recorded or one to one time with people.

We recommend that the provider reviews the activities plan of the home. The activities plan should incorporate people's individual preferences and hobbies. The provider should review the activities logs in place for people. This will help to monitor meaningful activities are taking place.

Improving care quality in response to complaints or concerns
● The home had a complaints policy and system in place to ensure any concerns would be addressed without unnecessary delay.
● People told us they understood how to raise any complaints. One person told us, "I have not needed to make any complaints. I would tell the staff if I felt worried or unhappy." Other people told us they rarely had cause to complain but that any concerns were appropriately responded to.

End of life care and support
● Records included information to ensure people received end of life care and support according to their wishes and preferences.
● Any advanced care and support decisions made by people were recorded. This included information for staff to follow to ensure people received their chosen level of medical support at the right time, and where they wanted to be cared for during the end stages of life.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance reports helped the registered manager, manager and provider to monitor the quality of care provided to people. However, the governance systems in place had not identified the shortfalls which we found. Whilst no one had come to harm improvements were needed.
- As we mentioned in the key question safe, we found improvements were needed to ensure safe staffing levels were maintained at the home. The care records which we looked at recorded some people required the support from two staff. Only one staff worked during the night. The governance systems in place had not identified this.
- We were told the provider visited the home regularly and kept in contact with the manager and registered manager by phone. No records of formal quality monitoring of care at the home were maintained. This would have helped the provider to identify and monitor the shortfalls within the home.

The provider had failed to implement a robust governance system which had not identified the shortfalls in providing safe care to people. This left people at risk of receiving unsafe care. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- A range of audits and monitoring checks were completed by the management team. This included audits in relation to health and safely, infection control, training, maintenance and medicines.

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

- We observed a positive culture in the home during the inspection. We observed caring attitudes from the staff when supporting people. For example, we overheard a member of staff speaking to a person in a very kind way when assisting them to the toilet.
- Staff supported people in a person-centred way. People's care plans offered guidance to staff on how to deliver care in line with people's preferences, likes and dislikes.
- The manager promoted an ethos of openness and transparency, which had been adopted by staff. It was clear from speaking with the staff that they shared their vision.

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

- Systems were in place to ensure staff were kept up to date with key messages and updates. Handover

meetings took place every shift and provided an opportunity to communicate important information about people's wellbeing.

● Staff told us they felt listened to and the manager was approachable. The manager was open and transparent and had clear visions and values of the home. They were proud of the staff team.

● People's care was based on their assessed needs and preferences. Staff confirmed people's care records were regularly updated to ensure they contained the latest information.

● People spoke very positively about the support they received and said they achieved their desired outcomes. Their comments included, "I am really happy. In fact so happy and settled I decided to stay" and "The care is second to none. The home is lovely."

● Annual surveys were sent out to people, staff and relatives. The manager told us the surveys were completed yearly. The manager was in the process of going through the results.

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. Continuous learning and improving care. Working in partnership with others

● The manager understood the requirement of notifying the Care Quality Commission (CQC) of important events which had happened in the service. We reviewed evidence of notifications which confirmed events had been reported to the CQC appropriately.

● Duty of candour was understood by the management team. It was clear if any complaints were made, they would be listened to and their concerns and worries would be investigated.

● The manager and staff worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's, district nurses, physiotherapists, occupational therapists and a chiropodist.

● The home had links with the local church. The local vicar had visited the home. We were told plans were in place to introduce activities at the church for the local community. The home were keen to be involved.

● The manager had a clear vision for the future. They were interested in offering day care at the home to people who lived in the local community.

● The manager and staff kept up to date with learning by attending training courses and local forum meetings.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in practice. Regulation 17 2 (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. Regulation 18 (1)