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Far End Residential Home

Inspection report

Far End, Sandhurst Lodge
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Crowthorne
Berkshire
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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

The inspection took place on 5 November and was unannounced.

Far End Residential Home is a care home without nursing for up to three people requiring support and personal care by reason of age. Some may also be living with dementia. At the time of the inspection three people lived at Far End Residential Home.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of the inspection the providers were both registered managers.

Summary of findings

People using the service were happy; they were seen to be relaxed during the inspection and told us they were happy and felt safe. People were treated with kindness and respect and their dignity was maintained. Support was individualised and designed to meet the specific needs and preferences of people living at the service.

Risks to people were assessed and managed without restricting people's freedom. Staff were aware of how to keep people safe by reporting concerns promptly through procedures they understood well. Robust recruitment procedures were in place to ensure only staff of suitable character were employed.

People's rights were protected and staff understood their responsibilities with regard to gaining people's consent and the relevance of the Mental Capacity Act 2005. The Mental Capacity Act 2005 provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. The providers liaised with the local authority with regard to people's mental capacity and made Deprivation of Liberty Safeguards (DoLS) referrals when appropriate.

Staff were trained appropriately to meet people's needs. New staff received induction, training and support from experienced members of staff and the providers. Staff felt well supported by the provider and said they were always listened to. People's medicines were managed safely. Staff had received appropriate training in the safety of medicines and their knowledge and skill was assessed regularly.

People and their relatives were involved in planning and reviewing the support they required. People's health was monitored and they saw healthcare professionals promptly when necessary. People were encouraged to be as independent as possible and they were able to take part in activities of their choice. The quality of the service was monitored regularly by the providers.

Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to the service. A complaints procedure was available but no complaints had been received.

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 safeguarded from abuse. The providers and staff understood their responsibilities and how to report any concerns.

There were sufficient staff to meet people's needs. The providers used a robust recruitment procedure to help ensure suitable people were employed.

People received their medicines when they were needed and medicines were managed safely.

Good

Is the service effective?
The service was effective.

People's rights were maintained and they were involved in making decisions about their care. People were supported to be as independent as they wished.

People were offered choice of food and drink that met their dietary needs. People received timely support from appropriate health care professionals.

Staff were supported and received appropriate training.

Good

Is the service caring?
The service was caring.

The providers and staff were kind, caring, patient and respectful. People's dignity was protected.

The providers and staff knew people's individual needs and preferences well. They gave explanations of what they were doing when providing support.

People were supported to make decisions about the care they wanted at the end of their life.

Good

Is the service responsive?
The service was responsive.

Care plans reflected people's needs and were reviewed regularly. People's views were listened to and acted upon.

There was a system to manage complaints. No complaints had been received but people felt confident to raise issues if necessary.

People's preferences were recorded and staff were provided with information to enable them to meet people's wishes.

Good

Is the service well-led?
The service was well-led.

People, staff, and professionals found the management approachable and open.

Good

Summary of findings

People, their relatives and other stakeholders were asked for their views on the home in order to develop the service.

Effective processes were in place to monitor the quality of the service. Audits identified improvements required and action was taken to improve the service.

Far End Residential 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.

The inspection was carried out by one inspector on 5 November 2015 and was unannounced.

Before the inspection visit we looked at previous inspection reports and notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service.

During the inspection we spoke with both providers, one member of staff and two people who use the service. We reviewed three people's care plans, two staff recruitment files and a selection of other documents including policies and procedures relating to the management of the service.

Following the inspection we received feedback from the community pharmacist, the day centre and the local authority commissioners.

Good

Is the service safe?

Our findings

People at Far End Residential Home were safe. Risk assessments were carried out and reviewed regularly for each person, these included risks associated with mobility, nutrition and skin integrity. When a change had been noted in a risk assessment this was cross referenced to the care plan. The risk assessments helped to keep people safe whilst still supporting them to maintain their independence as far as possible. In addition to these individual assessments, there were detailed risk assessments relating to the service. For example, each room had been assessed for risk of fire, trip hazards and use of electrical equipment. These assessments were reviewed regularly and updated when necessary.

