Independence Matters C.I.C.

Faro Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 27 January 2017 and was unannounced. Faro Lodge is a care home providing respite care for up to six people who live with a learning disability. On the day of our visit six people were staying at the home.

The home has had the current registered manager in post since November 2013. 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.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. People were able to leave the home when this wished, although assessments had not been made to determine if formal DoLS applications needed to be made. Where someone lacked capacity to make their own decisions, mental capacity formal assessments had not been completed, although information was available in care records.

Staff were aware of safeguarding people from the risk of abuse and they knew how to report concerns to the relevant agencies. They assessed individual risks to people and took action to reduce or remove them. There was adequate servicing and maintenance checks to fire equipment and systems in the home to ensure people's safety.

People were safe staying at the home and staff supported them in a way that they preferred. There were enough staff available to meet people's needs and the registered manager took action to obtain additional staff when there were sudden shortages. Recruitment checks for new staff members had been made before new staff members started work to make sure they were safe to work within care.

People received their medicines when they needed them, and staff members who administered medicines had been trained to do this safely. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

People were able to choose what they ate and drank, and staff knew what people's individual dietary preferences were. They received enough food and drink to meet their needs. Staff members had information about health professionals so that people could receive advice and treatment quickly if needed.

People and visitors were highly complimentary about how staff cared for people. Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. They responded to people's needs well and support was always available. Care plans contained enough information to support individual people with their needs. People liked going to stay at the home

and staff supported them to be as independent as possible.

A complaints procedure was available and people knew how to and who to go to, to make a complaint. The registered manager was supportive and approachable, and people or other staff members could speak with them at any time.

Good leadership was in place and the registered manager and provider monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible and to improve the quality of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff assessed risks and acted to protect people from harm. People felt safe and staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were obtained before they started work to ensure they were appropriate to work within care.

Medicines were safely administered to people when they needed them.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff members received enough training to provide people with the care they required.

Information was available to guide staff where people were not able to make decisions or move in and out of the home unsupervised, although formal mental capacity assessments and DoLS applications had not been made.

Staff contacted health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drank. Staff monitored what people ate if there were concerns about this.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people staying at the home, which ensured people received the care they needed in the way they preferred.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required to meet all aspects of their needs.

People had information if they wished to complain and there were procedures to investigate and respond to these.

Is the service well-led?

Good

The service was well-led.

Staff members and the registered manager worked well with each other, people's relatives and people staying at the home to ensure it was run in the way people wanted.

Good leadership was in place and the quality and safety of the care provided was regularly monitored to drive improvement.

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 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.

This inspection took place on 27 January 2017 and was unannounced. This inspection was undertaken by one inspector.

Before the inspection we reviewed this and other information available to us about the service, such as the notifications they should sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with one person using the service and with two visitors. We spoke with the provider's representative and three care staff during our visit. We also spoke with the registered manager following our visit.

We spent time observing the interaction between staff and people staying at the home. We looked at the care records for three people, and we also looked at the medicine management process. We reviewed the records maintained by the home in relation to staff training and how the provider monitored the safety and quality of the service.

Good

Is the service safe?

Our findings

The person we spoke with told us that they felt safe staying at the home. Two people's visitors also said they felt their relatives were very safe at the home. One visitor told us that they felt their relative was secure at the home as staff members knew their likes and dislikes, which made them feel safer.

The provider had taken appropriate steps to reduce the risk of people experiencing abuse. Staff members provided clear explanations of the actions they would take if they thought abuse had occurred. They knew where to find information on how to report any concerns to the local authority, who lead on any safeguarding concerns, or to their own organisation if they needed to report an incident of concern. Staff confirmed that they had received training in safeguarding people and records we saw confirmed this.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us how people became upset, the possible reasons for this and the actions they needed to take to reduce the person's distress. We saw that staff knew how to approach people if they needed to and this reduced situations where people became upset. Care records for two people showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw how staff put this guidance into practice for one person who preferred to spend time alone. Staff members had arranged for them to stay in a quieter part of the home where they were able to be more independent with their care needs and became less upset with the presence of other people.

