

Mr & Mrs T Burgess

# Favor 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 

### Overall summary

This inspection took place on 9 October 2015 and was unannounced.

Favor House provides accommodation and personal care for up to seven people who have a learning disability or autistic spectrum disorder. At the time of our inspection six people were living there.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with were positive about the care and support provided at the home for their family member. Throughout our inspection we saw good interactions take place between people. We saw people who lived at

# Summary of findings

the home and staff members got on well together and shared regular household duties. We witnessed numerous occasions where people were laughing and joking with each other in a friendly way.

People were aware of their rights and were able to tell us who they would speak to if they were unhappy or felt at risk at the home. People were fully aware of their right to complain or raise concerns about the care provided at the home. Staff we spoke with were able to demonstrate an awareness of potential abuse and were able to tell us about the action they would take in the event of an abusive situation.

We found people were able to access medical professionals as required to meet their healthcare needs. People received their medicines as prescribed although systems to monitor and audit medicine records were in need of improvement. People were involved in their own care provision.

Sufficient staff were available to meet people's needs. Staff received regular training and support to make sure they had suitable knowledge to care and support people. People's consent was obtained before care and support was provided. Staff had an awareness of the principals of the law regarding consent and people's capacity to make informed decisions. Staff treated people with respect and knew how they were able to maintain people's privacy and dignity.

People felt the registered manager was approachable and encouraged them to be involved in the home. Throughout the inspection we saw people respond well to the registered manager. Staff told us they were supported by the registered manager. People were supported by a stable staff team who had remained the same for many years.

# 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 felt safe with the staff who supported them. People told us they liked the staff who formed part of a regular team. People received their medicines as prescribed by healthcare professionals.

Good



### Is the service effective?

The service was effective.

People were able to make decisions about their lives and how they were cared for. People were able to access health care professionals and had access to food and drink of their choosing.

Good



### Is the service caring?

The service was caring.

People were supported by a caring team of staff who meet people's individual care needs. People's privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive.

People were involved in the care and support provided by staff. People were able to engage in hobbies and pastimes of their choosing. People knew how to raise any comments or concerns both within the home and via other organisations.

Good



### Is the service well-led?

The service was well led.

People found the registered manager to be approachable and felt they were listened to. The registered manager knew people's likes and dislikes and formed part of the care team.

Good



# Favor 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 was carried out by one inspector and was unannounced. As part of the inspection we looked at information we held about the service provided to people at this home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law.

We saw how staff cared and supported people who lived at the home. During the inspection we were able to spend time with all the people who were living at the home. We were able to have individual discussions with people as well as group discussions throughout the day.

We spoke with the registered manager, the deputy manager and three other members of staff. We spoke with one relative.

We looked at two people's care records and three people's medicine records. We also looked at records and systems regarding the management of the home such as training records and quality assurance documents.

# Is the service safe?

## Our findings

We spoke with all the people who lived at Favor House. They all told us they liked living at the home. One person told us, “It’s safe here” and “I love living here”. Another person told us, “I like it here. I am very happy.” We saw people were relaxed and comfortable around the staff and chatted freely together with friendly banter.

People we spoke with were aware they could speak with the registered manager if anyone was unkind to them. People we spoke with knew they could contact the Care Quality Commission at any time in the event of them having a concern about their safety or the safety of someone else at the home.

We spoke with staff about their responsibilities regarding keeping people safe. All the staff were able to tell us about the action they would take. One member of staff told us it was their responsibility, “To keep people safe from harm”. The same member of staff told us they would report any concerns to the registered manager, the provider or to the Care Quality Commission. The registered manager told us staff had received training in safeguarding. This was confirmed by the staff we spoke with. The registered manager was aware of the need to report any incidents to the local authority as the lead agency with responsibility for safeguarding matters.

Risks to people had been considered and risk assessments were in place regarding their daily living. These assessments included potential risks to people both while at the home as well as when out in the community. Staff were aware of risk assessments and we saw these were reviewed as needed.

People we spoke with were happy with the availability of staff. We spoke with staff members who confirmed there were always two members of staff available to meet the needs of people who lived at the home. The registered manager told us additional staff would be available to meet the needs of people for example when going out to engage in hobbies or for healthcare appointment. Shortly after we arrived three people went out with one member of staff on an arranged event. Another person later went out with a different member of staff.

People who lived at the home confirmed staff assisted them with their medicines and people were happy with these arrangements. People received their medicines as prescribed and people’s records were maintained when items had been administered. We saw evidence of changes in people’s medicines following visits from healthcare professionals. These were recorded as needed and information was transferred to people’s care plans. Medicines were stored in a lockable draw, the key was held by a senior member of staff at all times.

