

Mr & Mrs D Ashall

Farthings Residential Care Home

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

Farthings is a residential care home for 18 older people some of whom are living with dementia. It is situated in a village location.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including in partnership with other organisations when needed. The environment met people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. There were opportunities for them to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they received.

People and their relatives were included in developing the service and found the registered manager approachable. There were quality systems in place which were effective in continually developing the quality of the care that was provided to them.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Farthings Residential Care 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.

This comprehensive inspection took place on 30 January 2018 and was unannounced. It was completed by one inspector. On this occasion we had not asked the provider to send us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with six people and also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with one person's relative to gain their feedback.

We spoke with the registered manager, one senior care staff, one care staff and the cook. We reviewed care plans for seven people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, accidents and incidents, meeting minutes and health and safety checks.

Is the service safe?

Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One person we spoke with said, "I feel safe here. I couldn't carry on at home on my own and I know they look after us well here". Staff told us how they would report any concerns to their line manager or the local authority. We reviewed safeguarding with the manager and saw that safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

Risk was managed when people were supported to be safe. One person said, "I don't see very well. I can come to the door on my own but then I press my buzzer and staff walk me across the courtyard". We saw that other risks to people's health and wellbeing were also considered; for example, people used equipment to relieve pressure on their skin to ensure it did not become sore. Records that we reviewed showed that risk was assessed, actions were put in place to manage it and it was regularly reviewed.

The home was clean and hygienic which reduced the risk of infection. One relative said, "The home is always clean and also smells good". The home had a very good rating from the food standards agency which demonstrated that systems were in place to manage hygiene in the kitchen and around food. The provider maintained infection control audits and implemented any required action points.

Lessons were learnt from accidents or mistakes and actions taken to reduce the risk. For example, the registered manager told us, "We reviewed how medicines were managed because the previous systems did not always record the amount of medicines we had stored for people. We reviewed the booking in system and implemented a daily count". This showed us that the registered manager had implemented a system which meant that they could check that people had their medicines and that they could monitor when new stock needed ordering so that people didn't run out".

People had their medicines and could have others when needed. One person said, "The staff wait with me at night until I have taken my tablets and always ask me if I need a painkiller". Another person also told us, "The staff always check that I have taken my medicines". When people were prescribed medicines to take 'as required' we saw that there was guidance to support staff to understand how many they should take in a certain timeframe. We observed that medicines were administered to meet individual preferences. They were stored, recorded and monitored to reduce the risks associated with them.

There were enough staff to ensure that people's needs were met safely. One person said, "I have an emergency buzzer and if I press it the staff come to me very quickly". We saw that there were always staff in communal areas and they spoke with each other to arrange cover if they had other things to do. Staffing levels were planned around individual need; for example, when people required two staff to help them to move this was taken into account. We saw that the provider followed recruitment procedures which included police checks and taking references to ensure that staff were safe to work with people.

Is the service effective?

Our findings

People were supported by staff who were skilled and knowledgeable. One person told us, "Its marvellous here and all of the staff are wonderful". Another person said, "The manager is spending time choosing good carers; and we have the cream of them here". A third person told us about a health condition that staff had helped them to manage. They said, "I was seeing a doctor but the staff here did a better job of looking after it until it got better".

People were supported effectively and in line with best practise and national guidance. We saw that the home had received an award that their local healthcare professionals had nominated them for which celebrated '0% acquired pressure areas'. This demonstrated to us that the staff at the home worked closely with healthcare professionals to receive good outcomes for people.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One relative told us, "The staff here are working closely with the district nurses to meet my relative's needs. They communicate well with each other to make sure they are comfortable". Other people told us about the range of health professionals they had contact with; for example, chiropodists and opticians.

People were supported to maintain a healthy balanced diet. One person said, "The food is good and home-made". Another person told us, "I have to be careful what I eat and they work with me on that". We saw that this person had a different desert that they had requested. When people were at risk nutritionally they were supported to have additional food or supplements. One person told us, "I take a daily supplement for my weight and it is steady now". The cook told us how they managed people's specialist diets and reduced appetites. They said, "We work around people's tastes. For example, one person eats very little but we know they have a sweet tooth. So, at breakfast we fortify their porridge and add a little chocolate and they usually eat that".

Staff received the training and support they received assisted them to do their job well. One member of staff said, "I did moving people recently and it was good. I think the training has improved with the new manager as we have more people coming in to do it face to face". Another member of staff said, "I am doing train the trainer so that we will be able to deliver moving people safely in house". The registered manager told us, "This will allow us to be more responsive to people especially if their needs change".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People told us, and we observed that staff assisted them to make their own decisions. One person said, "The staff always ask me if it is okay before doing anything". When people were unable to make their own decisions staff told us how they consulted with families and other professionals to ensure that their best interests were considered. DoLS applications had been made for authorisations where staff recognised that some people were not able to consent to restrictions on their freedom.

The environment was designed to meet people's needs. One person told us, "It is a homely environment and that's what we like about it". There was some refurbishment taking place and we spoke with the registered manager about the improvements planned. For example, they planned to improve the dining area by changing the flooring.

