

Loomer Medical Limited

Farmhouse Residential Rest Home

Inspection report

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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 unannounced inspection took place on 21 November 2017. At our previous inspection in January 2017 we had found the service was not always safe, effective, caring, responsive or well led. We had found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made in all the areas and the provider was no longer in breach of Regulations.

Farmhouse Residential Rest Home provides accommodation and personal care for up to 23 people, some of whom may be living with dementia. Five places at the service were for people who required a period of rehabilitation following a stay in hospital. There were 23 people using the service at the time of this inspection.

There was a registered manager in post who supported us throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from the risk of abuse as staff followed the local safeguarding procedures when they suspected abuse.

Risks of harm to people were mitigated through the effective use of risk assessments. Lessons were learned following accidents and incidents to reduce the risk of them occurring again.

There were sufficient numbers of suitably trained staff to meet the needs of people in a safe way. New staff were employed through safe recruitment procedures to ensure they were fit and of good character to work with people.

People's medicines were stored and administered safely. There were infection control measures in place to reduce the risk of the spread of infection.

People's needs were assessed holistically to achieve effective outcomes. People were cared for by staff who were trained and supported to fulfil their roles effectively.

People's nutritional needs were met and when people became unwell or their health care needs changed the appropriate health care advice was sought in a timely manner.

People were supported with their transition into and out of the service through information sharing and partnership work with other agencies.

The principles of the Mental Capacity Act 2005 (MCA) were followed to ensure that people who lacked the mental capacity to agree to their care and support were supported to do so in their best interests.

The building and environment was being adapted to meet the needs of people who used the service.

People were treated with dignity and respect and their right to privacy was upheld.

People were involved in the planning of their care, offered choices and encouraged to be as independent as they were able to be.

People's needs were assessed and their preferences gained. We have recommended that further information is gained about people's diverse needs through the assessment process.

There were a range of hobbies and activities to support people to maintain active and promote their well being.

People were cared for with dignity at the end of their life and were comfortable and pain free.

The provider had a complaints procedure and complaints were dealt with appropriately.

There was clear vision and strategy to provide good quality of care. The governance systems the provider had in place to monitor and improve the service were effective in ensuring improvements were made.

People, their relatives, staff and other agencies were encouraged to have a say in how the service was run. The provider worked with other agencies to ensure a holistic approach to people's care.

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.

People were safeguarded from the risk of abuse as staff knew what to do if they suspected abuse.

Risks of harm to people were assessed, minimised and managed to reduce the risk. Lessons were learned following incidents and accidents to reduce the risk of them occurring again.

People were supported by sufficient numbers of staff who had been safely recruited.

People's medicines were stored and administered safely.

Infection control procedures and cleaning schedules were in place and being followed to reduce the risk of infection.

Is the service effective?

Good ●

The service was effective.

People who used the service received a holistic service and were supported by staff who were trained and effective in their roles.

People's needs were assessed and when their needs changed or they became unwell the appropriate health care support was gained in a timely manner.

Staff followed national guidance in delivering care that met people's needs in an effective way. The provider was following the principles of the MCA and ensuring that when people lacked the mental capacity to agree to their care they were supported to do so in their best interests.

The building and environment was adapted to meet people's individual needs and preferences.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported to make choices about their care and were encouraged to be as independent as they were able to be.

People's right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and their preferences respected.

People were supported at the end of their life to remain comfortable and pain free.

The provider had a complaints procedure and people felt able to complain.

Is the service well-led?

Good ●

The service was well led.

There was a clear vision and strategy to deliver high quality care and support.

The systems the provider had in place to monitor and improve the quality of care were effective.

People, their relatives, staff and professionals were asked their views on how the service was run.

Staff worked with other agencies to ensure that a holistic approach was taken to people's care.

Analysis of accidents and incidents meant that lessons were learned and the quality of care was improved.

Farmhouse Residential Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 November 2017 and was unannounced. It was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people who used the service and four visiting relatives. We spoke with two care staff, the maintenance person, the cook, the registered manager and deputy manager.

We looked at four people's care records and four staff recruitment files. We checked the maintenance records, looked at rotas and the new medication system. We looked at the systems the provider had in place to monitor and improve the quality of the service.

