

Farriess Court Limited

Farriess Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Farriess Court is registered for 26 beds and is a residential care home, providing personal care and accommodation for adults in one adapted building. Some people were living with dementia or a physical disability. At the time of the inspection there was 19 people using the service.

People's experience of using this service and what we found

The potential risk identified at the last inspection, regarding some radiators not being covered had been addressed. This ensured people were no longer at risk of scalds from exposed radiators. Since our last inspection the local authority had identified improvements that were needed to the maintenance of some areas of the building, such as windows in some bedrooms and communal areas, that did not open. We saw the provider had commenced this work and had an action plan in place to address all areas. We identified other areas that required repair, such as the flooring and walls in the laundry room. The manager added this work to the action plan in place.

We have made a recommendation for the provider to review good practices measures regarding the smoke room; to prevent smoke from cigarettes drifting into smoke free areas.

We saw that risk assessments were in place and identified how risks were to be minimised to keep people safe and overall these were followed by staff. However, we saw that one person's risk assessment was not always followed regarding the supervision they required when smoking cigarettes. We followed this up with the manager, who told us they would address this with the staff team, to ensure the risks to this person were minimised.

People accessed healthcare services and were supported to keep well. However, we identified that developments in the assessment of people's oral health care and training for staff in this area may enhance people's wellbeing. The manager confirmed that she would address this. Staff were provided with training in other areas to develop their skills and knowledge and meet people's needs.

People received the support they needed to take their prescribed medicines on time and in their preferred way. Sufficient staff were available to support people as needed. Recruitment checks were completed before staff commenced employment to ensure they were suitable. People were safeguarded from harm, as staff were trained and understood their role in reporting any concerns to protect people. Control measures were in place to minimise the risk of infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's capacity was assessed when they were unable to make decisions independently. This was to ensure that decisions were made in their best interests and that they were supported in the least

restrictive way. People told us they enjoyed the food and we saw their dietary needs and preferences were met.

People were supported by staff who knew them well and understood their preferences and interests. Information was available in an accessible format to aid people's understanding. People's care plans were reviewed regularly and included their preferences on how their care should be delivered. People knew how to raise concerns about the service and these were addressed following the provider's procedure.

People and their visitors knew who the manager was and were confident that the home was managed well. Quality monitoring systems were in place to drive improvement and the provider's action plan demonstrated that improvements were ongoing. However, the provider's quality assurance systems had not been effective in identifying all areas that required improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 January 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well led key question sections of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Farriess Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors.

Service and service type:

Farriess Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. An acting manager was in post and was overseeing the management of the home until a new manager was recruited.

Notice of inspection:

This inspection was unannounced.

What we did before inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

We spoke with five people who used the service and two people's visitors to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicine. We spoke with four members of staff including the manager, senior care staff and care staff. We reviewed a range of records. This included accident and incident records, care records and medicine records and how the provider sought feedback from people to drive improvement.

After the inspection;

We continued to seek clarification from the provider to validate evidence found. We looked at staff training records, recruitment records, a variety of audits and evidence to demonstrate they were actively seeking to recruit a registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people; as some radiators did not have covers. This put people at risk of scalds. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Radiators in use were covered to minimise the risk of scalds.
- Staff did not always follow people's risk assessments to ensure their safety was maintained. We saw one person had been left alone smoking a cigarette. Their risk assessment stated they required staff supervision when smoking to minimise the risk of them burning themselves. Discussions with one staff member regarding the support this person needed, did not reflect the guidance in their risk assessment. We fed this back to the manager who confirmed they would discuss with staff the importance of following this person's risk assessment to ensure their safety was maintained. Following the inspection, the manager confirmed all staff had received supervision regarding this risk and it was also an item for the next staff meeting agenda.
- Risks to people's health and wellbeing were assessed and reviewed regularly to ensure they remained relevant. Apart from the person's smoking risk assessment; people's individual risk assessments were being followed.
- Plans were in place to respond to emergencies. For example, personal emergency evacuation plans were in place for each person. These provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated.
- Equipment was maintained and serviced as required to ensure it was safe for use.
- A falls analysis report was completed by the manager, which included the date of the fall and where the fall occurred. We discussed developing this with the manager, to incorporate other details such as the time of day the fall occurred. This would support the manager in looking for any patterns or trends. The manager agreed this would be beneficial. Since the inspection the manager has sent us evidence to demonstrate that falls analysis information has been update to reflect this additional detail.
- We saw that referrals were made to the falls team when a person had more than two falls a month, to ensure people received the correct support with their mobility.
- Risk assessments and care plans were updated after accidents and incidents to ensure the measures in

place were effective.

