T.L. Care (Havering) Limited

Faringdon Lodge

Inspection report

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Tel: 01708379123

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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

Faringdon Lodge is registered to provide personal care, support and accommodation for up to 28 older people. Some of the people who use the service are living with dementia. At the time of inspection 21 people were using the service.

Faringdon Lodge 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

The home is a large converted property split into two units, Sandringham and Balmoral. In the Sandringham unit accommodation is arranged over two floors and there is a lift to assist people to access the upper floor. The home is registered for 28 people. This includes five double bedrooms. However, all rooms currently in use are used as single rooms which means the numbers of spaces is limited to 23.

This unannounced inspection took place on 18 December 2017. At the last inspection on 28 September 2015 the provider met all of the legal requirements we looked at and was rated good.

Faringdon Lodge is a traditional care home for older people, providing a reliable care service to older people. The care provided is valued by people using the service and relatives. Investment is needed to improve the décor and more thought and consideration about activity provision and dementia care. Otherwise this is a good service which has retained its good rating.

The service had a registered manager in place. 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.

Staff understood their duty to protect the people in their care. Staff knew what to do in order to protect people from abuse and minimise potential risks to people's health and welfare. Medicines were safely managed.

There was a suitable number of staff to meet people's needs. People, and relatives, told us that they were happy and that staff provided safe and good care, showing respect and consideration to people.

People were supported to consent to care and the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff undertook training which helped them to carry out their role. The supervision and appraisal system also supported them to carry out their work.

The service carried out assessments of people's needs before they moved in. Care plans described each person as an individual, the degree of support they required [including support for people suffering with dementia] and were tailored to respond to people's unique needs. Care plans were regularly reviewed. People were supported to maintain good health. People had access to health care services whenever this was needed. People received a nutritionally balanced diet to maintain their health and wellbeing.

The service had a clear management structure in place. The service had various quality assurance and monitoring systems in place to oversee the day to day operation of the home and to plan for changes and improvements. The provider listened and responded to the views of people who used the service, relatives and other health and social care professionals.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Faringdon 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 18 December 2017 and was unannounced. The inspection was conducted by one inspector and an expert by experience with experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people the service supported. We asked the provider to complete a 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.

During the inspection we spoke with five people who used the service, five relatives, four members of the care staff team and the registered manager. The provider of the service was also present during the inspection and was present when we provided feedback at the end of the inspection.

We looked at five care records, four staff recruitment records, safety and complaints records as well a range of records relating to the day to day running and provider oversight of the service.

Good

Is the service safe?

Our findings

A person using the service told us, when asked about feeling safe at the service, "Oh definitely. It is the place and the people around you. The carers are wonderful." Another person told us, "They are very good. I will give them credit for caring to us, and that is without a lie." Other people we spoke with did not give detailed answers but did feel safe.

Relatives told us, "I couldn't think of anything else they could do. Everything is done with kindness." One relative did feel that they could have been better informed when their own relative had spent time in hospital, and had been refusing to leave their room, this comment were fed back to the registered manager for their attention.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. The staff we spoke with were clear about their responsibilities to report concerns and were able to describe the different types of abuse. Staff training records confirmed that staff had completed safeguarding adults training. They were aware of their duty to notify the Care Quality Commission and the relevant local authority about the occurrence of any safeguarding incidents. One potential safeguarding concern had been raised since our previous inspection. The provider had co-operated fully with the investigation into this and no on-going or serious concern had resulted from the investigation. Without firstly having asked, a member of staff told us about whistleblowing and that they would have "No hesitation" about raising any concerns they may have, although they had not ever felt the need to do this. Other staff, although they did not use the term whistleblowing, were clear about who they could report concerns to, whether this be the manager, provider or external agencies such as the local authority or CQC.

The provider followed safe recruitment procedures to ensure that staff were not employed unless they were suitable to work with people. The service did not have a high staff turnover and many staff had worked at the service over a number of years. We looked at recruitment records for three staff that had been employed in the last year. The necessary pre-employment checks were carried out by the provider. These checks included disclosure and barring service checks, [including a criminal record check] employment history and references. This meant that people were protected by a provider who was diligent in ensuring that staff were safe and appropriate to support them.