People received care in a way that had been assessed for them to do so as safely as possible. Staff members assessed risks to people's safety and documented these in each person's care records. These were individual to each person and described how to minimise any risks they faced during their daily routines. These included any risks with their mobility, the risk while using equipment, and specialised feeding methods, such as through a tube directly to the stomach (PEG). Staff members were aware of these assessments and our conversations with them showed that they followed the guidance that was in place that told them how to reduce any risks.

The equipment people used was well maintained. Staff made sure that this was serviced to make sure it was in good working order. We found that the fire alarm system was properly maintained and the required checks and tests were completed to ensure this was in good working order. Personal emergency evacuation plans (PEEPs) were available to guide staff or emergency services in the support people needed in the event of an emergency, such as a fire. We concluded that individual and environmental risks had been appropriately assessed and reduced as much as possible.

The person we spoke with told us there were enough staff available. One visitor told us that there were busier periods of the day but that they did not think their relative had to wait too long. The other visitor said, "They're (staff) always around."

Staff members said that they thought there were enough staff available to meet the needs of the people

staying at the home. We saw that people received a prompt response when they alerted staff that they needed assistance and that staff members were available in communal areas at all times.

Staff told us that there were a core number of staff, which was supported by a large number of bank staff so that they could meet the constantly varying needs of people using the service. They explained that there were a minimum number of care staff on duty at all times and that this was increased as required. We saw that there were twice the number of care staff available than the minimum required and that this reflected the needs of people staying at Faro Lodge at the time of our visit.

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable from providing care and support. We checked staff files and found that recruitment checks and information was available, and had been obtained before the staff members had started work. These included obtaining Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions.

People were provided with the support they needed to take their medicines as required. Staff members confirmed that they had received medicines training before they were able to administer medicines to people.

We observed that people received their medicines in a safe way and that medicines were kept securely while this was carried out. Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. We found that there were clear instructions where people were prescribed their medicines to be given in an alternative format, for example through a PEG tube. This included how to give the medicines and other actions for staff to take to make sure the tube did not become blocked.

Requires Improvement

Is the service effective?

Our findings

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 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.

We checked whether the service was working within the principles of the MCA. We found that staff did not complete mental capacity assessments where they had concerns that people may not be able to make their own decisions. However, information was available in care plans for those decisions people were not able to make, such as taking medicines, the use of bed rails or going out of the home. For people who stayed at the home regularly, this was less of an issue as staff knew them well, but as the home also provided emergency accommodation for people, there was a risk that decisions would not be made in their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). These require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of their liberty. No applications had been submitted to the local authority for people staying at the home. However, the provider's representative told us that they had received incorrect advice about the need to submit DoLS applications. They contacted the local authority DoLS team for advice during our visit and started the process to assess whether applications were required for people staying at the home.

Information was available in the staff office about the five principles of the Act and we saw that staff helped people to make their own decisions. Some people were given limited options if this helped them do this. We saw staff gave people the opportunity to decide how and when the received their care by asking them and watching for signs for those people who were less able to verbally communicate their answer. People were able to leave the home when they wished, with staff supervision if this was required.

People's care needs were met by staff members who had been suitably trained and had the knowledge and skills required. Staff members told us that they received "quite a lot of training" and this was what they needed to be able to carry out their roles. They confirmed that they received annual training in such areas as fire safety, and moving and handling, and that they were able to request additional training if they felt they needed this. One staff member told us that they had received training in caring for people with a learning disability. This had resulted in reflective thinking for the staff member where they thought about the people they cared. Staff members also said that they had the opportunity to complete national qualifications and one staff member told us that they had completed a level three qualification in care.

The registered manager kept a staff training matrix that showed when staff members had last undertaken training and when updates were due. We saw that staff kept up to date with training, which provided them with up to date knowledge and opportunities to develop their skills.

Staff members told us that they received support from the registered manager and senior staff in a range of meetings, both individually and in groups. These meetings allowed them to raise issues, and discuss their work and development needs. Staff felt well supported to carry out their roles and any issues that arose were treated as a positive learning experience.

The person we spoke with told us that the meals were nice and that they had plenty to eat. They confirmed that they could choose what to eat and that alternatives were available if they did not like something. A visitor told us that their relative sometimes did not like certain foods but that staff members had taken a list of their preferences so that they could make sure to have those foods available.

