

Independence Matters C.I.C.

Faro Lodge

Inspection report

Gayton Road
Kings Lynn
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Tel: 01553 679233

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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 

Overall summary

This inspection was carried out on 17 November 2014 and was announced.

This is a specialised service that provides respite care and accommodation for up to six people who have a learning disability. It is not registered to provide nursing care. This home has a registered manager. 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 and associated Regulations about how the service is run.

People we spoke with felt safe and secure in the home. Visiting family members also confirmed this. They told us they felt that all staff made people comfortable and supported their safety at all times. They were confident their family member was safe and well looked after.

The staff were knowledgeable about the people they supported and had been trained in safeguarding people. They knew what signs to look for regarding any poor treatment and knew who to report this to.

Summary of findings

Staff were supported with an induction programme on commencement of employment and also continued training. The knowledge required by staff on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was evident.

People who required special meals, supplemented diets or special eating aids were supported appropriately by staff who had gathered information on people's likes, dislikes and dietary requirements when the person was admitted into the home. There was a choice of meals available at each meal time.

If health care support was needed, people were referred to the local doctor and district nurse as was necessary. Any subsequent advice and support then provided was followed by members of staff to promote the health of people.

Staff spoke and behaved in a respectful, kind and caring way. Relatives told us that the staff were always very caring and knew their jobs.

The home supported people to undertake any activities they liked. People also had the opportunity to be involved in the local community when they wanted. People who from time to time preferred their own company were supported by staff to maintain this routine.

The relatives assured us that any concerns or complaints would be acted upon quickly and efficiently. Regular meetings were held with people and their relatives to discuss ideas and make changes as and when required.

The manager had sent out a questionnaire to ask for people's views on the quality of the service provided. Audits were in place to monitor the quality of the service provided.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had received training in safeguarding and knew how to report any concerns regarding possible abuse. Changes in legislation were recognised and procedures were adjusted to reflect these.

People and their relatives told us they felt safe and secure in this home.

Staff used safe methods to assist people when moving around the home. People's needs were assessed to ensure the correct amount of staff were on duty.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff training was up to date and training on the Mental Capacity Act had been completed and staff understood the implications of the Act.

When people became ill or felt unwell, the provider sought advice from specialist healthcare professionals in a timely manner.

People had a choice about what they had to eat, what activities to take part in and how they wanted to spend their day.

Good



Is the service caring?

The service was caring.

The relatives told us the staff were always friendly and knew their job. They were very complimentary about the kind and caring support that staff provided.

Staff were respectful and courteous when informing other staff members at the beginning and end of a shift about any specific incidents or needs. Staff considered people's dignity when talking with and about people.

Staff showed a good knowledge of the people they were supporting and they spoke respectfully about people at all times.

People were consulted and involved in decisions about themselves. Some people had specific communication needs and staff used appropriate methods to ask questions and discuss things with people.

Good



Is the service responsive?

The service was responsive.

Care plans were relevant and held the information that helped staff. Full information was obtained before a person was accepted into the service.

People had access to a wide range of activities and were supported to be involved in their local community.

Good



Summary of findings

Relatives said that the staff were very helpful with any concerns or worries which were addressed quickly. Relatives expressed their confidence in the staff team and assured us that they made informed decisions at all times.

Regular discussions were held with people who lived in the home and with their relatives to ask their views. Any suggestions were discussed and agreed actions were taken if necessary.

Good communication systems were in place and the manager was readily available to all.

Is the service well-led?

The service was well led.

People at the service and members of staff told us they were supported and listened to by the manager.

Staff had regular supervisions and annual appraisals. They told us the manager was readily available and was very supportive.

People and their families were asked their opinion on the quality of the service. Regular discussions were undertaken with people and any action was taken when needed.

Good



Faro Lodge

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.

This inspection took place on 17 November 2014 and was announced. We told the provider two days before our visit that we would be coming. We did this because the service takes emergency placements and also has day admissions. We needed to be sure that there would be people at the service. One inspector visited the service to carry out this inspection.