Is the service safe?

Our findings

At our previous inspection we found that the service was not always safe and the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and they were no longer in breach of this regulation.

Previously we had found that risks were not always minimised and managed safely. At this inspection we found improvements had been made. We saw when people had been assessed as being at risk of harm; risk assessments were implemented to reduce the risk. For example one person required two members of staff and the use of a hoist to be able to mobilise. We saw their risk assessment clearly stated which hoist and which type of sling should be used to move them safely. We saw that the person had the correct equipment available for staff to use and staff we spoke with knew which equipment to use to support the person to move.

We found that lessons were learned following incidents and accidents. For example, one person had been found to be using their bed rails unsafely. We saw that action was taken to remove the bed rails and make the person safe. The registered manager analysed all accidents and incidents and took action to reduce the risk of them occurring again.

Previously we had found that people's medicines were not always managed safely. At this inspection we found that the provider had implemented a new medication system. The registered manager told us that despite there having been a few teething problems the system was now successfully in use and reducing medication errors. The new system automatically totalled the medication so that when the senior staff completed their audits it was clear as to whether people had received their medicines. We saw that medication was administered by trained staff and was stored in a locked medication trolley within a locked clinical room.

People and their relatives told us they felt safe. One relative told us: "My relative had to come in here to be safe, it feels safe for them, I'm confident in the care here". Staff we spoke with had received training and knew the signs of abuse and what to do if they suspected someone had been abused. They told us they had confidence that if they reported abuse to the management team that the appropriate action would be taken to safeguard people. We saw that incidents of suspected abuse had been referred to the local safeguarding authority for further investigation. This meant that people were being safeguarded from the risk of potential abuse.

No one told us that they had to wait for long periods of time to receive support from staff. One person who used the service told us: "It seems there are enough staff, they always come to help you, at night there's always someone there". A relative told us: "There is always a member of staff in the lounge, my relative is rarely if ever left alone in there". We saw that the registered manager used a dependency tool to ascertain how many staff were required to meet the needs of people using the service and also monitored how long call bells rang for. They told us and this was confirmed by the staff that if staffing levels needed to be

increased due to a change in people's needs or other factors then this was done. This was demonstrated as recently staffing had been increased to meet the needs of people during a recent sickness outbreak. When recruiting new staff, pre-employment checks were carried out to ensure that they were of good character and fit to work with people who used the service. Pre-employment checks would include the completion of disclosure and barring service (DBS) checks. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

The home had had a recent sickness outbreak. We saw that the registered manager had contacted 'public health' and reported this and followed their guidance in the preventing the spread of the infection and implemented an enhanced cleaning schedule. The registered manager conducted a regular infection control audit and there were cleaning schedules in place for the domestic staff. We saw that staff had access to gloves, aprons and hand washing facilities. Since the last inspection the provider had installed a 'sluice' facility, to use with soiled items of bedding and clothing. We found the service was clean, tidy and with no malodours. A relative told us: "It's always clean here and there's never any smells."

Is the service effective?

Our findings

At our previous inspection we found that the service was not always effective as people's food and fluid intake was not always monitored when there were concerns about their nutritional needs. At this inspection we found that improvements had been made.

People told us they liked the food and that they were offered a choice. One person told us: "The food is good in here I enjoy it". Another person told us: "It's very good food here". We found that when people had specific dietary needs that these were clearly recorded and managed. We saw one person was assessed as requiring a restriction in the amount of fluids they drank so they remained healthy. Records confirmed that staff were ensuring that the person was not drinking over the desired amount. We saw that another person had not been drinking enough to remain healthy and records confirmed that staff were encouraging them to drink sufficient amounts. We saw that people's dietary requirements and preferences were recorded in the kitchen for the catering staff. Staff we spoke with knew people's dietary needs, for example two people preferred food they could eat with their fingers (finger food) and other people required a soft and fortified diet. We saw people who required support with eating and drinking were supported in an unrushed manner. When it had been identified that a person had lost or gained weight the appropriate health care advice was sought to ensure that people's nutritional needs were met.