We saw that the evening meal was a social time, and people sitting at the same table were served their meals together. People were able to eat when they preferred and with whom they preferred and we saw that some people did this. Staff members helped people to eat when this was necessary and staff sat with people to help them. We saw that staff helped people who ate in other parts of the home. People had a choice of drinks during their meal and staff described the meal choices that were available, before people made their decision.

People who required a specialised diet, such as liquid food through a PEG tube (this is a tube that goes through the skin straight into the stomach), were given this as required. We saw that staff had enough information to be able to give the PEG feed correctly and safely. One staff member confirmed that they had received training in how to do this and how to look after the equipment. A staff member told us how they monitored another person's food intake as the person tended to forget to eat. There were strategies in place if this happened and staff knew about the actions they needed to take if the person did not eat.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. Records showed that people received advice from a variety of professionals including their GP and specialist nurses. We concluded that staff helped people to access the advice and treatment of health care professionals if this was required.

Good

Is the service caring?

Our findings

The person we spoke with told us that they were happy staying at Faro Lodge, they said that staff were caring and they were looked after well. Both visitors also told us that their relatives were treated kindly and that staff were polite. They were very complimentary about the home and staff. One visitor told us, "The staff are amazing." The other visitor said, "The staff are brilliant, they're so good with [relative]." They went on to say that, "So far they've always been polite and kind, it's such a contrast to what he experienced before."

We spent time watching how staff interacted with people and found that they were kind, gentle and considerate towards people. They spoke to people with affection and respect, and knew people's names. We saw one person come into the home during our visit on a planned respite stay. Staff members greeted the person warmly and with enthusiasm. It was obvious that the person looked forward to staying at the home and enjoyed the company of staff members.

The atmosphere in the home was relaxed and we overheard laughter numerous times during our visit. Staff members' interactions with people were thoughtful and designed to put people at ease. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention in a positive way.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. We saw that people were able to sit where they wanted and they could spend time in any part of the home. One person, who came to stay during our visit was able to familiarise themselves with the sensory room and the music system, so that they could listen to what they wanted as they settled themselves in.

We spoke with two visitors, who confirmed that as people's relatives they were involved in making decisions about people's care. One visitor told us that staff had spent time with them before their relative stayed at the home. Staff took detailed information about their relative, their routine, and their likes and dislikes. The visitor explained that without this information the transition from home to respite stay would not have gone so well as staff would not have known how to care for the person. Another visitor told us that staff communicated with them regularly, both during their relatives' stay and after their relatives returned home to make sure there were no changes to the care the person needed.

We saw people were encouraged to be as independent as possible and there was guidance in their care records about ways of encouraging this. There was information in relation to each person's life history, their likes and dislikes and any particular preferences they had. We observed that staff members explained to people what they were going to do. They did this in different ways, such as by telling people or showing them a limited choice. We also saw that staff watched for clues in the people's body language that might indicate when the person was not happy.

The person we spoke with agreed with us when we asked if staff were respectful. Both visitors also told us that staff were always respectful to them and to people staying at the home. They both felt that this would continue after they left the building and that staff respected people's right to privacy. Staff members provided appropriate explanations of how they would maintain people's privacy. They confirmed that they had received training in this area. We saw that this happened in practice and we saw that staff knocked on people's doors before entering rooms. During our visit we saw that people were dressed in clothing that was appropriate for the weather and staff were discrete when talking about personal subjects

Visitors told us that there were unrestricted visiting hours and they could see their relatives when they wanted. Staff members maintained people's confidentiality by not discussing personal information, such as medical details, in public areas. People's care records and personal information was stored securely in a lockable room.

Good

Is the service responsive?

Our findings

The person we spoke with told us that staff looked after them well and they received the care they needed when they wanted it. Both visitors we spoke with were very complimentary about the care that staff provided to their relatives. One visitor told us, "They know exactly how to care for him. If they did anything wrong he wouldn't want to go back but he couldn't wait." The other visitor said that, "Staff really know [relatives] well, they know all about their habits and how they behave." They went on to say that their relatives had been staying at Faro Lodge since it opened and they got very excited about it.

We spoke with staff members about several people and their care needs. Their descriptions showed that they had a good understanding of people's individual care needs and their preferences. They explained about people's physical care needs, how long term conditions affected people and what they would do if people became unwell.

