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# Far End Residential Home

## Inspection report

Far End, Sandhurst Lodge  
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Crowthorne  
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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 was a comprehensive inspection and took place on 15 November 2017. It was unannounced.

Far End Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Far End Residential Home is a care home without nursing for up to three people requiring support and personal care by reason of age. At the time of the inspection three people lived at the service. The service is separated into two well defined areas. People are accommodated on the upper floor of the house in large individual bedrooms. There is a shared bathroom, toilet and kitchen with a garden room providing communal living space on the ground floor. The remainder of the lower floor is occupied by the registered manager and general manager who live on the premises. Outside there is a large garden for people to enjoy.

At the last inspection in November 2015 the service was rated Good. At this inspection we found the service remained Good.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the time of the inspection a registered manager was in post and assisted with the inspection.

People continued to receive safe care from the service. Risk assessments were completed and measures taken to reduce identified risks without restricting people's freedom. Recruitment procedures were followed to ensure as far as possible only suitable staff were employed. Staff were trained to safeguard and protect people. They reported concerns promptly when necessary. People received their medicines safely when they required them.

People continued to receive effective care from staff who were trained and had shown they had the necessary skills to fulfil their role. However, refresher training in topics considered mandatory by the provider was not all completed at the frequency recommended as current best practice. We have made a recommendation that the provider refer to the current best practice guidance on ongoing training for social care staff.

Staff were supported through one to one meetings, appraisals and daily conversations with the managers. Staff were encouraged to seek advice, discuss and review their work and develop their skills and knowledge. People were supported with nutrition and hydration and had sufficient to eat and drink to maintain their health and well-being. People's healthcare needs were monitored and advice was sought from healthcare professionals whenever necessary. 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.

The service remained caring and people reported staff were kind, caring, compassionate and patient. People's privacy and dignity were protected and staff treated them with respect. People and when appropriate their relatives, were involved in making decisions about their care.

The service remained responsive to people's individual needs. Staff knew people well and individual care plans were person-centred. They focused on and respected the diverse needs and preferences of each person and their desired outcomes. People knew how to complain and felt they were listened to if they ever raised an issue. The service was working to the accessible information standard. People were supported to engage in meaningful activities of their choice.

The service continued to be well-led. There was an open, friendly and person centred culture. The managers had clear values which they demonstrated by example. They sought and listened to feedback to make improvements in the service. Systems were in place to monitor and improve the quality of the service.

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 End Residential 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 inspection was carried out by one inspector on 15 November 2017. It was a comprehensive inspection and was unannounced.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and contacted seven community professionals for feedback. We received feedback from 3 professionals.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the inspection.

During the inspection we spoke with the three people who use the service. We spoke with four members of staff including the registered manager, general manager and two care staff. One of the care staff was a volunteer. We looked at three people's care plans, monitoring records and medicine recording sheets. We reviewed two staff files including recruitment records. We also looked at records relating to the management of the service including, accident/incident records, audits, training records and a number of other documents relating to health and safety. For example, the fire risk assessment, fire safety checks and engineer reports on the stair lift.

## Is the service safe?

### Our findings

People at Far End Residential Home continued to receive safe care. They all told us they felt safe and commented on the help they received from staff. For example, "Oh yes, I'm safe and they (staff) make sure everything is just right." and "I'm definitely safe here, I am so pleased [relative's name] found this home, I'm so happy and the staff are wonderful."

Individual risks to people's safety, such as those related to mobility, nutrition and skin integrity were assessed and reviewed regularly. Where a change had been noted it was cross referenced to the care plan and measures to mitigate the risk were instigated. While these measures helped to keep people safe they did not restrict people's freedom and independence. Environmental risks relating to areas such as fire and equipment were also completed and reviewed. Appropriate checks were completed on equipment such as the stair lift and electrical appliances in line with legislation and guidance.

Staff were confident in how to protect people from abuse. Where necessary, concerns were raised and action taken to protect people. For example, a health professional commented on how the service had responded swiftly to manage a situation that had caused distress to a person. They had informed the appropriate authorities and a management plan was in place and monitored carefully.

People were cared for by staff who had been recruited using a robust system to check their suitability to work with vulnerable people. The nature and size of the service meant the registered manager and the general manager were on the premises most of the time and provided the majority of support for people using the service. Two part time staff were employed to assist during the peak times of the day and a volunteer visited regularly to provide social interaction and activities for people. On the occasions that both the registered manager and general manager were not present in the service, arrangements were in place to ensure adequate cover was provided by suitably skilled and trained personnel. People told us their needs were always responded to promptly and said they appreciated the small staff team who they knew well.

People received their medicines when they needed them. Systems were in place to manage medicines safely and the registered manager checked all medicines and related records daily. There had been no medicines errors since the previous inspection. Staff received medicines training and their practice was observed formally every two months.

Accidents and incidents were recorded on people's files when they occurred. The registered manager and general manager told us whenever an incident happened a body map was completed and the cause identified so that lessons could be learnt. The registered manager commented, "We want people to feel safe and confident in our care. We can be on top of things very quickly because we know people so well and we are always here." They told us they used incidents and events as tools for learning and said, "We reflect and talk to each other so we can look for better ways of doing things."

