

Mr & Mrs D Ashall

Farthings Residential Care 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 

Overall summary

We inspected the service on 11 and 12 November 2014. Farthings Residential Care Home is designed to accommodate up to 17 people. They are registered to provide accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury. On the day of our inspection 15 people were using the service.

The service had no registered manager in place since August 2014. 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.

Summary of findings

People were protected from avoidable harm with the effective management of identified hazards and suitable risk assessment procedures. Staff were trained to safeguard people from harm and understand how to put safeguarding procedures into practice.

Medicine was being managed safely and people received their medicines as prescribed. There were sufficient staff to meet people's needs.

People were supported to eat and drink enough to maintain their health and that specialist diets could be provided when required.

Staff knew the people they were supporting and provided them with personalised care. People told us they were treated with respect and dignity and staff were proactive in promoting their independence as far as possible.

The acting manager was accessible and approachable and auditing systems were in place that monitored aspects of service provision. Staff, people who used the service and relatives felt able to speak with the acting manager about anything.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from potential harm and abuse because systems were in place to ensure staff were trained in how to protect people and risk assessments had been completed.

People received their medicines as prescribed and the management of medicines promoted people's safety.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs and they were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink in order to maintain a nutritionally balanced diet and fluid intake.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People were involved in making decisions about the care and support they received.

We saw people's privacy and dignity was maintained by staff who treated people in a caring manner.

People were encouraged to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

Staff were knowledgeable about people's care and support needs and the way they wished to receive that support.

People who used the service and their relatives were able to approach the staff or the acting manager at any time if they wished to raise any concern or complaint.

People were supported to pursue their interests and hobbies.

Good



Is the service well-led?

The service was well led.

Staff were complimentary about the acting manager and said they were well supported. There was good communication within the staff team.

Good



Summary of findings

There were effective procedures in place to monitor the quality of service provision to identify where improvements could be made.

Farthings Residential Care 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 11 and 12 November 2014 and was unannounced. One inspector undertook this inspection.

Prior to our inspection we reviewed information we held about the service. This included previous inspection

reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also asked the provider to complete a provider Information Return (PIR).

During the visit we spoke with three people who were living at the service, three relatives, two healthcare professionals and a social worker. We also spoke with three members of care staff, the acting manager and the provider. We observed the care and support provided to people in communal areas. We looked at the care records of three people who used the service as well as a range of other records that related to the running of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, “I am safe, I like it here. It feels like a big family.” Another person said, “It’s nice, it’s safe and I wouldn’t go anywhere else.” A person’s relative also told us they felt the staff would recognise and report anything of concern. “My relative would tell me if anything was wrong or not to their liking.” Another relative told us, “I really do not have to worry about my relative. It’s wonderful.”

To ensure that staff would be vigilant and more likely to recognise abuse and report it the provider had trained the staff to recognise any signs of abuse and know how to respond quickly to any signs of this happening. To ensure those skills were kept up to date staff attended refresher training each year. Staff we spoke with confirmed this. We saw that staff had access to policies about safeguarding and reporting procedures to help embed the principles of how to keep people safe.

The staff told us they understood the importance of reporting hazards and risks. Maintenance records showed that day to day repairs were addressed quickly to keep people safe. We observed people were provided with equipment to support their independence and mobility. Equipment had been serviced to make sure it was safe to use.

The provider had considered the risks involved in recent building work such as the planned installation of a lift. The acting manager told us that discussion had taken place to ensure staff continued to maintain the safety of people who used the services and minimise any disruption to their day to day lives. External professionals who visited the home told us they did not feel the building work was having any detrimental effect on people.

People told us they could make choices about how they spent their time and staff respected this, comments included, “I don’t like being disturbed at night, staff don’t disturb me but they always come if I ring my bell.” This person’s records showed that staff had assessed this risk and supported the person’s choice so their freedom of choice was respected. Care records we looked at showed that people had any risks to their health and wellbeing assessed regularly so that their care was not compromised.

People could be confident that there would be a skilled response to any health emergency. A relative told us that staff responded well to a health emergency, calling emergency services, GP and keeping them informed. Staff confirmed that they had been trained in basic first aid.

