

Featherton House Limited

Featherton House

Inspection report

Chapel Square
Deddington
Banbury
Oxfordshire
OX15 0SG

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16 August 2017

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 16 August 2017. Featherton House provides personal care and accommodation for up to 25 people. On the day of our inspection 18 people were living at the service.

At the last inspection in September 2015 the service was rated as Good.

At this inspection we found the service remained Good.

Why the service's overall rating remains to be Good:

The service remained exceptionally caring. There was a calm and extremely peaceful ambience with a warm and friendly welcome. People complimented the staff and the service using terms such as 'it's like home' and 'absolutely fantastic'. Staff were extremely committed to deliver compassionate care and told us they put people's needs first. People's privacy and dignity was respected at all times. Staff ensured they used knowledge about people's past lives, hobbies and experiences to enhance their experience of living at the service. People's end of life wishes had been recorded and staff were fully aware of these.

People remained safe at the home. There was a consistent and long standing team of staff who provided care to people and sufficient staff to meet people's needs. Risk assessments in relation to people's well-being were carried out and staff promoted positive risk taking so people were able to live their lives as they wanted. People received their medicines safely and were supported to manage their own medicines if they wished to do so.

People continued to receive effective support from suitably trained and skilled staff. Staff told us and records confirmed staff were well supported in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to access health professionals when needed and meet their nutritional and hydration needs.

The service continued to be responsive to people's changing needs and staff ensured people had support that met their needs. People had access to a variety of social activities and outings that met their individual choices. People knew how to make a complaint but told us they hadn't needed to. People's feedback and ideas were sought and acted on to ensure people were at the centre of the service delivery. We saw the survey results and noted very positive comments were received.

The service remained well managed. The home was run by a registered manager who led their team by example. There was a positive, open culture that valued people, relatives and staff. The provider had effective systems in place to ensure people experienced good quality care. The staff worked well with professionals to ensure a holistic approach to meeting people's needs.

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 Outstanding.	Outstanding ☆
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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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 and to look at the overall quality of the service.

This inspection took place on 16 August 2017 and it was unannounced. The inspection team consisted of 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.

Before the inspection, we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We did not ask 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.

Throughout our inspection we spent time observing care throughout the service. We spoke to 13 people and seven relatives. We also spoke with the regional manager, the registered manager, the deputy manager, senior care assistant, care assistant, housekeeping staff, maintenance person and the chef.

We looked at records, which included three people's care records and three people's medicine administration records (MAR). We checked recruitment, training and supervision records for four staff. We also looked at a range of records about how the service was managed.

Following the inspection we contacted a number of external health and social care professionals and commissioners to obtain their views about the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe. One person said, "I definitely feel safe". Another person said, "I've been here a year now and have no quibble about staying here".

There were enough staff to meet people's needs. The registered manager told us they were 'Very lucky' having a committed team of staff. Comments from people and relatives included, "If ever I ring the bell, someone always comes" and "There's always sufficient staff". People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

The provider had safeguarding procedures in place and staff were aware how to raise and escalate safeguarding concerns. One staff member said, "If I felt somebody was at risk I'd report it". Staff were confident the registered manager would act promptly if any concerns were raised.

People had risk assessments where required and ways of reducing risks to people had been documented and staff were aware of these. For example, one person was assessed as at risk of falling. Their care plans gave guidance to staff on how to manage this risk, this included ensuring supporting the person when they 'shuffled' their feet and making sure the person had appropriate footwear.

People received their medicines as prescribed. Medicines were stored safely and if needed refrigerated as per manufacturers' guidance. Medicine administration records (MAR) were fully completed and showed when medication had been given to people. Protocols around PRN ('as required') medicines were in place as required.

The provider had systems to record all accidents and incidents. We saw samples of accidents forms and noted appropriate action had been taken where necessary. For example, professional medical assistance was sought if needed and staff ensured the person's family as well as senior staff were informed.

Is the service effective?

Our findings

People continued to be supported by skilled and knowledgeable staff. One person said "The staff are so well trained, definitely". Staff told us and records confirmed they received training relevant to their roles and regular staff supervision was taking place. Staff told us they felt well supported.

People's rights to make their own decisions were respected. One person said, "The relationship with staff is great, oh yes, they ask how you would like to be addressed". People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "People here all got their own minds and all you need is to ask them".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the process however no people met the criteria for DoLS at the time of our inspection.

People were supported to meet their nutritional needs. People complimented the food, "The food is excellent all of the time and if you don't like it they'll do something else, they did me an omelette no problem – it was delicious" and "We have a good cook and a good chef, a lady often knocks up a cake and we'll have that in the afternoon". We observed the lunch service and it was apparent that staff knew people's eating habits well and accommodated these with a smile and patience. Food portions were well considered and the lunch was well presented. There was a board in the kitchen with information about people's dietary likes, dislikes and allergies available.

People were supported to access health professionals and the records confirmed people were referred to various professionals when required. That included GPs, opticians, Care Home Support Service and others. One external professional told us, "Historically, an excellent home".

Is the service caring?