The registered manager told us the staff team at Favor House had remained the same for many years. This was confirmed by other members of staff we spoke with. The registered manager was aware of the checks they would need to carry out on any new employees including a Disclosure and Barring Services (DBS) check. The DBS is a national service that keeps records about people’s criminal convictions help employers make safe recruitment decisions.

# Is the service effective?

## Our findings

Staff we spoke with told us they received the training and support needed to make sure they had the skills and knowledge to care for people. Everyone who lived at the home and all the staff had been together for many years. It was evident they knew each other well.

The registered manager told us staff training was up to date. Staff we spoke with confirmed this and told us they had attended specialist training to meet the needs of the people who lived at the home. This training included areas such as epilepsy, challenging behaviour and diabetes. Staff told us the training they had received increased their knowledge in areas affecting the care of people. For example in relation to the monitoring and signs to look for regarding people with diabetes. We saw a written comment from a relative which stated, 'Staff appear well trained'.

We saw people who lived at the home were able to consent to all aspects of their care provision. One member of staff told us, "I always ask is it okay if I help you? If no we wouldn't do it". Throughout our inspection we saw staff gain consent from people before assistance was provided. People were in most areas self-caring and able therefore able to attend to their own personal care needs. The registered manager was aware of the Mental Capacity Act (MCA) 2005 and the need to carry out an assessment in the event of concerns about people's ability to make specific decisions. Staff we spoke with confirmed they had received training in the MCA and had an understanding of how this

could affect their work. We also looked at the Deprivation of Liberty (DoL'S) which aims to make sure people are looked after in a way that does not unlawfully restrict their freedom. No restrictions were placed upon people and therefore no DoL'S applications had been submitted to the local authority.

People we spoke with confirmed they were involved in planning the menu and were able to select what they wanted to eat. We saw fresh fruit was available in the kitchen and people were able to help themselves to this. We saw people make themselves drinks throughout the day as well as offer to make drinks for each other. Staff were aware of people with special dietary needs and how these were to be managed in line with their healthcare needs.

People told us they were able to see their doctor if they were unwell. One person told us if they were unwell they could stay in bed and staff would care for them and get the doctor out. The same person told us they were going to see their doctor for any appointment. The registered manager confirmed with the person when their appointment was. Another person confirmed they had visited their dentist when they needed to. We saw evidence of discussions with health care professionals regarding people's health needs and how these were maintained to support people's well-being. It was evident people had seen specialists in health care and mental health as necessary in order to maintain people's well-being such as six monthly and annual check-ups.

# Is the service caring?

## Our findings

People who lived at the home told us they were happy with the care provided at the home. One person told us, “Very nice people” when they spoke about the staff and, “All of them are very kind”. Another person told us, “The staff are kind to us, all of them”. People told us the home was “Their house”. Throughout the inspection we saw people were comfortable with their understanding that the home was their home. For example people freely helped themselves to drinks.

We saw people communicated well with the staff on duty. People were seen to be relaxed with staff throughout our inspection. People communicated with staff verbally or by using either body language or other gestures. We saw staff understood what people were saying and acted upon people’s requests appropriately. We were shown some pictorial cards which showed gestures used by one person to communicate effectively. We saw staff understood these gestures and were able to communicate well with this person.

We saw people having a laugh with each other and sharing household duties. People who lived at the home knew the staff well and staff knew them well. We saw people caring for each other. For example when one person became distressed another person who lived at the home made a drink and the focus turned from having fun to concern for their friend who was upset. Staff and people who lived at the home offered reassurance until the person felt better.

All the people who lived at the home had relatives who could act on their behalf if needed. One person told us about their desire to visit a family member who lived some distance away. The person and their relative both confirmed they had made a visit in the past. It was suggested the person telephone their family member later that evening. We spoke with the relative who confirmed this telephone conversation took place. The family member was complimentary about the care their relative received at the home and believed the staff to be very caring towards their relative.

Throughout the inspection people were involved in the care and support they received. People were seen to make their own decisions about all aspects of their daily living such as what they ate, where they ate it, what they did and where they sat. We saw people choose to go and spend time in their bedroom and what they did in their own room. People were keen to show us their bedroom. We saw people’s room were personalised and reflected people’s personalities and their interests, hobbies and family members. People spoke of the good time they had had with staff on their recent holidays and were able to show us photographs taken at the time.

Staff were respectful of people throughout our inspection. Staff were able to give us examples of how they maintained people’s privacy and dignity. For example some people were able to bath themselves and this was respected. We saw some people had a key to their bedroom. Everyone we spoke with confirmed staff did not enter their bedroom without their permission.

