

# Farrington Care Homes Limited

## Wellfield House

### 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 inspection was unannounced and took place on 28 September 2016. Wellfield House provides care and accommodation to up to 21 people. The home specialises in the care of older people. The home is situated in the centre of a small village and had close links with the local community.

The home does not provide nursing care and people who require nursing assistance were supported regularly by the community nursing team.

There is a registered manager in post. 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.

The registered manager was open and approachable and supported people and staff well. At this inspection we found the registered provider had improved their support for the home by providing regular contact and supervision for the manager. The provider arranged for their in-house trainer to provide training to staff in the home.

The manager had robust systems in the home to monitor the quality of the service offered to people.

The quantity and range of social activities available in the home had been developed since the last inspection. An activities co-ordinator had been appointed and people were offered a range of in-house activities. Some people were also able to enjoy trips to local places of interest. The registered manager told us they continued to encourage people to give ideas for the activities they would like to have arranged.

People told us staff were kind and caring and always respected their privacy and dignity. Several people commented on how helpful staff were. One person said "Staff are more than kind. They wait on me hand, foot and finger." Another person said "Staff are very kind and polite. Everyone." "With some you do not even have to ask. They know us and what we need."

A relative wrote "I was so pleased to see where (relative's name) lived and how well they were taken care of."

People felt well looked after and said the home arranged for them to see healthcare professionals according to their individual needs. A visiting nurse practitioner informed us the staff monitored people's health and always asked for advice if they had any concerns. They said "I have no concerns about the home. They are responsive. They take action and listen to any advice given"

Care was responsive to people's needs and personalised to their wishes and preferences. People were able

to make choices about all aspects of their day to day lives. Staff knew the importance of learning about people's preferred ways of daily living and supporting them to continue to be independent when possible. One person said "I do what I like. I go where I like. Tomorrow I am going out for the day. All day. But the next day I will be a bit tired. So I will take it easy. Please myself. Everyday."

Staff were aware of how to assist people to make decisions if they lacked the mental capacity to make decisions for themselves. People were involved in discussions about the care and support they received and were made aware of any risks. The staff responded to changes in people's needs and adjusted care accordingly.

People enjoyed the food in the home. They had a choice of food and staff catered for people with specific dietary needs and preferences when required. Food was plentiful and the size of people's meals varied according to their appetite and preferences.

Staff had access to on-going training in health and safety and the specific needs of the people who lived at the home. This made sure staff had the skills and knowledge to safely and effectively support people.

There was a robust recruitment procedure which minimised the risks of abuse to people. Staff had received training in recognising and reporting abuse and were confident that any concerns would be fully investigated to make sure people were protected.

People knew how to make a complaint and everyone told us they would be comfortable to do so. All were confident they would be listened to and action would be taken to address any shortfalls. One person said "The manager listens to us; we can catch her most days. You just mention something and they take it on board."

## 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.

There were sufficient staff to make sure people received care and attention in an unhurried and safe manner.

People's medicines were safely administered by staff who had received specific training and an assessment of competence to carry out this task.

There was a robust recruitment process which minimised the risks of abuse to people

### Is the service effective?

Good ●

The service was effective.

The service was effective. People were supported by staff who had the skills and knowledge to meet their needs.

People were able to choose from a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind and gentle and always helpful.

People's privacy was respected and they were able to make choices about how their care was provided.

People, or their representatives, were involved in all decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

There was an activity programme in the home; activities were arranged in line with people's interests.

The staff responded to changes in people's needs which made sure they continued to be appropriately cared for.

People knew how to make a complaint and were confident any concerns raised would be responded to.

### Is the service well-led?

Good ●

The service was well led by the registered manager.

Improvements had been made to make sure the registered provider took a more active role in monitoring and supporting the service.

People told us they found the registered manager open kind and approachable. We saw everyone was very comfortable and relaxed with them.

Staff felt well supported by the registered manager which led to a happy homely atmosphere for people.

# Wellfield House

## **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 28 September 2016 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection visit we looked at information we held about the home. This included information regarding significant events that the home had informed us about. At the last inspection carried out in February 2015 improvements were needed to the provision of activities in the home and the support the provider offered the registered manager.

During this inspection we spoke with ten people who lived at the home, two visitors and one visiting nurse practitioner. We also spoke with four members of staff and the registered manager. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room and in the Cottage Annexe.

We looked at a number of records relating to individual care and the running of the home. These included three care plans, medication records, three staff personal files and health and safety records.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us "I do feel safe. There are no worries here. Staff are easy to talk to." Another person said "We do very well here. Staff are kind and polite. It does feel safe. All the time."

