

Far Fillimore Care Homes Ltd

Far Fillimore Rest Home

Inspection report

Wood Lane
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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

Far Fillimore Rest Home is a 'care home', registered to provide support for up to 26 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection 24 people were using the service. This unannounced inspection visit took place on 23 April 2018. The service did not provide nursing care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

People were protected from the risk of avoidable harm by staff who understood their responsibilities to identify and report any signs of potential abuse. We saw that concerns were taken seriously and investigated thoroughly to ensure lessons were learnt. People received their medicines safely. Risks associated with people's care and support were managed safely and visitors were confident their relatives were safe and well cared for. Sufficient staff were available to support people, and safe recruitment processes were followed.

People received support from staff who had received training to provide effective care. The manager had recognised that further training for staff in supporting people living with dementia would enhance staff's understanding.

Staff supported people to maintain their physical health and wellbeing and people received meals which met their requirements and preferences. The home environment was adapted to 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; the policies and systems in the service supported this practice.

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. Visitors were encouraged and people were able to maintain relationships that were important to them.

People's preferences and wishes were taken into account and opportunities for people to take part in activities at home and in the community were provided to reduce the risk of social isolation. People and their relatives contributed to the assessment and development of their care plans and felt able to report any concerns they had.

Systems were in place to monitor the quality of the service, and these were used to drive improvements. People and their representatives were consulted and involved in the running of the service. The provider and registered manager understood their responsibilities and regulatory requirements and had resources available to them; including partnership working with other agencies that ensured people's needs were met.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Far Fillimore Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced, comprehensive inspection visit took place on 23 April 2018 and was carried out 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. The expert by experience had knowledge of services for older people, including people that are living with dementia.

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. The inspection was also informed by notifications the provider had sent to us about significant events at the service and information we had received from the public, the local authority and other relevant professionals. We used this to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with 11 people who used the service and two people's visitors and one visiting professional. We also spoke with three members of care staff, the cook and catering assistant and the deputy manager and registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "Yes I'm safely looked after, I feel safe with the staff." People's visitors also felt their relatives were safe at the home. One said, "Yes [Name] is very safe here. The staff are helpful, kind and considerate." Staff understood their responsibilities to protect people from harm and abuse and were aware of the safeguarding policy and procedure to follow if needed. They were able to describe the actions they should take, and were confident to report any concerns.

The staff knew about people's individual risks and the equipment they needed to ensure they were supported safely. We observed staff supporting people to move using equipment and this was done in a safe way. Care plans demonstrated that risks to people's health and wellbeing were assessed. Risk assessments provided staff with guidance on how to support people and we saw and people confirmed that these were followed. One person told us, "They have to hoist me and I feel safe, it doesn't bother me." One visitor said, "My relative can't walk and the staff move them using the hoist. I have seen the staff moving them in the hoist and they do it very smoothly, explaining to my relative what they are doing. I can't fault them." We saw that equipment was maintained and serviced as required to ensure it was safe for use.

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information about the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs.

We saw and people and their visitors confirmed that staff were available to them. Comments included; "They're very good, the bells are answered whatever time you press them, they will come straightaway if you need them day or night." Another person said, "They answer the bell really quickly." On the day of the inspection one person was feeling unwell and chose to spend time in their room. We saw that staff were attentive to the person checking on their welfare and ensuring they had regular drinks throughout the day.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. People that used the service were encouraged to be involved in the interview process. One person had recently been involved in interviewing care staff and had their own set of questions to ask prospective staff members. This demonstrated that people were supported to be partners in their own care.

People received their medicine as needed. One person said, "All my medication comes when it should do and I've never run out." Another person said, "I get my medication when I need it." We observed people being supported to take their medicine and saw this was done at the person's own pace. Medicines were stored

securely and were not accessible to people who were unauthorised to access them. Clear records were in place that demonstrated people received their medicine as prescribed and if not, the reason why.

The home was kept clean and we saw that cleaning schedules were in place to support housekeeping staff in maintaining the home. We saw and staff confirmed there was personal protective equipment available to them and used when needed; such as disposable gloves and aprons. The home had been rated a five star by the food standards agency in February 2018. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food wore personal protective equipment to ensure hygiene standards were maintained.

Lessons were learnt and improvements made by the registered manager when needed. For example, since the last inspection concerns had been raised regarding some people not having the correct equipment to support them in their moving and handling needs. Although the registered manager had made referrals for these people to be assessed; the referrals had not been undertaken in a timely way which put them at risk of injury from being inappropriately moved. We saw that actions had been taken to address this and people, following assessment, had the correct equipment in place to ensure their needs were met safely.

Is the service effective?