People's needs were assessed prior to admission into the service and we saw that the provider and registered manager had developed a brochure and guidance for people who were using the service for a period of rehabilitation. They told us that people and their relatives had raised concerns that they did not know what to expect from the service throughout their stay as it was not clearly explained to them by any of the agencies involved in the process. The registered manager told us that they would inform people at their initial assessment what they could expect from their stay so it was clear what the service could or could not offer.

Staff at the service worked with a range of health and social care professionals to deliver holistic care and support and to ensure their health and social care needs were met. We saw one person's mental health had deteriorated and we saw that a community psychiatric nurse was supporting staff to care for the person. A doctor visited the service on a weekly basis and we saw that GP advice was sought when people became unwell and needed immediate health advice. One person was visited twice daily by a visiting district nurse and staff were able to ask them advice about other people whilst they were at the service. There were regular visits from a team of occupational therapists and physiotherapists who attended to support people who were using the service for rehabilitation. We saw recent feedback from an occupational therapist had recorded 'Staff are consistently friendly and helpful with a proactive approach to rehabilitation'. This meant that people were being supported to recover and remain healthy with the staff working in partnership with other health care agencies.

We saw that an initiative had been put in place which entailed the night staff wearing night wear such as pyjamas. There is research which has found that people living with dementia may sustain higher levels of wellbeing if care-staff wear clothes that are more akin to their care home environment, for example,

wearing similar clothes to the residents or even wearing pyjamas and nightwear during a night shift. The registered manager told us that this had initially met with some resistance from staff, but once the benefits were explained to them they had accepted it and it was now normal practice. This showed that the registered manager and staff were following national guidance in how to support people living with dementia and looking for new ways to support people using proven research.

Staff we spoke with told us and we saw records that confirmed that they received regular support, supervision and training from a member of the management team. New staff were supported through an induction and 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. We saw training was on-going and relevant to the needs of people who used the service.

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 saw that the provider followed the principles of the MCA by ensuring that people when able to were consenting to their care and support at the service. When people were unable to consent to their care at the service due to their mental capacity to agree a referral for a Deprivation of Liberty Safeguards (DoLS) authorisation had been made to the local authority. The DoLS are part of the MCA 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

Since the last inspection the provider, registered manager and staff had made improvements to the building and environment. There had been a programme of redecoration which had involved people who used the service in choosing how their home was decorated. We saw that there were murals on the walls which supported people to reminisce. A secure garden area had been developed for people to use in the warmer months. Dementia friendly signage had been put up to support people to orientate to time, place and date and automatic lighting had been installed so people did not have to try and find the light switches. The registered manager told us of further plans to improve the environment for people and this was an on-going long term project.

Is the service caring?

Our findings

At our previous inspection we had concerns that people were not always supported when they were distressed or needed reassurance and they were not always treated with dignity and respect. At this inspection we found that improvements had been made.

People told us and we saw that people were treated with dignity and respect. One person told us: "The staff are kind, I've never found them anything other than kind. I'm very well looked after." A visiting relative told us: "The staff are absolutely wonderful and the residents seem very respected by staff." Another relative told us: "The staff talk nicely to my family member, they're very kind. They're nice to me as well, very approachable."

We saw one person was sweeping the dining area after breakfast and we heard staff telling them what a good job they were doing. The person told us they enjoyed helping out and we saw it gave them a sense of involvement in the running of the home. Another person helped staff lay the tables for lunch and tea. This person was using the service for a period of rehabilitation and this task supported them with their independence whilst promoting their self-esteem and dignity.

People were encouraged to make choices about their care and support and we saw they were offered choices. People could choose when to get up and go to bed, choices of food and drink and how to spend their time. One person told us: "The staff are nice, cheerful and there's no bossing you around". People were free to have their friends and relatives visit at any time and we saw several visitors on the day of the inspection.

We saw minutes of meetings in which people who used the service were asked their views on the decoration of the service. They had been shown different colour curtains to match the newly decorated lounge and as a group they had chosen which ones they preferred. The curtains were on order at the time of the inspection.

Staff we spoke with knew people well. One member of staff told us: "Even though I know people, I still always ask them what they want and allow them to be as independent as they can be". Another member of staff told us: "We ask people what they want and never tell people when to get up or go to bed for example".

