

Mrs Kathleen Susan Fairbrass

Farndale House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Farndale House is a residential care home providing personal care for up to three people who have a learning disability. At the time of our inspection three people were living at the home. Accommodation is provided in single bedrooms.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff were extremely committed to delivering exceptional care to people. The service demonstrated a strong and visible person centred culture which put people at the heart of everything they did. There was a deeply embedded person centred and inclusive ethos, and the home demonstrated the positive achievements made to improve people's quality and experience of life.

People were supported by staff who were exceptionally caring and compassionate. They cared for people like they would their own family members. People were valued as individuals and treated with respect. We observed peoples' support during our visit, staff were gentle and showed people kindness and affection, within their professional boundaries.

People continued to receive an exceptionally personalised and responsive service because staff had an excellent understanding of their needs. Staff demonstrated a high level of empathy, understood people very well and gave priority to the things that were most important to people. Staff were committed to enabling people to live fulfilling lives and supported them to achieve their goals.

There were strong links to the local community which were utilised to benefit people using the service and this enhanced their daily lives and provided them with equal opportunities. Staff responded to overcome any constraints presented when supporting people to live fulfilled lives.

The leadership of the home promoted a positive culture that was person-centred and inclusive. We received very positive feedback from people and staff about the quality of care and support people received and the overall management of the home.

Health and care records were kept to good standards and staff's knowledge of people was extremely good. This enabled staff to recognise any changes in people and seek early access to healthcare services, this ensured positive continuity of care.

Staff knew how to keep people safe from harm. Risks were assessed and managed well. People received their medicines as they should.

Staff were recruited safely. There was a very low turnover of staffing which meant people were supported by a staff team who knew them and their preferences extremely well.

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.

Staff had access to relevant training and regular supervision to equip them with the knowledge and skills to care for people effectively.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 02 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was extremely caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was extremely responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Farndale House Residential Care Home

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 was carried out by one inspector.

Service and service type

Farndale House 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 was managed by an 'individual provider' who is a 'registered person' and was in day to day charge of the service. Registered persons are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account

when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We visited the care home and met with two of the people living there. We spoke with both people about their experience of the care provided. We spoke with one member of staff, the registered provider and assistant manager.

We reviewed a selection of records. This included two people's care records, one staff recruitment file, induction and training records. We reviewed two people's medication records and other records relating to the overall management, quality and safety of the home.

After the inspection

We obtained further information from the registered provider and assistant manager following the inspection. We received feedback from two relatives about the care their loved one received, spoke with two professionals who visited the home, and two further members of staff.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and risk of abuse and felt safe living at the home. One person said, "I do feel safe living here."
- Staff we spoke with were knowledgeable in identifying different types of abuse and knew how to report any concerns.
- The registered provider knew to liaise with the local authority safeguarding adults' team for advice and potential investigation into matters of concern, if necessary. Policies in relation to safeguarding contained relevant contact information.

Staffing and recruitment

- There was enough staff available to respond to people's needs in a timely way and maintain their safety.
- Staff had been recruited safely and appropriate vetting checks on potential new staff were carried out to protect people.

Assessing risk, safety monitoring and management

- Staff knew how to protect people against risks specific to them. Each person had personalised risk assessments related to their specific conditions, these were detailed and covered all areas staff needed to be aware of.
- The provider had systems to minimise risks related to the premises and equipment, such as periodic safety checks of gas, fire and electrical wiring in line with safety guidance.
- People had personal emergency evacuation plans. These provided staff and emergency services with information on how to support people to evacuate the home quickly and safely in the event of an emergency.

Using medicines safely

- Medicines were managed and administered safely by trained staff.
- The provider followed safe protocols for the storage and administration of people's medicines.
- Guidelines for medicines to be given on an 'as required' basis were available, so staff knew when to give people their medicines.