Our findings

People confirmed that they were happy with the support they received and felt the staff were well trained. One person told us, "I think the staff are well trained. They know how to move me safely." A person's visitor told us, "The staff know what they're doing. People can go back to bed after lunch, or go into the lounge and put their legs up, or do some activities."

Staff told us they received the training they needed to support people. One member of staff said, "The training is good. We have training to use equipment like the hoist and this includes actually going in the hoist ourselves. I think this is really useful because we then know how it feels for people." Another member of staff told us, "There is a lot of training which I find very helpful." The registered manager confirmed that staff new to care completed the care certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. The manager had recognised that additional training for staff in understanding why people with dementia had fluctuating capacity; would be beneficial. For example one person's mobility regularly changed from being able to walk to losing this ability. A plan was in place for staff to follow. This plan guided staff on the amount of attempts they should make to encourage the person to walk before using equipment to support them to move. However the staff weren't clear on why this person was sometimes unable to walk and hadn't recognised that the person on occasions could not remember how to do this.

Staff confirmed they received supervision and appraisals. One member of staff told us, "We get regular supervisions from the manager." Another member of staff told us, "I get regular supervision sessions but the manager is very approachable so I can go to her at anytime if I have any concerns or issues I want to discuss."

People told us they enjoyed the food. One person said, "The food is very good here, there's plenty of variety." Another person told us, "There's plenty to eat, and snacks if you want them. I enjoy the food." People confirmed that alternatives were provided if they preferred. We saw the chef went around the home checking with people that they had enjoyed their meal. Staff were aware of the need for people to have food and drinks at regular intervals and we saw that people were encouraged to drink throughout the day.

Care plans included an assessment of people's nutritional requirements and their preferences. We spoke with the chef who confirmed they were provided with information regarding people's specific dietary requirements and preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with their support plans.

People told us that they had access as required to health care professionals. One person said, "The doctor comes regularly and I go on the list for them to see me and the staff are quick to call an ambulance if needed." People's representatives confirmed they were kept informed of any changes in health or other matters. One person's visitor told us, "If there are any concerns such as [Name] being unwell, the staff call out the doctor and they always let me know." People's health care needs were monitored and we saw that

referrals were made to the appropriate health care professionals when needed. We saw the registered manager and staff team worked well with healthcare professionals to ensure people's health care needs were met. One visiting health care professional told us, "The staff follow my guidance and they let us know if there are any issues."

We saw the provider ensured people were protected under the Equality Act. This was because the barriers that people faced because of their disability had been removed to ensure they were not discriminated against. This varied from call systems that enabled people to call for staff support and accessible facilities, to enable people to move around the home independently.

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. We saw that mental capacity assessments were in place where needed and were decision specific. The information in people's assessments and care plans reflected their capacity when they needed support to make decisions.

Staff confirmed they were provided with training to support their understanding around the Act. Discussions with staff demonstrated they understood the principles of the MCA. One member of staff told us, "We support people to make their own decisions, most people here can make decisions. If they couldn't we would support them in their best interests, doing things in the way we know they prefer." Where people had capacity to make decisions staff understood their responsibilities for supporting them to make their own decisions and we saw this was done. One person told us, "I like to sit out in the garden so the staff take me out when I want."

Is the service caring?

Our findings

People told us they were treated with consideration and respect. One person told us, "The staff are very pleasant, very kind." Another person said, "The staff never lose their temper and always have a smile." We saw that staff treated people with kindness. One person's visitor told us, "I've no complaints. I'd recommend this home. They're caring and I couldn't want for anything better for my relative, even if I did it myself."

Staff knew people well and had a good knowledge about the things that were important to them. For example staff knew people's preferred beverages and how they liked them. They knew how people liked to spend their time. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions

People and their visitors confirmed they were involved and consulted in their care. One person told us, "The staff always ask me before they do anything." We saw staff respected people's dignity and privacy. One person told us, "The staff always knock. They respect my privacy." We saw that staff asked people discreetly when offering assistance to use the bathroom.

People were supported to be as independent as they could be. One person told us, "I can do quite a lot for myself and the staff let me get on with it. If I need some help they are always available but they never try and take over." Another person said, "The staff take me to the shower and leave me there to shower myself and then come and get me when I'm finished." Another person told us that they went out independently in their car and discussed the various interests they had which they were able to do independently.

The registered manager told us that none of the people that used the service were being supported by an independent advocate at the time of the inspection. They confirmed that they were aware of how to access independent lay advocates and independent mental capacity advocates if this was needed for anyone. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One person told us, "My family usually come in the evening but they can visit at any time." A relative said, "The staff are lovely. Whenever I visit they offer me a drink and stop and have a chat with me." Another relative told us, "It's homely, small and friendly with a warm atmosphere."

Is the service responsive?