People were protected from abuse by staff who were knowledgeable about their responsibilities with regard to safeguarding people. Staff were able to tell us the procedure to follow in order to report any concerns or issues they may have. Guidance was displayed in the home for staff to refer to with regard to keeping people safe from abuse. Staff had received up to date training in safeguarding adults. Due to the small size of the service and the staffing arrangements the providers had daily contact with people and were able to speak regularly to them about their safety and well-being.

People received their medicines safely and when they needed them. People's medicines were stored and administered safely. Staff received training in the safe management of medicines and told us the provider checked their competency on a regular basis, however there were no records of competency testing kept on staff files. The provider had a clear medicines policy and procedure based on Royal Pharmaceutical Society of Great Britain guide, The Handling of Medicines in Social Care. Additional guidance was available for staff to refer to in the form of reference materials. Where people had medicines which could be taken 'as required', guidance was available for staff to help them recognise when this medicine was needed. Storage and administration of medicines was audited daily by one of the providers and the service worked closely with the community pharmacist. The service had a Homely Remedies Policy which had not been reviewed for some time and contained the names of people no longer using the service. We brought this to the attention of the provider who took immediate action. They sent us a copy of a reviewed policy signed by the GP following the inspection.

There were sufficient numbers of staff to care for people safely. The nature and size of the service meant the two providers were on the premises most of the time and provided the majority of support for people using the service. In addition to the providers, there were two part time staff who worked according to the needs of the service. Arrangements for cover were in place for the rare occasions that both providers were not present in the service. Volunteers also provided support to people, engaging them in conversation or activities of their choice. During the inspection, people's needs were met promptly and people did not have to wait for attention.

The provider's had effective recruitment practices in place. This helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed to ensure prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. Previous employers were contacted to check on behaviour and past performance in other employment. Where gaps in employment history had been identified an explanation was followed up and recorded.

Accidents and incidents were recorded on people's individual files. Each accident or incident was reviewed by the providers and analysed to identify the root cause. When required, management plans were put into place to reduce the risk of a similar accident in the future. For example, the purchasing of new footwear or removal of hazards to prevent trips and falls.

Emergency procedures were in place and the providers had a business contingency plan which included procedures to follow in events such as fire or loss of utilities. Each person living at Far End Residential Home had a personalised evacuation plan which identified the help they required to leave the premises safely. The providers were in the process of arranging alternative arrangements for accommodation in case the premises required evacuation for any length of time.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the providers. Staff knew people very well and understood their needs and preferences. People were asked for their consent before they were supported and explanations were provided to reassure people.

The providers and staff had received training in the Mental Capacity Act 2005 (MCA) and guidance was on display for staff to refer to. They understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Responsibilities under the MCA were understood by the providers and staff. Staff told us if someone refused care they would respect their decision but return later when the person may have changed their mind and offer again. They said that if the refusal continued they would seek advice as a best interests decision meeting may be required. Best interests meetings had been held for important decisions to be made. For example, to establish if the service remained appropriate for a person following a hospital admission.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The manager had a good understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected. One person living at the service required an authorisation and records confirmed this was in place.

All staff received an induction when they began work at the service including those who volunteer at the service. They also spent time working alongside experienced members of staff and the providers to gain the knowledge needed to support people effectively. Staff said they felt well trained. They continued to receive further training to refresh their knowledge and to develop their skills. Training was also available in areas specific to the people they cared for, for example, dementia. Further training was encouraged to enable staff to gain recognised national qualifications.

Individual meetings were held between staff and their line manager every six weeks. These meetings were used to check on and discuss progress in the work of staff members. They were also used to explore training and development opportunities and other matters relating to the provision of care for people living in the service. During these meetings guidance was given in regard to work practices and there was an opportunity to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year's work and discuss future development. Staff spoke positively about the support they received from the providers and commented on how they found they could ask questions freely. They said, "They are very approachable, you need to be able to ask." They also told us they did not have to wait for an arranged meeting to be able to voice their opinions and could seek advice and guidance at any time. During the inspection we saw staff seek and receive guidance from one of the providers.