People said there was enough staff to meet their needs. Comments included, “Staff respond very quickly if I use my call bell which I wear around my neck during the day. They are just as quick at night.” Another person told us, “Staff are always available to help me.” People had their needs assessed and the number of staff they needed to support them was planned and delivered. The acting manager ensured that they had the right staff resources available because they considered how many people were living at the home and what their needs were. They said they could adjust the number of staff according to people’s needs and respond to any increased staffing needs.

Records showed that safe recruitment practices were followed to ensure the right people were recruited. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Government Disclosure and Barring Service (DBS) as part of their recruitment process. These checks were to assist employers in making safer recruitment decisions.

People received their medicine safely. One person told us, “Yes. It’s so nice not having to try and remember to take it.” We saw that some people were able to administer their own medicine whilst being supported by a member of staff. We found that people were able to receive their medicines as prescribed and their medicines were always available because they were ordered regularly, recorded each time they were administered and destroyed in accordance with best practice.

Staff told us they received training to give people their medicines safely in accordance with best practice. Staff told us they had their competency checked by the acting manager after they received training and at regular intervals to ensure they continued to follow safe practice. Records we saw supported that competency checks were completed.

Is the service effective?

Our findings

People we spoke with told us, “The staff are very good. There are one or two new ones but they soon learn what to do and there is always someone more experienced to guide them.”

Staff had the training and understanding they needed in relation to the people they were supporting. We discussed training with some of the staff and they told us there was a good training programme in place. They also said that if they asked for specific training, such as supporting people with diabetes, it would be provided. They confirmed they had received training updates in areas such as moving and handling, infection control, food hygiene and keeping people safe.

Records we looked at showed us that staff had received a structured programme of supervision. Staff told us the supervision sessions provided them with a forum to discuss their training and development needs with the acting manager. They also said they felt empowered to identify where they felt additional training was required so they could meet the changing needs of people.

People told us they were able to make their own decisions and staff respected this. Comments included, “I like to spend time in my room and staff support this. “We saw how staff obtained people’s consent to the care that was planned. We saw that staff were proactive in involving people in making decisions about their support. We saw and heard staff speaking with people about what they wanted to do and how they would do it.

People’s consent was being sought in line with the law. We saw records showing that where a person was not able to make a decision about their care staff had completed the required Mental Capacity Act assessments.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) aim to make sure that people are

looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them to keep them safe. No one living at the service had been assessed as needing a deprivation of liberty safeguard in place.

We asked people about the quality of the meals provided. One person said, “The food is very good. We are lucky to have good cooks.” Another person told us, “The quality of food is excellent and there is always plenty to eat.” A relative told us, “They weigh my relative regularly, there were issues but they have put on weight now.”

On the day of our inspection we saw how people’s dietary needs and preferences were being supported to help them receive a varied and balanced diet. People had their nutritional needs assessed. We saw that assessments had been completed to identify any preferred dietary needs or specialist diets, such as a diet suitable for a person who had diabetes. The acting manager told us the assessment process provided the opportunity to identify diets which were determined by the religious and cultural backgrounds of people so they could be catered for. Records showed that a varied diet was provided and people had the opportunity to make individual choices in relation to their meals.

People’s right to get the healthcare they needed was supported. People told us they felt the staff provided good support to them to maintain their health and wellbeing. They told us they attended appointments with health care professionals on a regular basis and felt their health care needs were being addressed. One person said, “I see my doctor, optician and dentist whenever necessary.” Other people also told us that if they had felt unwell the staff had arranged for them to see their doctor. Visiting health care professionals told us that communication about health issues were managed well.

Is the service caring?

Our findings

A relative told us, “The staff are wonderful, the way they care for my relative is spot on.” Another relative told us that staff had spent time getting information about the preferences of a person to make sure they knew what was important to them.

People were treated with kindness when staff were supporting them. Throughout our inspection we observed the interactions between the staff and people who used the service. We observed staff to be ‘warm and caring’ towards people. Staff responded to any requests people made in a sensitive and caring manner. We saw that staff responded to people’s requests in a timely manner and always explained what they were going to do prior to giving support.

