

Mr & Mrs T Burgess

# Favor House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 19 September 2017 and was unannounced.

Favor House provides accommodation and personal care for up to seven people who have a learning disability or autistic spectrum disorder. At the time of our inspection six people were living there.

There was a registered manager in place at the time of our inspection. 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.

At our last inspection, in October 2015 the service was rated Good. At this inspection we found the service remained Good.

People continued to receive care in ways which helped them to remain as safe as possible. Staff understood risks to people's safety and supported people to receive their prescribed medicines safely. There was enough staff to provide support to people to meet their needs.

Staff received regular training, which gave them the skills to care for the people they supported. People were assisted to stay healthy by being assisted to access health professionals as they required.

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

People enjoyed spending time with the staff that cared for them and were treated with dignity and respect. People were encouraged to maintain their own personal interests and take part in activities.

People's care was planned in ways which reflected their preferences and wishes. Relatives' and health and social care professionals' views and suggestions were taken into account when people's care was planned. People knew how to complain. However no complaints had been made since our previous inspection.

People living at the home and their relatives were encouraged to give feedback on the service provided. The registered manager and provider regularly checked the quality of the care people received. Where actions were identified these were undertaken to improve people's care further.

## 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 ●

This service remains Good.

### Is the service effective?

Good ●

This service remains Good.

### Is the service caring?

Good ●

This service remains Good.

### Is the service responsive?

Good ●

This service remains Good.

### Is the service well-led?

Good ●

This service remains Good.

# Favor 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 checked 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.

At the last inspection in September 2015 the service was rated as Good.

This was an unannounced comprehensive inspection which took place on 19 September 2017 and was completed by one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

During our inspection we spent time with people in the different communal areas of the home. We spoke with five people living at the home, one carer, the deputy manager the registered manager and two relatives.

We looked at a range of documents and written records including three people's care records, staff training and recruitment records and minutes of meetings with staff. We saw the checks made by senior staff on the administration of people's medicines. In addition, we looked how complaints processes were promoted and

managed.

We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included quality questionnaires completed by people and their relatives, and checks made on the care planned for people and the suitability and safety of the home.

## Is the service safe?

### Our findings

People we spoke told us they felt safe living at the home. One person said "I like living here, staff make sure I am safe." A relative told us "I know they are safe, because when it's time for them to go back to Favor House they are always happy to go back."

Staff had completed training in how to keep people safe and staff said they had been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this to support people's safety. For example staff said if they saw changes in people's behaviour or signs of emotional distress this could indicate people were at risk of harm. Staff were confident people were treated with kindness and said they would immediately report any concerns to the management team and were confident action would be taken. They also knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

We saw from care records risks to people's safety and wellbeing had been assessed, managed and reviewed in order to keep people safe. For example, we saw directions for staff to follow should a person become anxious and help alleviate their concerns. Staff told us, this had been successful and as a result the amount of incidents had been reduced.

We saw there were plans in place for responding to emergencies. The registered provider had an emergency fire evacuation plan in place. We saw each person had a personal emergency evacuation plan (PEEP). The plans outlined people's support needs should there be a need for them to be evacuated from the premises in an emergency. The registered manager told us they held monthly fire drills to ensure people knew what to do in an emergency. One person told us " We have to meet outside the staff room if the alarm goes off."

We checked three staff files and saw records of employment checks completed by the provider, which showed the steps taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The registered manager told us people benefited from a stable staff team, as many staff had worked at the home for over ten years. This had enabled them to build trusting meaningful relationships with the people they supported. A staff member told us, " We never use agency staff, there is no need as we cover all leave between ourselves."

We saw that people's medicines were administered and managed safely. The registered manager conducted regular medicine audits so any discrepancies could be identified and dealt with promptly We saw that written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored.

## Is the service effective?

### Our findings

People were supported by staff with the knowledge to meet their needs so they would be able to enjoy the best well-being possible. A relative told us they thought staff had the necessary skills and training to care for their family member. They said "The staff are very good." Another relative described the staff as "Absolutely excellent .. very professional."

We saw records which showed us the training staff had undertaken linked to the needs of the people living at the home. For example, staff had received training matching people's individual physical and mental health needs, for example diabetes and autism awareness training. A staff member told us, "The training is fine, it's better because you can do it in your own time, rather than having to leave the building. It gives you the skills to do your job."

Staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. We saw staff offered support to people and involved their relatives [when appropriate] when they made decisions. Staff checked people wanted to receive care respected the decisions people made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found although currently no-one was required to have a DoL in place. However the staff knew what to do if they needed to make specific decisions in some people's best interests or to deprive anyone of their liberty so people's rights would be protected.