Due to the size of the service and the staffing arrangements, formal staff meetings were not held. However, providers and staff communicated each day and discussed each person's care. Daily well-being sheets were completed to ensure all staff were aware of how a person had been during a particular period of time and any changes which had become apparent. They recorded mood, health, fluids, appetite and dietary intake. This helped to ensure things could be followed through and monitored for each person.

People's healthcare needs were met and when necessary staff contacted health and social care professionals for advice and support. Referrals had been made to specialist health care professionals for example, tissue viability nurses, psychiatrists and community psychiatric nurses. People had seen dentists, audiologists and opticians for regular checks. Where advice had been given this was recorded and the care plan amended to reflect the advice, for example, the use of specialist equipment to prevent pressure damage to skin.

People were supported to eat a healthy balanced diet and staff supported them as necessary. People chose from a list of options at each meal time and a variety of foods were available. No formal menu planning was used as individual tastes were catered for on a daily basis. Staff knew people's personal preferences with regard to food, one person told us, "They know what I like to eat." They went on to explain how staff know the likes and dislikes of the people living at the service and made sure they get what they want. Drinks were available throughout the day, fresh water jugs were

Good

Is the service effective?

refilled regularly and people were offered a choice of other drinks regularly. People's weight was monitored weekly or monthly depending on individual need to help monitor nutritional well-being.

The building was divided into two separate parts. One part comprising of accommodation for people using the service in the form of individual large bedrooms, a kitchen, bathroom and separate toilet. People could use the communal garden room if they wished but mostly chose to use their own rooms for socialisation. The bedrooms had enough seating and space to accommodate visitors if they wished to invite others in to spend time together. The remainder of the property was occupied by the providers. The two areas were quite clearly defined. Adaptations had been made to the building that contributed to people's safety. For example, hand rails had been installed to assist with people's mobility and a stair lift was available to help people get up stairs. There was no formal programme of decorating and refurbishment, but the providers carried this out as and when it was necessary. People told us they had chosen the decor for their room and all had personal items of interest arranged as they wished. Staff told us they could request maintenance to be carried out and it was attended to promptly.

Good

Is the service caring?

Our findings

People smiled and looked happy. On the day of the inspection the people using the service were all relaxing and spending time in their rooms. They told us they enjoyed doing this on Thursdays as they did not attend the local day centre.

The providers and staff had detailed knowledge of the people living in the service. They told us what people liked to do, the type of things people were interested in, things that may upset them and what would help to calm them down if they became anxious. This knowledge was applied in a way that provided support for people, for example, supporting a person to bathe frequently in the evenings as they liked being in water and it helped them to relax. Staff had worked with people to get to know their life stories. This had enabled staff to get to know people better and gave staff ideas for starting conversations.

People were relaxed and comfortable when interacting with the providers and staff. One person said, “They (staff) are lovely, so kind and nice.” then went on to say, “I couldn’t be anywhere better.” The providers and staff spoke about respecting people’s rights and choices. They told us they supported people to maintain their independence. For example, one person had been supported to regain mobility after a period of hospitalisation. Another told us they were encouraged to do things for themselves as much as possible but, “Help was always there if they needed it.” People were supported to make choices in everyday activities such as choosing what to eat and how to spend their time.

People were involved in decisions and planning about their own care and support. When appropriate, relatives had also been involved. Communication of information with people and their families was encouraged. One provider said, “If everyone communicates, trust builds and people are more likely to be open.” People told us their care plans were explained to them and they could make changes if they wished.

People were spoken to with respect and when people were spoken about they were referred to in a positive and respectful manner using appropriate language. Staff described various ways in which they supported people to maintain their dignity, including making sure they remained as covered as possible when they were being supported with personal care and by working behind closed doors and curtains. People were asked about their needs as discretely as possible.