Our findings

The service continued to be very caring. People and relatives were extremely complimentary about the service. Comments included, "I came for two weeks respite, and I'm staying, it's so different to a lot of homes - it's like home", "Mum was a bit lost and rang the bell constantly, they sat with her for hours to keep her calm, it was outstanding care", "Staff definitely go extra mile for us" and "I couldn't think of a better place to be in". We saw many of examples of staff taking a very caring approach, putting their arms around residents and spending quality time with them.

Staff knew what was important to people and they used this knowledge to enhance people's experiences. For example, one person used to work with donkeys so for their birthday, they arranged a visit from a donkey sanctuary. We saw pictures of the person enjoying the event. Another person opted out from a recent visit to a wildlife park as they did not enjoy group activities. Therefore, staff organised an individual trip to a museum of their choice.

People were supported by committed staff who built positive working relationships with people. People praised the staff and the care: "They should get 10 stars here, it's absolutely fantastic – the whole set up", "When I first walked in I knew I would fit in" and "Here, it's just like being at home. I can't fault this place at all, they do everything". Staff remained exceptionally positive and enthusiastic about working with people. Comments from staff included, "I love it, I just love coming to work in the morning, I get excited. I love all the people. I've got attached to them", "This job is so rewarding, I have such a good relationship with the residents, I put their needs first and I love hearing their stories" and "It's like coming to visit Nan here, very homely". The registered manager had recently organised a wine evening and they played the DVD from their wedding day. They brought their wedding dresses and flowers for people to see.

People's dignity and privacy was respected. One person told us, "I had an accident and they came and cleaned me up. I was treated with dignity, it was exceptional care. The thing here is that everything they do they do well, it's all friendly, it starts with the manager and goes through".

People were supported to be independent and the support they had was led by them. One person told us, "I am over 90 years old, I still go out on my own, I take a bus to Oxford or Banbury. They make sure I've got the home's telephone number in my phone and my (walking) stick". Two people were supported to self-administer their insulin. One person told us, "This gives me independence". People were able to choose the fabric for their new curtains or furniture. Following a fundraising fete that was held people chose to spend half of the money on an outing whilst the other half to be given to a charitable cause.

People's end of life wishes were recorded and respected. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents were in place. One person's wish was to donate their body to medical science. Staff were aware of this and the person told us, "I'm sure staff will respect my wishes".

Is the service responsive?

Our findings

The service continued to be responsive. Before people came to live at the service their needs had been assessed. Peoples care records contained information about their life histories, choices, preferences and how to best support them.

People received support that met their needs. For example, one relative told us, "[Person] had really swollen legs for years, she needed to get them lifted but wouldn't listen to any of us, all the doctors and me have tried over and over to get her to use her chair. Two weeks ago one staff persuaded her to use the controls, it has made such a huge difference and her legs are already better. It's entirely due to the staff". Another person was losing weight, we saw the person's care file was immediately updated to reflect this and they were started on a high calorie diet. The person was weighed weekly and a few weeks later another entry was made: 'Back to usual weight, this is wonderful'.

People had access to activities and told us there were various activities on offer. One person said, "We enjoy the quizzes and longest word game – we play that in the afternoons". Another person said, "Every year we go Banbury Fair, they have dodgems and they win teddy bears". A member of staff told us, "We try and go to the pub once a month for fish and chips, walking or in wheelchairs". People where required, had a newspaper delivered in audio format.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. Comments from people and their relatives included, "They're always saying if you have any problems please say" and "If I had a complaint the manager would deal with it, she's very approachable – all the staff are".

People were able to give their views about the service in various ways such as via satisfaction surveys, residents meeting and registered manager's open door policy. We saw people were consulted about various aspects of their care. For example, they were asked what fruit they preferred to be in their room's fruit bowls.

Featherton House featured on an external online rating service where people and their relative were able to leave reviews and scored the top mark - 10 out of 10. The service received plenty of compliments, thank you cards and letters since our last inspection. We viewed examples of these and noted they were extremely complimentary, for example 'words are inadequate to reflect how grateful we are'.

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post who was supported by a team of committed staff. People and relatives spoke positively about how the service was run. Comments included, "I lived in the village for 29 years and always had this home earmarked, I used to visit friends here and we were always made welcome", "Mum's been here 5 years, they're very good, I keep telling her she's lucky to be here" and "I would say this home is outstanding, they do care, if ever I ask anything I never feel a nuisance".

Staff were encouraged to attend staff meetings they told us they were well supported and there was a good team work. Comments from staff included, "You feel happy when you come to work, people are happy too, it's like we're all a family", "It's my job but it's their (people's) home" and "It's about values and culture, we could have all training you want but it's about how you treat people". Staff felt empowered to take on extra roles, for example there was a dedicated Infection Control Co-ordinator and Linen Supervisor who ensured the general cleanliness and people's choices of bedding.

The provider had systems to monitor all aspects of the service delivery and we saw evidence of various audits taking place. This included medicines, care plans, accidents, staff training, health and safety, kitchen and regular impact audits carried out by the regional team. Where action has been identified the registered manager ensured that was followed up. For example, following an audit of people's questionnaires they identified people would like to see some improvements to the external environments and they were in a process of obtaining quotes.

The provider had a whistle blowing policy in place and staff were aware of it. Staff also knew how to report any concerns externally if needed. One member of staff said, "I'd report to Care Quality Commission (CQC) or safeguarding (team)".

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. The team at the service worked closely with the local health and social care teams to ensure people were safe.