Staff and people told us that there were always enough staff on duty, although some said there could be more as staff were busy. We looked at the duty rota for the previous two months and saw that the staffing levels which we had been told were the normal level. The rota and staff on duty matched the staff rostered for the day of our inspection and we saw that there was a suitable numbers of staff on duty to attend to people's needs. We were informed that the staffing levels were flexible and could be changed according to people's needs. One member of staff told us "There was a lot of agency staff a while back but not anymore as we are fully staffed."

Care and support was planned and delivered in a way that ensured people were safe. The care plans we

looked at included risk assessments which identified any risk associated with people's care. There was guidance for staff about how to manage and minimise potential risks. The service had common risk assessments such as falls, manual handling and medicines. These risk assessments then went on to describe other risks associated with people's day to day needs, whether these be about people's physical condition, risk of pressure areas or in their day to day activities. Risk assessments were reviewed regularly and had been updated if people's needs had changed.

People received their medicines safely and at the times when they needed them. The manager, deputy manager and senior staff administered medicines. They followed the medicine administration procedure. Appropriate arrangements were in place to manage medicines. Medicines were delivered and booked in using the Medicine Administration Record (MAR). They were stored safely in a medicine trolley. Appropriate arrangements were in place to store controlled drugs. The manager carried out a weekly and monthly medicines audit. They informed us that one person living at the home used a controlled medicine. This was a medicated patch for the relief of pain. The person's medicine record showed that each time the patch was changed it was placed on a different area as required when using this type of medicine.

Staff received hygiene and infection control training. We were told that no one using the service had any condition that required specific infection control measures to be used. However, personal protective equipment such as gloves and aprons were readily available for staff when carrying out personal physical care tasks.

Systems were in place to ensure that all equipment was maintained and serviced. A regular programme of safety checks was carried out. For example, gas safety, fire alarm detection and warning systems, electrical safety and day to day building safety checks were all carried out. There were arrangements in place to deal with foreseeable emergencies.

The service recorded any incidents that had occurred and very few, if any, had taken place. The service responded appropriately to incidents or other events that had occurred and followed these up with action required to minimise the potential of further occurrences.

Good

Is the service effective?

Our findings

People said the staff were very good and supported them well. One person said "I think that the majority of them are very good. I would not say a bad word about them". Another person told us "Yes. If I ask them a question they can tell me."

Relatives we spoke with were also satisfied with the effectiveness of the service. One person told us "Yes, absolutely [about staff being well trained] Yes they know my [relative]."

The service was clear about obtaining consent to care and had done so in all of the care plans that we viewed. Relatives were consulted about care assessments and if legally permitted to do so, gave consent if their relative was unable to do so themselves.

People were supported to have their assessed needs, preferences and choices met by staff that had the necessary skills and knowledge. Staff told us that they received training relevant to the work they did and found the training to be beneficial to carrying out their work and maintaining their knowledge and skills.

None of the more recently recruited staff were on duty during our inspection although we spoke with one that had been recruited after our previous inspection visit. This person said that their induction had been "Fantastic, I had never worked in care before and the induction told me about all that I needed to know."

Training records showed that staff were trained and had attended courses relevant to their role. Training included dysphagia [this is a condition where people have swallowing difficulties], dignity and assisted eating, safeguarding adults, dementia, end of life care and moving and handling. Nine staff had also obtained the national vocational qualification level 2 or 3.

Staff felt supported by management. They confirmed and records showed that they had regular supervision sessions with their line manager, averaging every two months. Staff told us that this did happen and they believed it was an important aspect of their work as well as having their performance and development reviewed through annual appraisals.

People were involved in making decisions about the food they ate and were asked each day what they wanted, which we observed happening. They were supported to eat and drink in order to maintain a balanced diet and promote their health and wellbeing. The menu was devised based on people's choice. People told us they usually liked the food and relative's also thought the same with minor exception from one who told us their relative did not like a particular type of meal. Real thought went in to the choices and food was all freshly cooked on the premises which was appreciated by people.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. The care plans we viewed showed that people received support from healthcare professionals when required, for example palliative care team input, speech and language therapists and visits from district nurses to assist with clinical care needs. These needs could include giving insulin and

pressure area care [although this was not regularly required].

The home was clean and tidy although the décor was, although acceptable, looking worn. The provider stated that they were planning to redecorate in the near future but did not as yet have a date on which this would begin. Some people allowed us to either view, or speak with them, in their bedrooms. These were personalised to people's wishes and important objects such as pictures and ornaments could be brought in with them when they came to live at the home. Improvements had been made to bathrooms although in one we saw it was also being used to store a hoist. Storage space was an on-going issue for the home due to the age of most of the building, and the registered manager told us that there was consideration being given to create an additional storage area.