Prior to this inspection we reviewed information we held about the service. This included statutory notifications that the provider had sent to us. A notification is information

about important events which the service is required to send us by law. They tell us of any deaths, significant incidents and changes or events which had taken place within the service provided.

During the inspection we spoke with two of the six people using the service. We also spoke to five visiting relatives, four members of care staff, two health professionals and members of the service management team.

We looked at records such as management audits, health and safety records, staff rotas and training records. We also looked closely at three care plans and observed the interactions between staff, visitors and people living in the home. We observed how people received care. Some people were not able to tell us about the care they received. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

The relatives of people staying at the service said that they felt staff kept their relative safe in the home. One person staying in the home said, “Staff are good to me. I love it here. Best place.” One relative told us, “Staff treat my relative just the same as we would. They are like family.” Another visiting relative told us, “Staff are always upbeat and happy. I never worry about safety in this place.”

Two relatives also told us they had never been on holiday until their relative had started staying at Faro Lodge. They said that they could now go on holiday and know that everything possible would be done in their absence to keep their relative well and safe.

We noted that care staff were not rushing anyone when supporting people. They used current techniques to move people safely around the home. We observed that staff were competent when using the equipment and staff told us they were trained to use any necessary equipment. We had discussions with two members of staff about some of the new equipment on order that would help one person to move more easily.

Staff discussed the safeguarding training they had completed and were able to tell us what they would do in the event that they had any concerns. They gave examples of what may be seen as abusive and expressed an understanding of people’s rights. Relatives of people staying at the service said the staff were always happy and available to discuss anything. They told us that they knew staff would always listen and were ready to assist people when needed.

The manager told us that all potential risks were assessed and when required, plans were put in place to reduce any risk to people staying at the service. We read risk assessments for three people and noted that these showed that information was up to date. Care plans also contained a section that held individual risk assessments to support the safety of people.

We noted throughout the day that staff attended to people’s needs and provided continued support and attention. People were supported in a timely manner by sufficient numbers of staff who could meet their needs. The rotas were drawn up after the needs of people had been assessed and the relevant factors had been included in the calculation. For instance, that any moving and handling of a person was always undertaken by two members of staff. The rota we looked at showed this was the case.

We discussed the recruitment process with management and staff. They told us that there was a very stable staff team that had been consistent for some time. We found that all appropriate action was taken at recruitment and that safety checks had been completed prior to the staff being employed. This ensured that people were cared for and supported by a suitable staff team.

Medicines were safely managed. The manager explained how any difficulties with a person taking their medication would be addressed. We were told that when this happened assistance would be requested from the allocated doctor. A suitable solution would be discussed and alternative methods such as liquid medication would be introduced to make taking prescribed medication easier for the person concerned. We found that the practices being undertaken were appropriate and in accordance with current legislation.

Is the service effective?

Our findings

The relatives and healthcare professionals we spoke to told us that the staff were knowledgeable and skilled to do their job. One person staying at the service said, “Yes, staff are good. I like it here.” One relative told us, “The staff know what my relative needs and I am so very happy they could help us. I cannot say enough good things about the staff and the home.” A visiting healthcare professional told us that staff did follow the instructions left. They seemed to know their job and what they are doing. They said that staff knew the people they supported and answered any questions when asked about a person.

Discussions with staff about recruitment procedures confirmed that an induction, training and on going support programme were in place. They told us they were able to request any relevant training and that they had regular refresher training on such things as safeguarding and moving and handling. The manager showed us the training plans that were in place. This ensured that staff had relevant, up to date training and support to carry out their job.

Training included the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of the MCA and DoLS and to report on what we find. The manager gave an example of a previous referral that had been made to the local DoLS team. This was accepted as an appropriate action at the time and then later reviewed. This restriction was finally lifted following a change in the person’s needs.