People were encouraged to maintain their independence and enjoy their meal time experiences by being involved with the food shopping and preparation. We saw a staff member request assistance from people living at the home with stocking the food cupboard. Staff had an understanding of people's individual dietary requirements. For example they were assisting a person to eat more healthily to maintain low cholesterol levels. In people's care files people's preferences were recorded in pictorial format showing what they preferred to eat and drink. This enabled people living at the home to be involved with designing the menu. In the minutes of residents meetings we saw people had made suggestions for the weekly menu. For example one person had suggested cauliflower cheese and this had happened.

People told us staff supported them to see health professionals to they remained as well as possible. Relatives confirmed they were either notified of people's health appointments and their outcomes. Each person living at the home had their own 'Health Action Plan'. (A Health Action Plan records any health appointments, the outcomes and any further actions required). In the Provider information return (PIR) the provider had stated, "All service users have a health action plan and attend an annual medical review with their GP. All service users have regular dental check-up and opticians appointments." We saw from records people had accessed doctors, dentists, physiotherapists, dieticians and psychiatric professionals as required

to ensure people's needs were met.



## Is the service caring?

### Our findings

We saw people living at the home benefitted from living in a cosy home from home atmosphere . We saw throughout the home were photographs of people and their personal effects displayed. One person told us, "I've lived here for years and years. I like living here, I really do."

People's care records included information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked. Staff told us people were supported to follow their chosen individual faiths. One person told us " Staff help me go to church ." People were supported to maintain relationships with family members as they wished and were welcomed by staff when they visited the home. A relative told us "They always bring [person's name] to visit me, then we plan to go for a meal."

All the people we spoke with told us they liked the staff who worked at the home. One person described them as "Beautiful". As the staff team had worked at the home for many years we heard conversations about various relatives and it was clear very positive relationships had been formed. One relative described the staff as "Wonderful."

In the provider's information return it stated "Staff receive training in dignity and respect, privacy, person centred care planning, choices, and Staff call service users by their preferred name. Staff knock before entering a bedroom or bathroom and engage service users in identifying what support they need."

We saw people's privacy and dignity was respected, we saw an example of how staff respected one person's wishes to eat alone. We saw when one person wanted assistance with personal care this was managed respectfully and discreetly by staff by gently supporting them to leave the lounge and go to the bathroom.

People were encouraged to make decisions and choices about their care and support they received. This included how people would prefer their end of life care and support. These details were included in people's care plans with instructions for staff to follow in the event of their death.

## Is the service responsive?

### Our findings

People told us staff talked to them about the care they wanted and listened to their views so their care was planned in the way they preferred. We saw people were comfortable to let staff know what support they wanted. For example on the day of our inspection we saw staff support the person to visit the local pub for lunch.

People received care that met their individual needs. The care was planned and reviewed with people and staff knew people's preferences for care. This enabled people's preferences to be met and enjoy living at the home. One relative said, "We feel our opinions are listened to, so [person's name] is very happy."

People's care plans and risk assessments provided staff with the information they needed to care for people so risks to their well-being reduced and their individual needs were met. .

People told us they were supported and encouraged to join in and explore different experiences. They told us they had regular activities of their choice which included attending courses, clubs and many social events. Staff described how they went the extra mile to help people celebrate significant events throughout the year. For example we heard how they helped people design fancy dress costumes for the forthcoming Halloween party. One person requested a "Big birthday party at the pub" and we heard that this was being facilitated.

People told us they would be comfortable to raise any concerns or complaints they had with the registered manager, provider or staff. People and the relative we spoke with told us they had not needed to make any complaints about the service as their comments and suggestions were listened to. Staff knew what action to take in the event of someone making a complaint and were confident the registered manager would address these.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of our inspection. 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.

Everyone we spoke with was positive about the registered manager. When the registered manager arrived at the home on the day of our inspection, we could see people smiling and greeted her with affection. Staff were equally complimentary about the registered manager. One staff member told us, "[Registered manager's name] won't ask you to do something she won't do herself; she is very caring and works alongside us all."

The registered manager carried out checks to ensure the service met people's needs effectively and safely. These included auditing people's care plans, medicines and health and safety checks. Any concerns with the quality checks were recorded and together with improvements and action taken for future learning.

People and their relatives were asked their opinions of the quality of service provided through customer feedback questionnaires. All the people we spoke with told us, they were happy living at the home. As well as questionnaires feedback was sought through 'residents meetings.' We saw the minutes of these and the actions taken as a result. For example people had discussed where they would like to go on holiday and with whom. Staff told us they were also asked their opinions through staff meetings and supervisions, so felt involved in the running of the home. People benefitted because staff felt part of a team and understood their role in helping improve the quality of life for the people living at the home.