We spent time observing how staff cared for people and found that staff anticipated people's needs and were aware when people needed their attention more urgently. We saw that staff interacted with people in a positive way. Staff frequently walked around the home to make sure people had their care needs met in a timely way.

Before people planned to stay at the home, they were visited by a member of staff to discuss their care and support needs. This was followed up with visits during meal times and an overnight visit before they stayed for longer periods of time. One visitor told us that this had worked well for their relative and consequently the person really enjoyed staying at the home.

People's care records contained information about their lives, preferences, likes and dislikes and details about what they liked to do to keep themselves occupied. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, nutrition and mobility needs. We saw that there was generally a good level of detail, with some plans describing the support people needed very clearly and in great detail. Staff members had clear guidance about equipment and how to use this for those people who needed help with moving or received their nutrition through a tube into the stomach.

One person's care plan showed the specific care needed for staff to manage the person's moving and handling needs. There was clear information to tell staff how to use the equipment and how to place them in their wheelchair so that they were comfortable. Other plans provided staff with information about people's long term health conditions, how these affected people, the signs staff should look for and what they should do if the person became unwell. This meant that staff members had enough guidance to care for people properly.

Staff spoke with us about how people spent their day. Many people attended day services during the week and staff were available to help them get there and back. One person was able to go out alone and we saw from records that they frequently visited places of entertainment at a time that suited them. When in the home, people were able to spend their time as they wished. One person preferred to stay in a quieter area of

the home, whereas other people spent time in the lounge or kitchen as they preferred.

The person we spoke with and both visitors told us they would be able to speak with someone if they were not happy with something. They would approach the registered manager or a staff member and they were confident that their concerns would be listened to. However, they all said that they did not have any complaints about the home or the care they received.

A copy of the home's complaint procedure was available and provided appropriate guidance for people if they wanted to make a complaint. Records showed that the registered manager had acknowledged and responded to complaints, and they took appropriate action in response to the complaints to improve the quality of care provided.

Good

Is the service well-led?

Our findings

Both visitors told us that they were happy that their relatives staying at the home as they thought they were well cared and the home was well run. One visitor said, "This place has been a godsend." They went on to tell us that they, "Wouldn't know what we'd do without it." The other visitor told us, "They are so lovely."

Staff members told us that although they had different roles and they all worked as part of the same staff team. One staff member told us that they were a good staff team.

The registered manager has been registered with the Care Quality Commission since November 2013. The registered manager was not available during our visit but the provider's representative confirmed that they were supported by the provider organisation's operations manager and by the provider organisation in general in the running of the home.

People told us that they knew who the registered manager was and that they saw them around the home to say 'hello' to. They knew the registered manager by name and told us they were approachable. Staff members told us that the registered manager was very approachable and that they could rely on them for support and advice.

Staff told us that they had regular meetings, such as team meetings, to discuss changes around the home. They said they were able to raise concerns and that the provider organisation took action to resolve issues. A whistle blowing policy was available and copies were available so that staff were able to look at it in private if this was required.

Faro Lodge was rated good in all areas at our last inspection and we found that they had mostly maintained that rating. We found one area of concern at this visit, which the provider took immediate steps to improve.

People's views of the care they received were obtained on an on-going basis during their stay as this was the most appropriate way for staff to obtain this information. A visitor told us that they were in regular contact with staff and they were able to give their views at any time. They told us that they would not change anything about the home as it provided them and their relatives with much needed support in a way that was perfect for them.

The registered manager completed two to three monthly audits of the home's systems to identify any areas that needed improvement. They told us that these audits fed into the provider's auditing system. We found that when issues had been identified, actions had been taken to address them. For example, staff had not always made sure that photographs of people staying at the home were available. They also found that staff signature lists to show staff had read information were not being kept up to date. These two issues were on-going and the registered manager found that they had been repeated. The registered manager told us that they would remind staff during meetings, follow up in individual supervision sessions to make sure action was taken. They also identified that the frequency of monitoring these systems was not often enough and this had contributed to them not being actioned fully.

The registered manager completed an analysis of any incidents and accidents, and complaints that had occurred which had shown any trends or themes. They complied a short report to show the action they had taken to address issues both individually and where themes had been identified.