# Is the service responsive?

## Our findings

Throughout our inspection we saw individualised care take place. One person told us, "I can have a shower whenever I want." People were able to go to their bedroom when they wanted and spend time in the communal areas of the house. We saw people engage in everyday activities. For example when people had finished their meal we saw people empty any waste into the bin. We saw people work together and help each other in tasks such as doing the washing up, putting things away and making drinks.

One person became upset when talking with staff and other people who used the service. We saw staff and other people respond well and reassure the person. Staff demonstrated they knew the person well and knew what was important to the individual to help them overcome the distress they had experienced. Suggestions for events in the home were made which were appropriate for this person and resulted in a positive outcome for the person who later told us they felt better.

People told us they were involved in their care plans and in reviewing these to make sure they were up dated. People had been involved in devising their care plan in an easy read format. We saw evidence of social workers visiting on an annual basis to review people's care and make sure agreed plans were in place and suitable action had happened. One care plan review stated 'Needs are well met'.

We attended a handover session where staff exchanged information about people and their current care needs. Staff confirmed they received information about changes in care needs from the handover.

We saw people were actively engaged in activities and hobbies throughout the day of our inspection. One person chose to spend some time with an individual member of staff at a local public house. They told us they had enjoyed this and had a good time. Other people chose to spend the morning at a local resource centre with staff support

engaging in a range of individual interests. Everyone told us they had enjoyed the day and people wanted to show us items they had made or had previously made. One person mentioned to a member of staff they wanted a haircut. The staff member reminded them of the day when it was planned for them to go to a hairdresser. The person concerned was happy with the arrangements made.

Some people told us about concerts they had attended. One person showed us a poster of the person they had been to see. There was great excitement when people told us of another concert people were going to see shortly after our inspection. Discussions took place about other events and trips which were either planned or due to be planned. These included a trip to a coastal resort as well as to the theatre. People's views were sought on what else they could do over the coming weeks. One person mentioned their birthday and their wish to have a party. This discussion moved to plans for Christmas and the party they could hold in the house to celebrate. The discussion also included talk of a Halloween party and people joked with the registered manager about this.

We saw evidence of a survey having taken place where people who used the service were asked a number of questions such as 'Does anyone say anything bad or horrible to you?' One person had responded 'No everyone is nice' to this question. Other people had indicated they had no concerns with the care provided.

The registered manager told us they had received no complaints about the service provided at Favor House. Information about making a complaint was available in easy read format. This information was within people's bedrooms and in the dining area. People we spoke with were able to show us this information and they were aware they could tell the registered manager if they were unhappy. People were aware they could tell other people such as the Care Quality Commission (CQC) of any concerns they had. Information about CQC was available in an easy read format for people to refer to.



# Is the service well-led?

## Our findings

Throughout our inspection we saw people were comfortable with the registered manager. People we spoke with told us how much they liked the registered manager. One person told us, “I like her” We saw real affection between people who lived at the home and the registered manager who demonstrated a passion for their job. For example we saw people who lived at the home place their arms around the registered manager on numerous occasions. The registered manager knew people’s needs well and what they liked to do.

We saw people engage well with the registered manager and become involved in laughter and fun. One person went outside in to the garden for a while and had a natural conversation with the registered manager through the window about things in general. When we first arrived at the house people were getting ready for the day. Within a few minutes everybody came to introduce themselves to us. A discussion took place which involved all six people who lived at the home and the registered manager. The discussion was open and people demonstrated their ease with their living arrangements.

The registered manager like all other members of staff had worked at the home for a long period of time. From our observations we saw everyone got on well together. The registered manager worked as part of the team and staff told us they liked working at the home.

Staff we spoke with were complimentary about the registered manager. One person told us, “We get a lot of support” and “Approachable, we all help each other.” Another member of staff told us the registered manager

was, “Lovely” and “Help you with anything. The same member of staff added the registered manager “Cares too much to let anything happen to people who live here”. Staff confirmed the registered manager worked alongside them and was open in their approach. Staff were complimentary about the registered provider and told us, “People don’t want for anything.” We saw the home was well maintained and homely in its appearance.

Staff told us they received support from the registered manager. Staff confirmed they received regular supervision and attended appraisals and staff meetings. Staff told us they were able to make suggestions about the service and that these were taken on board. For example suggestions on events and activities.

People who lived at the home as well as the staff we spoke with confirmed the registered manager worked alongside other members of staff. During our inspection we saw the registered manager take part in the daily activities alongside other people. The registered manager acknowledged they did not have systems in place to monitor the effectiveness of the service provided to people however we saw people were well cared for. The registered manager stated they would introduce systems to monitor certain areas of the service delivered to people.

We saw minutes following a recent meeting involving people who lived at the home. The meeting showed people were consulted about arrangements in the home and forthcoming events. Discussions had also included ideas for the menu over the coming months. The minutes recorded that people had no complaints and they were happy with the care and support provided.