Preventing and controlling infection

- Overall the premises was clean. However, we observed some areas where improvements were needed. For example, we saw paper and tissue had been pushed between the plastic and glass of a sash window in the dining room and the carpet in one corridor was stained.
- The manager told us that the home was currently without a housekeeper; although a new person had been appointed and was due to start the following week. In the interim, housekeeping staff from one of the providers other homes was supporting the service three days a week. Care staff were undertaking domestic duties on the other days.
- Where audits had identified improvements, we saw actions were taken as needed to maintain standards. For example, an audit in July 2019 had identified some chairs in the lounge needed steam cleaning. The following audit in November 2019 recorded this had been completed
- Personal protective equipment was available to staff and used when needed; such as disposable gloves and aprons. However, we saw one staff member not using gloves or tongs when giving out biscuits to people when beverages were served. We fed this back to the manager.
- The home had been rated five stars by the food standards agency in March 2019. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff wore personal protective equipment and practices were followed by them to ensure food hygiene standards were maintained.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said, "I cannot not fault the staff, they are very kind and patient. The attitude of the staff is important to me, they are kind which is very important." Another person said, "All the staff are lovely to me." People's visitors told us they felt their relatives were safe at the home.
- Staff were clear on their responsibilities to report any concerns regarding people's safety and confirmed they received training.
- The provider had procedures in place for staff to follow and staff confirmed they had access to these procedures and could describe what to do in the event of any alleged or suspected abuse occurring. One member of staff said, "If I saw an unexplained mark or bruise on a person or if they told me a staff member or service user had hit them, I would inform the manager. If the concerns were about the manager I would inform the owner or contact the local authority."
- The manager was clear on their responsibility to report concerns. Where concerns had been identified they had informed the local authority to make sure people were protected and informed the CQC of incidents that had taken place.

Using medicines safely

- Medicines were safely managed, stored securely and given when people needed them.
- We saw that when the staff member administered medicines, they spent time with the person, to ensure they were taken before signing their medicine record.
- Recognised standards were followed by staff when administering people's medicines. Staff who administered medicines received training and had their knowledge and practice assessed to ensure people received their medicine safely.
- Medicines audits were undertaken, to enable the manager to identify and address any issues promptly. For example, we saw a medicine for one person was low in stock. This had been promptly addressed to ensure new stock arrived in time. It had been identified by the manager that protocols for medicines that

were given as required, needed updating. We saw that these had been done and agreed by the advanced nurse practitioner who visited the home weekly.

Staffing and recruitment

- People confirmed, and we saw that staff were available to them when needed. One person said, "The staff are always around if I need them. A visitor told us, " I have never seen it short staffed here. There are always enough staff available." There were sufficient staff on duty throughout the day and people's requests for assistance were responded to promptly.
- The provider checked staff's suitability to work with people before they commenced employment. We saw the appropriate references and checks were completed in line with current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This was because some areas of the home were in need of repair.

Adapting service, design, decoration to meet people's needs

- Prior to this inspection the local authority had identified during their visit, areas of the home where improvements or repairs were needed. For example, several sash windows could not be opened. This included some bedroom windows. This meant some people didn't have access to fresh air in their bedrooms should they want it.
- The provider had commenced this work and we saw that repairs had been made to most of the bedroom windows with two still in need of repair. Windows in communal areas, such as the lounges and dining room could not be opened at the time of the inspection.
- Some external building work was also required, such as rendering that was loose or broken.
- The provider had an action plan in place to address all areas and we saw they were working towards the timescales they had set. We identified other areas that required repair, such as the flooring and walls in the laundry room. The manager added this work to their action plan.
- A smoke room was available for people to use who smoked. However, we noted that the smell of cigarette smoke had escaped into the corridor; despite the door being closed whilst a person was smoking in the room.