Signage to assist people find their around the home was limited. The registered manager, after we raised this, said that some items had been removed due to maintenance work and that they were also looking at resources to improve this.

We recommend that the provider move forward with seeking advice and resources that could improve the way in which people could be aware of their surroundings and where they are in the home.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this was in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager explained how capacity assessments were carried out and reviewed regularly. Where the staff identified limitations in people's ability to make specific decisions they worked with them, their relatives and relevant advocates to make decisions for them in their 'best interests' in line with the Mental Capacity Act 2005. The registered manager had made appropriate applications for DoLS authorisation for people who required this, applied for renewed applications as necessary and informed the Care Quality Commission of the decision.

A relative told us "If someone asked me about a care home for dementia I would have no hesitation in recommending it. They do such a great job." Another relative told us "I am happy to drop her off each time [after taking their relative out on a trip]. It is very close knit."

People had differing degrees of dementia from those that required others to take important decisions on their behalf under lasting power of attorney and one person who was also subject to deprivation of liberty safeguards. Other people could make decisions. We observed staff offering people choice and respecting the choices they made. No assumptions were made by staff about what people could make a choice about and each member of staff we spoke with was aware of people's right to be involved and as far as they possibly could.

Good

Is the service caring?

Our findings

People told us that they were happy with the care they received and that the staff were very supportive. One person said "Definitely, just like the one next to me. I love them all. I have no complaints with them." Other comments included "Staff are very kind, they are all nice here. I like it. I am quite happy here and we all get on."

Relatives also had a similar view and told us "I find that [registered manager] is very good at taking on any comments." Another relative told us "Yes most definitely [caring]. This person went on to tell us about care they had observed their relative receiving and how well staff had carried this out by saying this was an example of how staff thought about their relative.

Staff were aware of people's support needs and what they would do to encourage continued independence. Staff were aware of the information which needed to be recorded such as accidents, incidents, risk management and safeguarding concerns. They were also aware of how to report any changes in care needs. Care plans described people as individuals, for example, what the person preferred to be called and their life history. Care plans were reviewed every month with the involvement of people who used the service where possible and their relatives, if they wished. They were reviewed and updated more frequently if people's needs changed. A member of staff told us "I key work three people. I make sure they have what they need and that their care plan is up to date." A keyworker is the word used to describe a member of staff who is assigned to each person to oversee their care plan and progress.

Our conversations with staff demonstrated that they knew the people they supported well. Staff spoke about people with respect and compassion and told us that this was always a focus and if this did not happen then the registered manager would be very quick to address it.

Staff told us that they always made efforts to explain what they were doing with people, encouraging people to be as independent as they could and to make choices. We observed this throughout our inspection with people choosing if they took part in an activity, whether they wished to spend time alone or socialising and when they chose to get up or go to bed.

Good

Is the service responsive?

Our findings

Each person using the service had an assessment of their needs prior to admission. This was translated into a plan of how their care was to be delivered. We had been informed at our previous inspection that care plans were being transferred to a revised format and this work had all now been completed. The five care plans we looked at showed that everyone had a care plan, preceded by an initial assessment which was used to inform the service about people's care and support needs.

Care plans offered guidance to staff on how to support each person and about the independence and ability that each person maintained. A member of staff told us "When people come to live here we get to know about their history and background to really get to know them."

Other staff told us about their work and that they had to, "Be aware of the people around me and treat them as I would expect to be treated". Staff also told us, "People have diverse needs, no one is the same", and then went on to talk about the people they worked with in caring ways.

The service no longer had a dedicated activities co-ordinator as they had left. The registered manager said there were no plans to replace this person as staff were involved in activities with people each day, which we saw happening during our visit. Activities did occur in the home, although there were mixed views about these. One relative told us "I don't think there is a lot [Meaning activities]. I know my [relative] would like to go out more" Another relative said "More outings would be good, like down to the shops. My [relative] really enjoyed the boat trip in the summer."

We recommend that the provider explore these comments further as not all people like the same types of activity. Although it is also the case that activities and events did occur these may not be of the type that appeal to everyone.