Is the service caring?

Our findings

People had caring, kind supportive relationships with the staff who supported them. One person told us, "They are all wonderful. They greet me every day with a bright 'Good Morning' which is just lovely". Another person we spoke with said, "They are very kind and helped me dress today with great care. When they come in to me in the morning they will ask if I want another ten minutes to wake up some days which is nice. Staff understood how to support people's human rights; for example, two siblings lived at the home and they were supported to spend time together as well as recognising that they valued some time apart. One of them told us, "We have always been together and I am glad that we still are".

People were actively involved in making choices about their care. One person told us "When they have new staff I teach them how to support me; for example, showing them how I like my bed to be made". We saw that staff adapted their communication to meet people's needs so that they could make choices and spent time with people who were less able to verbally communicate to try to understand their wishes.

People were comforted when they were distressed. We saw that one person had a comfort doll which staff used to help the person when they were distressed by talking with them about their 'baby'. Another person told us, "They think it is their baby so now we all ask how the baby is and talk to them about it; that makes them happy". People also told us that staff helped them to celebrate special occasions. One person said, "We have two birthdays coming up in February. They will do a beautiful tea on those days".

Dignity and privacy were upheld for people to ensure that their rights were respected. One person told us, "The staff never enter our rooms without knocking". We saw that people were encouraged to be as independent as possible. One person invited us to see their room and told us how they polished and looked after some of the objects there that were important to them. Other people we spoke with told us about days out and times they went out with families. One person said, "My relative visits every other day and can come anytime of the day".

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their preferences. One person told us, "The staff are very good and if you ask them to help you with something they always do". We saw that people chose how to spend their time; for example, people chose to spend time in their rooms. When we spoke with staff they knew people well and were able to describe how they were supported. We saw that they were responsive to people's changing needs. For example, one person was cared for in bed and was unable to use the call bell for assistance. They had installed a listening device instead so the person could call for help. One member of staff told us, "We check on [name] regularly but this is an extra assurance that we can hear if they are unwell or need assistance". We saw that records were maintained and regularly reviewed to ensure that staff had guidance to enable them to support people in the requested way. When people's care needs changed the plans were reviewed with them and their families.

We saw that there were some signs in the house; for example, to say what activities were planned and what today's meal was. The registered manager said, "I am currently trialling additional signage from another organisation to help people to in the home. We will ask them what they think although the initial feedback is that they find it too clinical and they prefer a more homely environment. This demonstrated to us that the provider was considering how to ensure that information was accessible to all people.

When people were at the end of their life their wishes had been assessed and there was specialist support in place and people who were important to them were able to contribute to the planned support. One relative told us, "[Name] is near the end of their time now and the staff are keeping them comfortable. We have discussed it and agreed that we want my relative to stay here and not go into hospital. They keep me informed of any changes or if my relative has seen the doctor. They have altered my relative's pain relief and staff are monitoring it in case it needs to be increased. They have looked after my relative really well". We reviewed records and saw that there was a joint plan in place with other health professionals which detailed the person's wishes about the care and treatment they wanted.

There were activities available as well as opportunities for one to one interaction. One person told us, "We have a fashion show coming up and pet therapy which I am looking forward to. There is also a fitness class but I won't go to that". Another person said, "Some schools came in and did carol services at Christmas which was lovely". A third person said, "The activity girl is very good and thinks of things for us to do. Today I had my nails done".

People's religious and spiritual needs were also considered. One person said, "They organise a church service here every month. My own minister also visits me to give me communion". Another person said, "They have a church service but I don't choose to go to it". This demonstrated to us that people's religious views were considered and catered for.

People and their families knew how to make complaints and were confident that they would be listened to. One person said, "I know how to make a complaint and would feel happy to do so; but the manager is very good and will sort out any little grievances straight away". The registered manager told us, "We reviewed

and updated the complaints procedure and a copy went to each resident's room as well as to their families". The service had not received any complaints since our last inspection.

Is the service well-led?

Our findings

There was 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. People and their relatives knew the manager and found them approachable. We observed that the manager knew people well and could chat to them easily about their current wellbeing. One person told us, "The new manager is very good and I feel like things have changed for the better since they have been here". They ensured that people had the opportunity to contribute to the development of the service through regular meetings and annual surveys. One person said, "There was a meeting last night which I didn't come to because I was tired; but my son came". Another person said to them, "Well you will receive the minutes so you can see what we talked about".

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "I am really happy working here and I feel listened to. I have supervision at least once a month and we have a staff meeting tomorrow; they are quarterly". We saw that the provider visited regularly and knew people who lived at the home well. The registered manager told us, "I meet with the provider weekly to update them and they are always in the end of the phone; they are very supportive to us".

There were quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place as a consequence. The registered manager told us, "Since coming in to post I have reviewed and amended some of the systems we had. We have demonstrated improvements; for example, we had some action points from an infection control audit and we have now met all of them".

The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.