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of how they kept people safe. They knew how to report any concerns. They were confident any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff explained to us how they kept people safe. They said they knew people well and tried to support them to be as independent as possible but they were always there as "back up."

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Staff recruitment files showed all new staff were only offered a job once references had been obtained and a check on their suitability to work with vulnerable adults had been carried out.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The service was in the process of recruiting an additional chef which meant on the day of the inspection a member of staff was cooking the lunch. Despite this added pressure we saw staff responded to requests for assistance promptly to make sure people received care and support when they needed it. Throughout the day people were responded to quickly and appeared to be happy with the support they received.

People told us they could ring at any time and staff would come. One person said "Whenever I ring the bell they come. Nothing is too much trouble."

A small number of people are accommodated in the Cottage Annexe just across the path from the main house. Staff told us how they cared for people in the Cottage by regular monitoring day and night. They told us people were carefully assessed before being offered a room in the Cottage and would be offered a room in the main house if their health needs increased. One person who lived in the rooms in the Cottage said "There is never a problem. At night if I ring they come straight away. Never a problem."

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely. People who needed assistance with their mobility had clear support plans. Hoists and slings were serviced and checked according to legal and best practice requirements. Staff had been trained to use hoists and other mobility equipment.

People had been assessed to determine whether they were at risk of falls and pressure damage. Their care plans contained instructions to staff regarding the care they required to minimise their risks.

People's medicines were administered by staff who had received specific training to carry out this task. A new system of medication had recently been introduced and the supplying pharmacist had come to the home to ensure staff were familiar with it. People told us they had complete confidence in the staff who helped them with their medicines.



# Is the service effective?

## Our findings

People told us they felt well looked after by competent staff. Comments included; "They are very good. They know what they are doing alright," "The seniors help the new ones. They soon get the hang of it" and "I am never worried about the care. Everything is fine"

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. Staff told us they had good access to on-going training which included training in health and safety and subjects relevant to the needs of the people they looked after. Plans were in place for future training topics which included leadership training for senior staff.

A new member of staff said "Staff have been very helpful. They have explained things to me as many times as I needed. This is a small supportive community. Staff and clients are close to each other."

One member of staff said "I have done my NVQ, we get regular supervision and support. We work as a team. We all pitch in. You can always take anything to the manager."

The registered manager arranged for people to see healthcare professionals according to their individual needs. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. One person told us "The nurse comes Mondays and Thursdays. There is never any trouble. Anyone you need to see they will organise it for you." Another person told us about the time they had stroke. They said the doctor had come quickly and staff had looked after them "very well."

Care plans showed people were seen by doctors, nurses, chiropodists, opticians and were supported to attend hospital appointments where needed. One person said "I went out last week. I had two appointments. Hospital and opticians. A busy day." A member of staff told us "We have the phone numbers for doctors if we need advice quickly. The nurses come in regularly. Some people have a visit three times a week. The standard of care here is very good. No one needs to have any pain. We can call the doctor or nurse quickly. We take action we do not wait for people to deteriorate."

A nurse practitioner told us the staff were always quick to ask for support if they had concerns about a person's health. They said staff listened to and acted on any advice given to make sure people received appropriate treatment.

People were pleased with the standard of food served in the home. People told us "The food is fine. Good choice." "Food is always good and there's plenty of it" and "Food is good. No complaints."

People chose their meal the previous day. There was a choice of meals each day but if people did not like either of the choices offered staff would ensure there was something available they did like. The menu was appetising however a little more consideration would avoid repetition of the same meat in different forms on the same day such as mince and meat balls, pork casserole and faggots and chicken curry and chicken

cobbler. People enjoyed the choice of sweets and were able to have fresh fruit when they preferred it. The content and size of the meals served reflected people's choices. A selection of drinks including alcoholic beverages was available for anyone who wished. At residents meetings people were asked if they had any ideas for meals to be included in the menus.

People chose where they ate their meal. The majority of people ate in the dining room and there was friendly conversation between people and the staff supporting them. One person said "I usually go to the dining room but sometimes it is nice to have a break. A bit of peace and quiet."

At this inspection there were no people with specific dietary needs although staff said they had catered for people who needed gluten free and diabetic diets. There was information about people's likes, dislikes and requirements in the kitchen so anyone cooking and serving meals was aware of people's preferences.

Staff monitored people's weight and sought advice if this raised concerns about a person's well-being. One person had been in hospital and had lost weight. The food they ate was being monitored and they were being encouraged to eat well.