Emergency procedures were in place and people's personal evacuation plans were reviewed regularly. Staff followed a cleaning system and used appropriate personal protective equipment to help protect people

from the risks relating to cross infection.

## Is the service effective?

### Our findings

People continued to receive effective care and support. Staff were trained and felt supported by the management team. People told us they felt staff were confident in their job role. One said, "They know what they're doing, nothing is too much trouble." Another commented on the knowledge and ability of the registered manager and said they could "totally rely" on them.

All staff received an induction when they began work at the service including those who volunteer at the service. They also spent time working alongside the management team to gain the knowledge needed to support people effectively. New staff were assessed and observed to check their level of competence and understanding. They then completed training to fill any gaps identified in their knowledge or skills. Those without previous training and experience completed the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The provider had a training plan which contained topics considered mandatory for the service. We reviewed the records and found the mandatory training was up to date. However, we noted the timescale for refreshing some of this training was not in line with current recommended best practice. For example, safeguarding training was refreshed every three years whereas current guidance recommends an annual refresher.

We recommend that the provider refer to the current best practice guidance on ongoing training for social care staff.

People's needs had been assessed and their individual preferences and routines were recorded including those related to culture and other protected characteristics. They were kept under review and changes made to care plans when necessary. It was evident from the way staff spoke about and to people that they knew them very well. They showed understanding of people's particular needs and preferences. We observed and heard people being asked for their consent before staff supported them and when necessary explanations were provided to inform and reassure people.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and DoLS. They were able to tell us how the principles of the act applied to their work. At the time of the inspection there were no authorisations to deprive people of their liberty in place. The management team were aware of when applications should be made.

Individual meetings were held between staff and their line manager every six to eight weeks. These meetings

were used to observe practice and discuss the work of staff members. They gave an opportunity for staff to discuss their training and development as well as the care of people living in the service. Staff told us they met every day with the managers and felt they did not need to wait for a specific meeting to discuss issues. One said, "I meet with [registered manager and general manager] every time I work, they are always willing to listen and they take everything seriously. I tell them everything, it's best to be open."

Throughout the inspection we observed the managers and staff communicated and shared information to help ensure effective care was provided. Daily well-being sheets were completed to record how a person had been and any changes that had occurred. They logged entries about people's mood and their health as well as fluid and dietary intake.

People had their healthcare needs met. Staff contacted health and social care professionals for advice and support when this was necessary. For example, on the day of the inspection one person was supported to visit the GP surgery to seek advice regarding a health condition. The registered manager told us they accompanied people with their consent to appointments or hospital admissions. They explained this helped to ensure people received consistent care and support and meant they were able to explain things to people. One person said, "I only have to mention something and [registered manager] will call the doctor if I want." A health professional commented on how the service had a good relationship with the GP practice and were proactive in getting the right care for people.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Menus were not planned formally but people chose individually from a list of options at each meal time. A variety of foods were available and meals included vegetables and fruit grown in the garden. They commented on having very fresh food. People's weight was monitored regularly and any concerns discussed with the person and referred for specialist advice if necessary.

The service was divided into two clearly defined areas. One comprising of accommodation for people using the service in the form of individual large bedrooms, a shared kitchen, bathroom and separate toilet. The remainder of the property was used by the managers. People could use the communal garden room if they wished but they mostly chose to use their own rooms for socialisation. The bedrooms had enough seating and space to accommodate visitors. Adaptations had been made and contributed to people's safety. For example, hand rails had been installed to assist with people's mobility and a stair lift was available to help people get upstairs.

## Is the service caring?

### Our findings

People continued to benefit from a service that was caring. On the day of the inspection the people using the service were all relaxing and spending time in their rooms. They told us they enjoyed doing this when they were not going to the local day centre. People appeared comfortable when interacting with the staff, they smiled and chatted in a relaxed manner. It was evident that they knew the staff well and it was clear there was trust between them. One person said, "They are so very kind to me, just wonderful they are." Another said, "This is the best place, I couldn't be happier." A social care professional commented that the person they worked with was much happier at Far End than in previous placements.

People told us staff respected their rights and choices. They said they had been involved in planning and making decisions about their care. Where people wished, their relatives had also been involved. It was clear relatives were encouraged to remain part of their family member's life and communication was encouraged. The managers made a point of speaking with relatives when they visited, to check all was well and to update them with information when people had consented to this. Information and advice on advocacy services was available for people in their files should they wish to use it.

Visitors were welcome at the service. People were able to entertain their visitors in the privacy of their own rooms or they could use the garden room if they chose. Where it was necessary for relatives to stay, facilities were available either in people's rooms or in a guest suite.