To ensure cigarette smoke does not impact on people who do not smoke, we recommend the provider look at the good practice measures to prevent smoke drifting into smoke free areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People could be assured that the home could meet their needs, as they were assessed prior to using the service. We saw information included the person's preferences, support needs, health and well-being.
- Care plans and risk assessments were in place and delivered in line with current legislation to ensure best practice was embedded across the home.
- Relatives confirmed they had been involved in their loved one's initial assessment and reviews of their care.

Staff support: induction, training, skills and experience

- The manager confirmed that some staff had completed the care certificate. The care certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. One member of staff told us they found their induction training very useful.
- People were supported by staff that received training. This enabled the staff to provide support to people that met their needs and followed current guidelines. Staff confirmed the training supported their

understanding and learning.

- Staff confirmed they were provided with regular supervision from the manager or head of care. One member of staff said, "We have supervision with the head of care or manager. The manager is very approachable and is available if you need to discuss things."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were met, and they were supported to eat a balanced diet.
- People told us they enjoyed the meals provided. One person said, "I like the food very much, there is an alternative if you do not like what's on the menu. For breakfast we usually have cereal and toast. There is plenty of variety in what we have." Another visitor told us, "When my relative lived at home they didn't eat and weighed only 6 stone. Now they have a fabulous appetite and eat so well."
- We observed the support people received at the lunch time meal and saw people were supported with their meal as needed and at their own pace. Comments from people included, "It was excellent", "I like vegetables, you can always ask for more if you want to." And "Since the new cook has been here the food has been great."
- Where people were at risk of malnutrition the staff worked with health professionals to monitor and support the person's dietary needs.
- We saw staff supported and encouraged people to drink throughout the day and drinks were provided at regular intervals along with snacks such as biscuits. This enabled people to snack in-between meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals as and when needed, such as GP's, district nurses, chiropodists and opticians.
- Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.
- Staff confirmed they supported people to maintain their oral hygiene as needed. One member of staff told us, "We prompt people to brush their teeth or assist them when needed. We also support people with cleaning their dentures. People go to the dentist, either supported by staff but usually it's family who take them."
- The manager had taken action to support people with their oral health. They had ensured people were registered with a dentist and completed a mouth checklist for each person; provided by the dentist. This enabled the dentist to prioritise people that needed a quick referral.
- At the time of the inspection although a mouth care plan was in place, it did not incorporate the person's oral health care needs. Since the inspection the manager has confirmed they have developed an oral health care plan to sit alongside the mouth care plan and sent us evidence of this. They have confirmed that these are now completed and in use for everyone using the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people did not have the capacity to consent to some decisions regarding the support they received, and information was in place to demonstrate this. This included mental capacity assessments and best interest decisions.
- Information in people's care plans guided staff on how the person's needs should be met.
- Staff understood about how to support people with decisions and the principles of least restrictive practice.
- Three people were under the local authority restriction of a DoLS, no conditions were attached to these. The manager confirmed that applications had been made for a further two people. Staff were clear on the need to support these people in their best interests to keep them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- All of the people we spoke to told us they liked the staff. One person said, "The staff are lovely. They are very nice people and very helpful." A visitor told us, "The staff are wonderful and very patient with my relative."
- People were supported by staff who knew them well and understood their preferred routines and preferences. Where people needed additional reassurance throughout the day we saw staff provided this in a patient and caring manner.
- Staff explained things as much as possible when they supported people. For example, with meals or activities and this support was provided at the person's own pace.
- People and their relatives confirmed they were involved in reviews of their care package and asked for their opinions on the quality of care they received.
- At the time of the inspection no one was using the services of an independent advocate. Information regarding local advocacy services was displayed, to ensure people and their visitors were aware of these services should they be needed.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their privacy was respected by staff. One person told us that they liked to spend time in their room. They said, "The staff don't mind, they come and check I'm alright, but I am free to spend time where I want."
- We saw that people were supported to maintain their independence. We saw staff were supporting a person to walk using the plan created by their physiotherapist.
- People were supported by staff to maintain their dignity. We saw a member of staff discreetly reminding a person to close the door, when they were using the bathroom.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Opportunities were available for people to participate in activities. This was done through the allocation of tasks on each shift. We saw that a staff member was allocated the task of coordinating activities each day.
- Indoor games were played by some people on the day of the inspection. Staff joined in with these activities which provided support to people and encouraged participation. We saw that people and staff were having a laugh and a joke with each other whilst playing dominoes.
- People were consulted regarding their faith needs and a chaplain visited the home twice a week to speak with people on a one to one basis. A monthly service was held at the home with songs and prayers. One person told us, "The services are good. I enjoy them."
- Staff knew people well and information in people's care plans reflected the support we observed. People's care plans contained individualised information. This included details regarding their protected characteristics, for example their race, religion and beliefs.
- One visitor told us, "My relative has a routine which the staff support them with." Another visitor said, "The staff know my relative really well. Today they have been offered another bedroom with an ensuite, which is wonderful as they prefer to have their own bathroom."
- People were supported to maintain relationships. Visitors told us they were made to feel welcome by the staff. One said, "It's very friendly here, the staff always make me welcome." Another visitor said, "It's a lovely place and the staff are great."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard. We saw that information was available in an accessible format to support people's understanding. For example, signage was in place around the home to enable people to orientate themselves when needed.
- One person told us, "I do get confused going around the corners, but the notices tell me which way to go."