People were always asked for their consent before staff assisted them with any tasks and were able to make decisions about any treatment they received. Through the day we heard staff asking people if they were ready to receive care. The hairdresser asked each person if they were ready to have their hair done and if they were still feeling well enough to keep their appointment.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (the MCA.) This made sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The care plan for one person who had recently been diagnosed as having Alzheimer' disease stated they were still able to make decisions and choices around day to day activities. This was good practice and emphasised that people should be considered to have the capacity to make these decisions until it was clear they could not. When complex decisions were made the manager would involve family members and professionals. This showed staff were working in accordance with the principles of the act.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. No one who lived at the home was subject to DoLS but the provider had a policy on this legislation and the registered manager was familiar with the local arrangements. One person had recently been reviewed by a social care professional and it had been agreed that a DoLS application would be made. The manager felt confident about making the application and understood the underlying DoLS principles. For example they had sourced an alarm and locking system for the home annexe which kept people safe from any possible intruders.

# Is the service caring?

## Our findings

People told us the staff who worked with them were always kind and caring. One person told us "Staff are more than kind. They wait on me hand, foot and finger." Another person said "Staff are very kind and polite. Everyone." People commented about how helpful staff were. One person said "With some you do not even have to ask. They know us and what we need."

There was a calm and friendly atmosphere in the home. Professional and personal visitors said they were always made welcome and found the staff to be friendly and helpful. One visitor said "They are well looked after. (Person's name) likes to be here. They are all well looked after. It is always warm and comfortable and the staff are kind. People have no worries here."

People said they liked the size of the home. They said "It is homely." The manager was flexible whenever possible to accommodate people. Married couples were pleased to be able to live together in the same home. They said could be together "as if we were in our own home." One person had accepted care and support because they were able to bring their small dog with them. The manager understood how important it was to try and meet people's social and emotional needs as well as their physical care requirements.

Staff interactions with people were professional and caring. Staff took time to listen to people and to make sure they were always comfortable. Staff said "We know individuals well and what their needs are. We change the way we work with different people. Some like to be jovial, others like to be quiet. We try and develop empathy with people. Think about how we would feel in that situation. We have a good bunch of staff who mostly all think the same way."

Throughout the day staff checked on people in the lounge area and in their rooms. We heard staff asking people if there was anything they wanted and offering hot drinks. Staff chatted to people about things that were familiar to them such as family and local events and places. We discussed with the manager the importance of people being able to access a bell easily in the lounge just in case a member of staff was not within hearing distance. They agreed to ensure this reviewed.

People made choices about where they wished to spend their time. People were able to move around the home and gardens without restrictions. People who relied on staff to support them to get around were always asked where they wanted to go and were assisted accordingly.

Each person had a single room where they were able to see personal and professional visitors in private or spend time alone. People told us their privacy was respected. Rooms were very pleasant and were personalised according to people's tastes and needs.

People who required help with personal care said staff were respectful and always treated them with dignity. The hairdresser was in the home during the inspection. People who had visited them were very pleased with the outcome. People were well dressed and clean which showed that staff took time to assist

them with personal care and their appearance.

People said they were able to express their views about their care. People said they were fully involved in decisions about how their care was provided. One person said "I see the manager every day. Or you can talk to the staff. There is no problem saying what you think."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Whenever possible people were cared for in the home till the end of their lives. Staff told us they did their best to keep people as comfortable as possible and sort other professional help when needed. They told us about the skilled care they gave including looking after people's skin and mouths and keeping them pain free. One member of staff said "People are checked very regularly. We try not to leave people alone if they do not have family with them. We become their family."

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about their daily living preferences. One person said "I do what I like. I go where I like. Tomorrow I am going out for the day. All day. But the next day I will be a bit tired. So I will take it easy. Please myself. Every day."

Staff told us they knew how important it was to know people's routines such as the variation in their bed-times, who liked the bathroom light on and which socks had to be worn in bed. These things mattered to people and could determine if someone had a settled night.

At the last inspection improvements were required to the activities available in the home so that they were in line with people's interests and hobbies. An activity co-ordinator had been employed who was enthusiastic and was undertaking specific training for her role.

There was a weekly activity programme on display in the main entrance hall to enable people to choose what activities they wished to take part in. People were positive about the level of activity in the home. One person told us they very much enjoyed the music sessions and bingo. There was a photograph album recording the trips and events that had been organised during the summer. These included celebrating the Queen's birthday, lunch at a pub and cider farm and participating in the village open gardens event.

People were able to choose whether they wanted to access activities. Some people said they preferred to occupy themselves and did not wish to join in with any organised activities. However most people mentioned something they had enjoyed. During the inspection the activities co-ordinator was on holiday but had left instructions for staff so people could continue with some activities. One person said "I please myself. I don't like to leave my room in the mornings. I go down for lunch. I like quizzes and prize bingo. It is nice to talk to the carers." Another person said "They bring me down for the activities. I do find them interesting usually. I even enjoy going to play bingo."