We observed people being supported during their midday meal time. People were offered choices and we saw clearly that when a person did not want any more food staff respected these choices and sat next to the person, talking with them throughout the meal. People who may experience swallowing difficulties were monitored and assessments were carried out with relevant professionals, such as a dietician, to support people and improve any difficulties with eating.

Care plans contained information about what people liked and how they enjoyed their meals served. Any special requirements for needs relating to diabetes, allergies or religion were catered for. We were given examples of when a person’s religious needs had been supported by the service. Relatives told us that they had discussed people’s food preferences and the meals they enjoyed. We heard staff discussing certain aspects of support for people’s meal times and this showed us that staff were fully aware of what and how people should be supported safely with meals.

Staff told us that the GP was called as soon as staff had any concerns about a person’s health. One visiting relative said they were always kept informed about any appointments regarding their relative’s health. They told us, “My family could not do a better job of monitoring health needs and making sure a person is healthy.” Another health professional told us that the staff were very good and followed the care and instructions they suggested to help with any health concerns. The home had records of how professional advice was sought for people with swallowing problems or hydration and nutrition concerns.

Is the service caring?

Our findings

The family members of people staying at the service were all complementary about the staff team who provided support and care. They told us staff always spoke and acted with respect. They told us they were able to visit at any time and that staff were aware of their relative's needs. They said that staff listened to people and helped them whenever needed. We saw staff laughing with people staying at the service as well as with relatives. Two people said that all staff were like an extended family. Not everyone was able to respond to us, but staff communicated with people to tell them why we were at the service. Staff laughed and joked with people and explained to us what the person's reactions indicated.

During our inspection we listened to and observed staff as they were working. We noted that conversations with people were kind, respectful and appropriate explanations were provided when people needed. We heard people being offered choices and we saw how people were encouraged to express their decisions. People were included in all discussions with staff whenever they were present. People were allowed time to think and then reply in their own way.

Relatives confirmed that they, and the person staying at the service, were included in the review of support plans. They said that staff would ask them questions about their care and how they liked to be supported. One person said, "We are always discussing things with members of staff."

People said that the manager, or any member of staff, would always be available to talk to and they said that it was, "The best home anywhere, not only because it was close but just that staff were the best anywhere."

The staff we spoke with were respectful about the people they were caring for during our conversations. The knowledge they expressed about people living in the home meant that they knew the needs of people. They knew how people preferred to be supported and knew what things they enjoyed doing.

We noted that care staff were attentive when supporting people to move safely around the service, using equipment correctly at all times. Correct moving and handling equipment and walking aids were promptly available for people to use and keep people safe. They always spoke to the person while in the process of assisting with mobility, or any other task, making the individual feel secure.

Is the service responsive?

Our findings

When speaking with relatives, they said that they had no complaints about the care that was provided, only praise for all concerned. They told us the manager and staff were very caring, were ready to listen and acted on any concerns or worries raised. They told us that any issues were dealt with quickly and that staff would always take any action that was necessary.

We were told by people that they celebrated special events and we also heard about the plans for Christmas events. Relatives told us about special occasions that had been enjoyed with their family member at the service. One person discussed their birthday that was due and said they were hoping to spend it at Faro Lodge as they told us, 'I like it here best.'

We found comprehensive information in people's individual care plans and these also contained risk assessments. Daily records written by staff provided information that showed how the person had spent their day as well as how they had felt in themselves. We saw that the care and support provided was adjusted to meet the needs of each person. Each individual had their own specific physical and communication needs. Staff were aware of these requirements and exactly how the person preferred to be supported and how to make them as comfortable as possible. We were told by staff how certain people would indicate if they did not wish to have interaction with us. This was also confirmed by visiting family members.

We were told by members of care staff that they shared all information and made certain any changes were passed to relevant people. When staff were speaking with family members, we heard that care staff knew the current information about the person. For example, the outcome of a referral made to external professionals that was known and discussed. Staff told us how they always made certain information was passed to other staff and how they could catch up on relevant information during the daily handover meetings. This supported staff to be up to date with information to work effectively when providing support.