The major events, such as annual festivities including Christmas and Easter were organised along with national holidays throughout the year. The way that these events and birthdays were celebrated prompted much appreciation from people. We observed staff were regularly spending one to one time with people, talking with them, holding their hands and gently stroking them too. One relative told us, "Anytime it is someone's birthday they have a party and an entertainer. They also do summer parties like a Hawaiian Night, Canal Boat. It was all lovely. They used to do things like Yoga too in the past." Another relative said "They do his birthday party. Outside activities such as Mad Hatters was really good. Christmas party is really good too." Other relatives had a different view and told us

The provider emphasised the expectation that care and support should be provided in a person centred way. The provider and staff were all clear about the expectation that staff should recognise each person as an individual first, acknowledging each as having unique needs and personality. People's rights were acknowledged and recognised in terms of their heritage, culture, religion and personal lifestyle choices. All but two of the people living at the home were white British. We looked at the care plan of one of the people who was not and saw that there had been close liaison with the person's family about how to ensure that

their needs were met. The registered manager was able to demonstrate how they had consulted with the person and their family and having done so the person had been placed at the home. The service was able to provide for their needs and the person's family visited regularly and staff spoke with them about how they thought there relative was cared for, as well as with relatives of other people.

The registered manager stated that there were very few referrals of people other than those of white British heritage although, as demonstrated by the experience of the person referred to above, careful consideration was given to how the home could meet the needs of people of other heritage. All of the people who chose to practice a religion were of protestant faith and attended services held at the home. The staff had made arrangements with a local catholic church to visit and attend to the spiritual needs of another person.

People were able to make a complaint if they wished. Since our previous inspection in September 2015 there had been one complaint. This was resolved quickly. The service also received a number of compliments and thank you cards from people using the service and others. The provider took complaints or concerns seriously and made sure that a variety of channels existed for people to raise concerns either with the service and its staff directly or with the provider. No one raised any concern about being able to speak with staff or the manager if they wanted to and thought they were approachable.

The home provided end of life care to people with the support of the district nursing service and palliative care specialist team. Staff all received training in end of life care and without exception told us how important it was to do this well. Compliments had been received by the home about the way that relatives had felt that their loved ones had been cared for when receiving end of life care in the home. No one at the time of this inspection was receiving palliative care.

Good

Is the service well-led?

Our findings

A person using the service told us "The staff are very helpful. They are great and I would recommend it too. I get along with all the staff." No one else using the service commented about how it was managed, however, from other comments we received there was a good deal of trust about how staff worked with people.

The manager was supported by a deputy manager and a team of senior staff. Staff told us they felt well supported by each other and the management team. Staff contributed to how the service was run, through regular staff team meetings and daily handover meetings. The staff we spoke with knew their roles, the lines of accountability and what was expected from them. A member of staff told us "If I need advice at any time I can always call the manager or provider [if they were not present in the home at the time]."

Other staff told us "We have staff meetings every two months and we can discuss anything anyway at other times." Another staff member told us "We communicate well, if I was concerned I would speak with the manager or [other colleagues] but have not had to."

There were systems in place to monitor the service. For example, the manager and other members of the management team carried out audits across a range of areas. These included medicines, care plans, staff performance and day to day operation of the service. The provider also conducted a monthly visit to the service. They spoke with people who used the service and staff. They produced a report for action with timescales such as staffing, care planning and maintenance issues. We looked at these reports for the last six months and saw that the quality of the service was being assessed and monitored so that improvements needed were quickly identified and action was taken if and when required.

The quality of the service was monitored through the use of surveys each year, although it was evident from conversations we had with people that this was not the only time that they were asked about their views. There was also a suggestion box at the entrance to the home. Therefore, the provider had mechanisms in place to assess the quality of the service and evaluate its performance in order to improve the quality of the service provided to people.

The provider had clear procedures for maintaining people's privacy and for ensuring personal care records were kept securely in order to protect people's confidentiality.

The registered manager was able to show us information that had been taken in response to an anonymous complaint made earlier in 2017. This had been a whistleblowing concern that had alleged a range of poor practices. The provider had cooperated fully with the local authority investigation which found there was no justification to the statements that were made. The provider had none the less discussed this with staff as a means of emphasising open communication and how any concern would be taken seriously. A couple of staff made reference to this and had been disappointed that this unwarranted allegation of poor care had been raised.