At the last inspection the intrusiveness of the television in the lounge was noted. At this inspection the television was again on loudly and no one seemed to be watching. Two visitors tried to talk to their relative over the noise although a quiet day room was available for people and their families to talk quietly.

The registered manager carried out a full assessment of people's needs before they moved to the home. This assessment included details about the person's health and their preferred routines. From the assessment a care plan was drawn up to make sure all staff knew how to meet the person's needs. People told us they, or their representatives, had been involved in writing the care plan.

In addition to full time residential care the home also offered day care and respite care. This gave people an opportunity to spend time at the home and get to know other people who lived there. It also enabled them to decide if Wellfield House was the right place for them.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Since the last inspection the care plan templates had been developed and each person had a comprehensive plan that was reviewed and up-dated regularly. Plans were signed by people to show their involvement. The assessment of people's needs led to the goal for care and the expected outcome of care. The manager and staff had a very good knowledge of each person and were able to tell us about people's preferences.

One member of staff said "The care plans are tailored to each person. They are thought about as individuals. We work with them to find out what they need. Some people start off wanting minimal help. They just want to know we are available. We think about people's personality as well as their care needs."

Staff responded to changes in people's needs. A member of staff said "The time comes when they need all the care we can give. (Person's name) needs bed rest and regular turns to prevent further pressure damage. We get all the special equipment in and try really hard with nutrition and drinks." When people's memory faltered as their dementia developed the member of staff told us it helped to provide support because they had known what the person liked and already knew them. They said sometimes it was "gentle trial and error" to establish the best way to care for someone who was not able to express their wishes fully.

The registered manager sought people's feedback on an on-going basis. People told us they saw the registered manager every day and they always asked them if they were happy with everything. People said they would not hesitate to speak with the registered manager or a member of staff if they had a complaint about their care. One person said "You can make a complaint but usually it is enough to mention something".

# Is the service well-led?

## Our findings

The service was well led by an enthusiastic and committed manager who knew people living at the home and the staff very well.

At the last inspection improvements were needed to the ways in which the registered provider supported the home and monitored the quality of the service.

We saw examples of the form used by the manager and the provider to discuss issues in the home in a structured manner. There had been visits to the home and some supervision by telephone. Whilst telephone supervisions supported the manager they would not enable the provider to gauge the quality of care being given to people and it is important to balance the proportion of phone calls and visits so that the provider has confidence that the service continues to be run well.

The supervision forms showed the provider agreed to requests to increase staffing hours when the needs of people living in the home had increased and responded to the manager's request for equipment and refurbishments in the home. A health and safety audit had been completed by a member of staff supplied by the provider.

The registered manager had developed the quality assurance audits and completed checklists to make sure the environment and practice were regularly monitored.

Staff received regular supervisions from their manager. Supervisions are an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They are also a chance for any poor practice or concerns to be addressed in a confidential manner.

The registered manager was very open and approachable. The main office was located by the entrance which meant they were easily available to people who lived at the home and visitors. During the inspection the registered manager spent time in the main areas of the home talking with people and we saw people and visitors went to the office to chat with them. Everyone was very comfortable and relaxed with the registered manager and they had an excellent knowledge of people and their needs and wishes.

People told us there were lots of opportunities to speak with the registered manager. One person said "She's always here. Always ready for a chat." Another person told "She's very approachable."

The registered manager said their aim was to create a homely environment where people were able to live their lives with the support of staff where needed. Their vision and values were communicated to staff through staff meetings and on-going monitoring of practice.

The minutes of one staff meeting showed that the importance of enabling people to make choices was discussed, particularly in relation to what time people went to bed. A member of staff said "I think we all

work in a way that treats people fairly and makes sure they are safe. But's it their home not ours and we have to remember that."

Staff felt well supported by the registered manager which created a warm and friendly atmosphere for the people who lived at the home. All staff received formal supervision and annual appraisals had been introduced. Staff said they could discuss any issues at any time not just during their supervision. One member of staff said "If we have any suggestions for how to improve things she is always keen to listen." Another member of staff said "The manager is always happy and friendly."

To make sure people received quality care from staff who were experienced and knowledgeable there was a small team of senior carers. There was always a senior carer on duty who was able to offer advice and support to less experienced staff. A leadership course was being offered to these staff to develop their skills further.

The registered manager worked full time at the home and was always on call outside their working hours. One member of staff said "Always supportive. Always available to help."

As well as day to day discussions with staff and the registered manager, people had opportunities to give feedback using satisfaction surveys. The last survey was carried out in July 2015 and showed a high level of satisfaction with the quality of the care people received.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.