Our findings

We saw that information gathered prior to admission was used to develop people's care plans and identify their needs, preferences and interests. This information included the person's support needs, their health and emotional well-being. This was done in consultation with people's families where possible, to gather a picture of the person's life and what was important to them. One family member told us, "When my relative moved here the staff spent a lot of time gathering information about them. This included what they liked and didn't like. This was used to write their care plans."

People and their representatives confirmed they were consulted and involved in their care planning and reviews. One relative told us, "My relative hasn't been her long enough for a review but I was involved at the start and have been told that there will be a review." We saw that people's care plans contained information that was personal to them. This included details regarding their protected characteristics, for example their race, religion and belief. The registered manager confirmed that monthly joint services were held at the home by the local vicar and Methodist preacher.

People and their representatives confirmed that their needs were met by the staff team. One person told us, "They know me now; I don't need to tell them my preferences." Another person said, "I read a lot, sometimes a carer might say 'There's something you might like to watch on the telly' and then I'll watch it, but usually I don't watch much." One person's visitor said, "The staff know my relative really well. They understand them and prompt them with things if they can't remember."

We saw that people were supported to live their lives as they wished and to continue to enjoy things as they had done at home. One person told us, "Usually I have a G&T at lunchtime. I enjoy that." Two other people were asked by staff if they would like a glass of sherry. One told us, "We always have a sherry about this time; I have always enjoyed a little tipple!"

Staff demonstrated a good understanding of people's individual needs and responded to people with consideration and empathy. We saw that staff had a laugh and a joke with people which was received well and supported a homely and friendly environment. One visiting health care professional said, "The staff know all about people; they seem to know them really well."

The Accessible Information Standards (AIS). Is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We saw that some information was available in accessible formats for people as needed. An orientation board that provided a large clock, the day, date and weather condition was on display to support people's memory. We saw an easy read complaints procedure was also on display to support people that had difficulty reading written words.

Opportunities were provided for people to participate in recreational activities. People told us about the various trips they had enjoyed such as visits to the local pub for lunch, garden centres and a trip to watch a

stage production of 'south pacific'. People also discussed the various entertainers that came in to the home this ranged from Shetland ponies to a variety of singers. One person told us about one of the singers and said, "He was lovely, honestly, his facial expressions were so funny!" We saw that staff also supported people to participate in activities. For example, we saw a group of people enjoying a game of dominoes. One person had lots of toy meerkats decorating their bedroom and had bought some books about them. They told us the manager was trying to arrange for some meerkats to visit the home. This demonstrated that people were supported to follow their interests.

People and their relatives confirmed they would feel comfortable speaking with the registered manager or staff if they had any concerns. One person told us, "I've got no complaints. I've been here three years; I've never had any complaints." One relative told us, "The manager and all the staff are very approachable. If I had any concerns I would just speak with them." The staff confirmed that if anyone raised any concerns with them they would inform the registered manager. A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received. We saw that no complaints had been received in the last 12 months.

Arrangements had been made to respect each person's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this in detail.

Is the service well-led?

Our findings

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.

People and their relatives were clear who the registered manager was and confirmed that they could speak to them when they needed to. One person told us that they thought the home was well run and that the managers were 'up to scratch'. They said, "They manage the other staff well and they are always quick to help." A visitor said, "I think it's a marvellous place. I am so pleased i could get my relative in here It is extremely well run."

The registered manager demonstrated a good standard of leadership and confirmed they felt supported by the provider. A team of support was in place for the registered manager; this included the deputy manager, catering and housekeeping services and maintenance support. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the service. One member of staff said, "I love working here. There is really good team work and I feel very supported by the manager."

People's right to confidentiality was protected. All personal records were kept securely at the home. We saw our latest rating of the service was displayed at the office base and on the provider's website, as required.

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. One member of staff told us, "Whistleblowing is covered in the safeguarding training. If I had any concerns I would report them without hesitation."

The views of the people living at the home were sought on a regular basis through reviews of care, satisfaction surveys and meetings with people and their relatives. We saw that where improvements had been identified these were addressed. For example following a meeting for people and their relatives; one person had said they would like to take their breakfast later in the morning. We saw the registered manager had organised this for them and confirmed to everyone that there were no specific times for breakfast.

The provider conducted regular audits to check that people received good quality care. This included audits of care plans, people's weights and skin condition, medicines management and health and safety practices and staffing levels. We saw that improvements were made where needed. For example, the registered manager had changed the teatime meal routine to ensure more staff were available to support people. The registered manager told us, "I have stopped the teatime pots being collected until everyone has finished their meal. This ensures there are more staff available to support people if they need it."

The registered manager ensured that people received the relevant support from other agencies as required such as community health care professionals. One member of staff told us, "The nurses are pretty good and we work well with them to make sure people get their support they need."