People were able to receive visitors at any time and they could be entertained in the privacy of their own rooms. Facilities were available for relatives to stay if required and we were told visitors were always made welcome. Nobody in the home used an advocacy service at the time of the inspection but information and advice on advocacy services was available for people in their files.

The providers told us people and their families had been asked to consider the care they would like at the end of their lives. Personal details such as who the person would like with them and any religious observances to be carried out were recorded on the person’s file. As were advanced decisions made such as do not attempt resuscitation (DNAR).

Good

Is the service responsive?

Our findings

Each person had a care plan which was individualised to them and recorded their personal preferences. Care plans were reviewed regularly on a three monthly basis or more frequently if a change in a person's care and support was required. The providers told us and people confirmed they were encouraged to take part in reviews. Relatives were also involved if that was appropriate and in accordance with the person's wishes. The providers added they read through care plans with people and said, "People need to feel part of it."

People living at the service attended a local day centre four days per week where they were able to engage in a variety of activities and maintain links with the community. People had been asked if they wanted additional activities during the time they spent in the service. The three people had decided they did not want any other activities. They told us they enjoyed the freedom to relax on the days they did not attend the day centre. One person liked to help with some routine chores, for example, folding laundry and another took responsibility for making the daily payment at the day centre. Volunteers and staff spent time with people talking, providing manicures, watching favourite TV programmes and generally engaging with people socially.

Formal meetings were not held for people in the service but they met with each other regularly on an informal basis and met with the providers daily. People said they had opportunity to discuss their views and were asked their opinions regularly. One person said, "I can talk to them (the providers) any time I want to." They said they felt they were always listened to and if something needed to be done it was addressed immediately.

The providers had a complaints policy which was available in each person's care file. People said they were aware of the complaints policy and procedure but had not needed to use it. One person commented, "If I had a problem I would just tell Trish (Provider) she'd put it right straight away." The complaints log showed no complaints had been made and the providers said they asked people every day if they are happy and if they have any problems so that any small thing can be dealt with immediately and complaints can be averted.

The service had worked hard to ensure people received consistent care when they use other services. They maintained clear communication links between the service and the day centre people attended to help ensure care continued in accordance with people's preferences and needs. Additionally they worked with health care professionals when one person went into hospital. They informed them of the person's individual preferences, wishes and communication needs to facilitate the best outcome for the person.

Good

Is the service well-led?

Our findings

At the time of the inspection the two providers were registered managers for the service.

People approached the providers in a relaxed manner and they were responded to positively and with respect. Staff told us they were listened to by the providers. One staff member commented on how they felt they could rely on the providers to take action when necessary and felt at ease to talk to them about anything.

There was an honest and open culture in the service. The providers had drawn up a duty of candour policy which was available to provide staff with guidance on honesty and transparency. The providers spoke with staff on a daily basis and encouraged them to express opinions and make suggestions with regard to the development of the service.

Observations of staff working provided opportunity for the providers to monitor the attitude of staff and their approach to people using the service. Staff confirmed the providers monitored their work and discussed their findings with them. They said they felt this helped them develop and provided support to them.

Community links were maintained by regular contact with the British Legion, visiting choirs and the activities undertaken at the day centre. People's relatives and friends were invited into the service to spend time with their family members and there were organised trips out. Volunteers to the service helped people to have contact with the larger community.

People, their relatives, staff and other stakeholders were asked for their views on the service. Results from the most recent survey showed positive responses had been received. Comments included, "I am very satisfied living here, I would not want to live anywhere else," "The best job I have ever had" and "Always frequent contact. Ensures continuity and maintains effective communication."

A programme of audits was completed by the providers. This included monitoring of the premises, equipment, accidents and incidents. This enabled them to have a clear picture of the service at all times and to take appropriate prompt action if any issues were identified.

The providers were members of a group, the Bracknell Care Home Managers. This group provided them with opportunities to meet with other managers, attend workshops and update their own knowledge. In addition they belonged to the Berkshire Care Association which gave them regular opportunities to meet with and gain support from other managers and providers.