Improving care quality in response to complaints or concerns

- People told us if they had any complaints they would tell the manager. One person said, "I would tell the manager and she would sort it for me. I don't have anything to complain about though." A relative said, "The

manager is very good. If there are any problems she sorts them quickly."

- A procedure was in place to manage complaints and information was available on how to make a complaint. At the time of the inspection this did not include the contact details of the local authority and local government ombudsman. The manager updated this following the inspection and sent us evidence to demonstrate this. This ensured people had all the relevant contact details.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of this inspection. The manager and staff team knew who to involve at this important time of people's lives, such as palliative care teams and GP's.
- The manager told us that a number of staff had undertaken training with the local undertakers to enhance their understanding of how to care for a deceased person. This training, amongst other areas, also included advice on managing personal bereavement and the bereaved.
- We saw some information was recorded regarding people's religious beliefs and if they had a ReSPECT form in place. This is a Recommended Summary Plan for Emergency Care and Treatment and provides a summary of a person's clinical care wishes in a future emergency.
- Since the inspection the manager has sourced end of life care training for staff. The manager confirmed that end of life care plans have been updated for people who were willing to discuss their wishes, regarding their preferred support at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- This is the third consecutive time this service have been rated as 'requires improvement'. Although improvements have been made since the last inspection, we have identified other areas that required improvement. This demonstrates that the provider's systems to review quality were not fully effective; as identified in this report under the Safe and Effective key questions.
- Where audits had identified where improvements were needed, actions had been taken to address these. For example, new bins had been purchased and repairs had been completed to a sink.
- Audits of records such as care plans and medicine records were undertaken on a regular basis. This ensured people's changing needs were addressed.
- The manager ensured that we received notifications about important events, so that we could check that appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There has been no registered manager in post since July 2019. An acting manager was in post and was overseeing the management of the home until a new manager was recruited. The provider was able to demonstrate that they were actively seeking to recruit but had not, at the time of the inspection been successful in finding a suitable person.
- The acting manager demonstrated a good understanding of the regulations and was highly thought of by people that used the service, their visitors and the staff team. They told us that due to other commitments, they were unable to consider applying for the registered manager position at this time.
- Staff felt supported by the management team. One member of staff said, "The manager is very approachable and is available if you need to discuss things." People and their visitors told us they found the manager approachable. One visitor said, "The manager has her finger on the pulse. I can't fault her."
- We saw staff were supported to professionally develop. Several staff had achieved health and social care diplomas at level two and above. This ensured a good skill mix of staff were available to support people.
- Staff were positive about the culture of the home. One member of staff said, "We all work as a team." Another staff member told us, "It's the best place I have worked at. It's clean, friendly and I work with a great team."

- Staff understood their roles and responsibilities and there were clear lines of delegation. They knew who to report any concerns to on a day to day basis.
- We saw the action points left by the fire service in December 2019 had been addressed by the provider. This ensured that the safety of people in the event of a fire was maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People views were sought through satisfaction questionnaires. We saw that where suggestions had been made for improvements, these were acted upon and fed back to people via a report called, 'You said, we did.' For example, baking had been added to the activities at people's requests and full English breakfasts added to the breakfast options.
- People and their relatives knew who the manager was. They told us the staff team were friendly and approachable. People were confident in the management of the care home and told us it was well run.
- There were good relationships with local health and social care professionals and with the local community, such as the local church group who visited people at the home regularly.