People all had their own private room. People who permanently resided at the service were able to personalise it a way that met their own preferences. People were able to spend time alone if they wished and we saw nothing that compromised a person's dignity on the day of the inspection.

Is the service responsive?

Our findings

At our previous inspection we found that the service was not always responsive to people's needs as people's individual preferences were not always gained within their assessments. At this inspection we found that improvements had been made.

Since the last inspection the registered manager had implemented a 'This is Me' document which detailed people's individual preferences. These documents were completed during their stay and following on from people's initial assessment of their needs. We saw that people themselves and their relatives were involved in the assessing and planning of their care. Staff we spoke with knew people well and knew their individual needs and preferences. A visiting relative told us: "They treat my relative with respect, they approach them right, they coax and encourage them rather than dictate and will work around their likes and dislikes." Another relative told us: "My relative doesn't really speak now, but the staff do try and find out what they want and encourage them to join in."

We recommend that the provider's pre assessment processes asks for more detail in relation to people's diverse needs such as their cultural, sexual or religious needs and also how they wished to be cared for at the end of their life. This would ensure that all of people's diverse needs would be met fully.

There was a regular handover of information on every shift to up date staff on any changes to people's needs. Staff were delegated areas of responsibility to ensure that staff were accountable and responded to people's needs. A visiting relative told us: "The staff are very responsive, I've never heard residents shouting for a carer." The registered manager conducted a regular call bell audit which ensured that people were responded to in a timely manner.

People were encouraged to remain active and were offered a range of hobbies and events including community outings. We saw that people had requested a trip to the theatre during a residents meetings and this was in the process of being arranged. We saw people were actively engaged in games and activities during our inspection including household tasks.

One person who used the service told us: "I appreciate being considered as an individual and have had some discussions with the staff and the GP and they talked to me about end of life, they were good, did it very well, I don't want messing about with." We saw that when people had been diagnosed at being at the end of their life that a 'specific' care plan was put in place to support staff to care for people safely and with dignity. Staff at the service worked with other agencies to ensure that people were pain free and comfortable.

The provider had a complaints procedure and we saw that it was visible within the service. A relative told us: "I would talk to a member of staff if I had a complaint, they're very efficient here." People were actively encouraged through the resident forum meetings and surveys to have a say in how their service was run. We saw any complaints received had been handled appropriately according to the provider's procedure.

Is the service well-led?

Our findings

At our previous inspection we found that the service was not consistently well led. At this inspection we found that improvements had been made.

The provider and registered manager had continued to make improvements to the quality of care and the environment since the last inspection. We found that they had implemented systems and audits to ensure a continuous monitoring of the quality of care. A relative told us: "Staff now are very settled, turnover has slowed down since the new company took over, staff seem happier." Another relative told us: "The manager seems very on board, it's a nice, happy home."

A new medication system had been introduced which although had taken time to embed had improved the management of medication and reduced the medication errors. The environment had been improved and there were plans for further improvement; however these had had to be put on hold as they were in the process of completing building work which would comply with the fire regulations.

Since the last inspection a new assistant manager had been employed to assist the registered manager in the running of the service. Staff we spoke with told us that the management were approachable and acted upon any concerns or complaints that were raised with them. They told us that there were regular staff meeting and they were involved in how the service was run. We saw that the registered manager ensured that staff were kept up to date with current legislation and research and that any poor practise was managed to ensure people received good quality care.

People who used the service, relatives and visiting health professionals were regularly asked their views on the quality of care through questionnaires, meetings and surveys. A visiting relative told us: "There are regular meetings and the staff will listen and thank us for our comments and act on them. We feel they welcome our suggestions." A newsletter had been developed which detailed what was happening in the home and kept people up to date with current developments.

The registered manager followed national advice and liaised with other agencies. For example, they followed public health guidance in relation to reducing the spread of a recent sickness outbreak. They had implemented research into night time routines for people living with dementia and were ensuring that fire regulations were met as requested by the fire service at a recent review.

Accidents and incidents were analysed and action was taken to minimise the risk of the incidents occurring again. We saw that the provider had a business continuity plan to ensure that in the event of an unplanned emergency people would be safe and well cared for with minimal disruption.

The registered manager was aware of their responsibilities in relation to their registration with us and notified us of significant events which had occurred.