People told us they were involved in the development and reviews of their care plans. One person said, “Staff talk to me about things and I can tell them what I need.” Another person said, “I need a bit more help than I used to and they just know what to do and then get on with it.”

The acting manager had a system to ensure people felt their opinion mattered. The acting manager told us that they had introduced a meeting with each person who used the service so they could spend individual time with them, listen and respond to any concerns about the way they were supported.

People told us they felt their privacy and dignity was maintained at all times. They told us that when staff were assisting them with their personal needs they were caring and considerate. One person said, “I can manage to do a lot for myself but it takes time. Staff are very patient with me and only help me if I ask them to.” A person’s relative told us, “My relative is always spoken to with respect and their dignity maintained. This is very important to them.”

Is the service responsive?

Our findings

People told us they were able to follow their interests and take part in social activities of their choice. Comments included, "I have loads to do. I help fold napkins and I enjoy crafts." The relatives of a person recently admitted to the home told us that they had been asked to provide information about the preferences and individual care needs of their relative to help staff plan the support they needed.

Person centred approaches were an integral part of care delivery. Person-centred planning is an umbrella term referring to a variety of specific approaches to helping people who use social care services to plan their own futures. It encourages the involvement of non-professionals (family and friends) in the planning process. We found the staff had developed their interventions and support for each person based on their knowledge of the person, discussions with their relatives and consideration of their environment.

People told us they were encouraged to participate in a varied range of social activities within the service. Each person had been asked about their preferences, interests and aspirations through the care planning process. There were regular opportunities to contribute to these in individual meetings with the acting manager.

On the day of our visit people were taking part in a 'seated' exercise group. One person said how much they looked forward to this, "It keeps me going, keeps me supple." We observed how those participating appeared to be enjoying the session.

We asked people if they felt comfortable in highlighting any concerns or complaints to the acting manager. One person said, "They are very easy to talk to and always listen." They felt any concerns would be responded to in an appropriate way.

We saw that the provider's complaints procedure was on display in the foyer of the home. This provided an opportunity for people who used the service, or those acting on their behalf, to report any concerns they might have in relation to the quality of service provision.

We looked at the record of complaints received by the acting manager since our last inspection visit. One complaint had been recorded since that time and the records examined on the day of the inspection showed that the complaint had been properly investigated and responded to.

Is the service well-led?

Our findings

The service did not have registered manager in place. The acting manager confirmed they had submitted an application to the Care Quality Commission to register as a manager.

People we spoke with told us they felt all the staff were approachable and receptive. People also told us they felt respected and listened to and felt comfortable in talking to the acting manager or the provider. A person's relative told us they felt the acting manager was committed to providing a good quality service and they could discuss any areas of service provision with them.

The acting manager promoted a positive culture which included the attitudes, values and behaviours of staff. The acting manager told us, "As the acting manager I try and ensure that there is a positive attitude amongst the staff group. We are a team and need to work together to provide the best possible care for people. This means allowing time for conversations to happen and being available."

Records we looked at showed us that we had been sent all the required notifications that must be sent to us by law.

We found the acting manager had ensured that staff had regular and useful supervision to enable them to discuss

their personal development and any issues relating to service provision. The process also encouraged staff to highlight good practice and discuss where improvements could be made.

Staff told us they felt their contributions were listened to and where possible, acted upon. They said they felt the acting manager valued and respected their opinions. Staff comments included, "I love what I do." Another comment was, "I enjoy working here, and the acting manager is approachable and available to us."

The acting manager asked for people's views of the service through individual discussion and group meetings. Feedback was used to continuously improve the service.

There were audit systems to monitor the quality of the service. Audit is a process or cycle of events that help ensure people receive the right care. This is done by measuring the care and services provided against evidence base standards. Audits were completed to ensure consistent standards were sustained. We saw that auditing systems were in place that monitored aspects of service provision, such as people's care plans, medication management, an analysis of any accidents and incidents and the environment.