The staff were knowledgeable about the people they cared for. One explained how they had been chatting to a person and found out that they liked to use a cup and saucer rather than a mug for their drinks. This had been immediately acted on and the person was provided with a cup and saucer they liked. The registered manager commented, "It's those small things that make the difference, it's important, so important." Staff further demonstrated their knowledge of people by describing the types of things people enjoyed doing, their history and particular needs. For example, those related to culture, ability or religion. They told us about a person who had previously attended church regularly and was offered the support to continue to do so if they wished. However, they had chosen not to do this and instead enjoyed spending time with visiting clergy.

People told us their privacy and dignity were respected. They said staff spoke to them with respect, addressed them as they wished and maintained their dignity. Staff described how they closed doors and covered people when assisting them with personal care. We heard people being spoken about in a respectful way throughout the inspection. People could choose to close their room doors if they wished to have privacy at other times of the day. However, they told us on most days they preferred to have the door open so they could hear and feel part of the day to day activity. Staff had a good understanding of maintaining confidentiality and records were stored safely.

Staff described various ways in which they supported people to maintain their independence. One said, "We totally have to help independence. It makes them feel like they are a real person, it gives them self-esteem." Care plans noted what people were able to do for themselves and where assistance was required.

## Is the service responsive?

### Our findings

People continued to receive a responsive service. People's care and support plans were individualised to them. They recorded their personal preferences in regard to the support they required, including that related to disabilities, culture, communication and spirituality. Care plans were kept under review and updated whenever a change occurred. People confirmed they were part of the reviews. Relatives were also invited if people wished them to attend.

People had daily communication with the management team and said they could discuss anything with them, one told us, "I can speak to [registered manager or deputy manager] at any time. They are always here and will always listen. I'm so lucky." Another also commented on seeing both managers every day and how they would often have a cup of tea and a chat with them. It was clear people appreciated this personalised approach. They said they were asked their views on the service regularly and were happy to give them.

The managers were aware of the Accessible Information Standard and ensured that people had access to the information they needed in a way they could understand it. For example, one person was provided with information in large print due to failing eyesight. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People living at the service attended a local day centre three days per week where they were able to engage in a variety of activities and maintain links with the community. They told us they enjoyed the freedom to relax on the days they did not attend the day centre. Volunteers and staff spent time with people talking, providing manicures, watching favourite TV programmes and generally engaging with people socially. One person spoke enthusiastically about their interests and showed us what they enjoyed doing. Another explained how the staff were helping them to find a new pet to replace one they had recently lost.

People were aware of the complaints procedure but told us they had not needed to use it. One person commented, "I would talk to [registered manager] or actually any of them and I know it would be dealt with." The managers said they felt that being in daily contact with people meant they were able to identify any small concerns quickly so they prevented them from developing into a complaint.

People had been given an opportunity to consider the care they would like at the end of their lives. Personal preferences such as who the person would like with them and any religious observances to be carried out were recorded on the person's file.

## Is the service well-led?

### Our findings

People continued to benefit from a service that was well-led. The service is required to have a registered manager. There was a registered manager in post at the service and they assisted us with the inspection. The registered manager was aware of their responsibility to provide information about events in the service to the Care Quality Commission and had done so when necessary.

The culture in the service was relaxed and friendly, it supported openness and transparency. Staff were positive and complimentary about the leadership in the service. They told us they felt the managers were, "Definitely open." They went on to describe how issues were discussed and felt they were included in decisions that were made. They told us this contributed to them feeling valued as members of staff. One commented, "I love it here, it feels like a home, people are relaxed. [Manager's names] are really good, they know people and all the little important things about them which they share, so I know what people like. Also, I can talk about anything to them and they listen."

A briefing meeting was held at the beginning of every shift to ensure staff were aware of any changes in a person or any events taking place. Staff told us they were never in any doubt about what was happening with each of the people living at the service. One said, "We have a meeting every day to discuss all the events regarding the ladies and how they are. We talk about everything, it's important to know what's happening."

Both managers were visible in the service and worked alongside the staff to provide care and support to people. They told us they were able to make regular observations of staff working and were therefore able to monitor the attitude of staff and their approach to people. They offered advice and supervision when required and staff confirmed this to be so. Staff stated the managers had clear values. One commented, "It's their whole life, their values are very clear and they give great example."

People's relatives and friends were welcome to spend time with their family members and the managers worked hard to facilitate this even when circumstances made it difficult. We noted they worked closely with the local authority to enable relationships to be maintained to benefit one person living at the service.

People, their relatives, staff and other stakeholders were asked for their views on the service. Results from the most recent survey in September 2017 showed a majority of positive responses, indicating people were happy with the service they received.

A system of audits enabled the managers to have a clear picture of the service at all times and to take immediate action if any issues arose. They regularly checked all aspects of the service and took action to improve when appropriate.

The service maintained community links and had worked hard to ensure people received consistent care when they used other services. For example, clear communication between the service and the day centre helped to ensure care continued in accordance with people's preferences and needs. Additionally, they worked closely with health and social care professionals and had built strong working relationships. One

professional commented, "The owners show genuine care for their residents."

The managers belonged to provider groups and attended meetings to help keep them up to date with best practice. They used a variety of professional sources to ensure they were familiar with changes to guidance and legislation.