Individual support plans were regularly reviewed to ensure that any change in care and support was recorded for staff information. A record was held of people's preferences, interests and diverse needs. Relatives told us that staff members consulted their family member and encouraged them to make their own decisions at all times. Our observations also confirmed this was the case.

Two relatives told us about a time they had been experiencing difficulties with providing support to their family member. They said that when this individual was visiting Faro Lodge, staff had seen that the person's behaviour had changed dramatically and they took appropriate action including notifying relevant external professionals. This led to a new diagnosis that meant specialist support was needed and this was obtained. The relatives said that they were so very grateful to staff for taking this action as they would otherwise never realised that additional support was needed for this new condition that had developed.

Faro Lodge deals with emergency admissions at any time and we discussed the recent emergency admission of one person with the manager. They explained that they never accepted anyone unless all appropriate equipment was in place. If everything could not be at the service before the person arrived, then they were not accepted as an admission. The manager explained that they had to make certain that the home could provide all necessary areas of support for a person prior to them arriving. This supported their wellbeing and also assisted with them feeling more settled once they arrived.

We found appropriate procedures in place for such things as dealing with any complaints. We saw that the service had received many letters and cards of thanks for their care and support. Relatives we spoke to in person and on the phone told us that review meetings contained regular discussions about any areas of concern or changes that may be required. We saw that relatives were discussing recent healthcare appointments and personal activities with staff who knew exactly what was currently happening.

Is the service well-led?

Our findings

We saw that visitors and people staying at Faro Lodge had free access to the main office at any time to speak with the manager. Visitors and staff told us the manager was approachable and always very supportive and helpful. One person said, “She encourages feedback and ideas.” Four relatives we spoke with were complimentary about the manager, but they also said that all the staff were wonderful.

People told us that the home was always relaxed and had a friendly, family atmosphere. Staff explained that at staff meetings if they had ideas about any type of change, they felt able to speak out and this was then relayed to the manager. An example was given of when the manager had first started at Faro Lodge. Her style of management was different and some staff found this difficult. This was discussed at a staff meeting and the manager took note and adjusted certain areas of her management approach. This showed an open and inclusive management style that allowed all staff to voice their opinion and be listened to.

The staff members we spoke with were familiar with the process and action to take if they had any concerns about the delivery of care or how a member of staff worked. They told us they would not hesitate about whistle blowing. They also stated that all staff worked together and the fact there was a stable staff team meant they had good communication systems. They explained that they all discussed matters between themselves and felt that every staff member wanted to do their best for people they supported.

We were assured that people and staff would be listened to and appropriate action would be taken when any issues arose such as complaints or whistleblowing. Relatives told us that the manager had taken action when needed and that staff were always available to listen to people.

We were told meetings with staff were held regularly and that the manager had an open door policy for all people staying at the service and their families to ensure their needs were being met. We discussed this with people who stayed and also with their relatives and staff. They all confirmed that the management ensured the home was running appropriately each day and that meetings took place regularly. This enabled people to discuss any adjustments needed to the service and of the building itself.

Staff confirmed they had regular supervision meetings with management and had an annual appraisal. The manager also completed progress reviews whenever possible, timescales were set for any actions. Staff said that the manager was also available at any time and was always ready to listen to whenever staff wanted to discuss anything at all. They explained that they felt valued as the manager considered their personal welfare too, making staff feel fully supported. All relatives and staff said that the manager’s door was always open if they needed to discuss anything.

People involved in the home were regularly sent questionnaires to ask their views on the quality of the service. People staying at the service and their relatives confirmed this was regularly completed. We read the results that had previously been gathered and saw an action plan had been acted upon. People were listened to and action was taken on any suggestions for improvements to the quality of the service. These matters were then fully discussed and recorded at staff 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.