Preventing and controlling infection

- The home was clean and tidy.
- Staff completed training on the prevention of infection and followed good infection control practice when they provided support. This protected people from the risk of infection.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- The management team were able to describe what actions would be taken in response to accidents and incidents, and how they would reduce the risks people faced such as working with healthcare professionals.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs were holistically assessed before moving to the service to ensure that they could be met. One person had visited the service several times with their family before they came to live there.
- Needs in relation to people's gender, religion and disability were included in their plans.
- The home worked in partnership with other organisations and kept up to date with changes in guidance, to ensure staff followed best practice.
- People were supported to make choices about what care and support they required on a daily basis. One person told us, "I get up in a morning and [staff] says 'are you ready for your shower' and they help me. I had toast and jam this morning - I did that myself. Today I have chosen to go to the cinema."

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

- Staff supported people to eat a varied and nutritionally balanced diet.
- People could tell us about how they managed their own food and how staff supported them to manage their food. One person told us how they were being supported by staff to lose weight, and others were supported to maintain a healthy weight.
- People were supported to plan weekly meal plans which reflected their individual choices. Some people chose to visit local supermarkets with staff members to purchase food items of their choice which increased their independence.

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

- The service worked together with a variety of health and social care professionals to ensure people had access to the appropriate care and support that they required, as well as receiving consistent, effective and timely care.
- People's oral and dental healthcare support was well recorded and embedded in their records.
- People had a patient passport. The aim of a patient passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

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

- The building was easy for people to access. It was clean, light and well maintained.
- People were very positive about how the home was decorated and the facilities available. One person

proudly showed us their room with lots of posters and photographs. They told us they had personalised it to their taste.

- People had access to all areas of the home including a well-maintained garden area.

Staff support: induction, training, skills and experience

- Staff were well-trained. They completed an induction before they started working at the home and continued to undertake additional training to meet people's needs.
- Staff received supervisions and felt these were supportive. One said, "We have supervisions every three months. We are also kept up to date with information via email and worksheets. If we have any concerns, we get in touch with a senior they are all really exceptional."
- Staff told us Farndale House Residential Care Home was a great place to work, and this was reflected by a stable workforce. A healthcare professional told us, "To have consistent staff like they do is invaluable to the people who live there."

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.

- People were protected from improper treatment and their consent was sought in line with principles of the MCA and associated DoLS.
- Paperwork in relation to MCA and DoLS was appropriately completed when required. Any applications for DoLS had been submitted to the local authority for assessment and approval.
- Staff supported people to make decisions relating to their care and support so that they were in control of their lives.

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 improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted each person's privacy, dignity and independence and improved their quality of life.
- Without exception we received extremely positive feedback from relatives, people and staff about the care provided at the home. This included, "The staff I have met are brilliant and have [Names] best interests at the heart of what they do", "Exceeding my care expectations" and "The staff make me laugh. I like living here."
- Staff were motivated and worked above and beyond their daily duties to tailor care to each person's individual needs. If people were admitted to hospital staff ensured they had someone with them at all times, so they were not left alone.
- Staff had explored people's goals to enable them become more independent. This included people engaging in activities that would normally be overwhelming for them. One person was supported to work towards posting letters for the service and themselves. Staff understood how much this meant for the person and the positive impact this had in terms of their well-being and sense of independence. One staff member told us, "We are great believers in enabling and not disabling. If we feel any of our residents are capable of doing something we encourage and motivate them to try it." We saw the person was now able to do this task independently.
- The registered provider had purchased Smart televisions for people in their own rooms and in the lounges. Staff had supported people to learn how to use popular applications on these TVs which had provided people with more independence and a sense of achievement.
- One person had recently moved to another service. Staff continued to visit the person three to four times each week. When the person was admitted to hospital staff went to the hospital and stayed with them as the new service did not have staff available to do this. This was done in staff's personal time. This meant the person was supported by someone they were familiar with.

Ensuring people are well treated and supported; respecting equality and diversity

- The culture of the home was visibly person centred and staff were passionate about providing excellent care. One staff member told us, "From day one I got the feeling the staff at Farndale are extra caring and do everything they need to support the residents." We observed this and saw staff were attentive to people's emotional needs, and the importance of comforting human touch to some people. People openly approached staff and the managers for hugs and cuddles.
- Staff knew people very well. We heard staff explaining things to people in a way they understood. One person said, "I am happy - [staff] make me happy because they are funny. I'm happy because I have my routine."

- People lived fulfilled lives at home and in the community. People who lived in the community engaged very well with people in the home, and positive relationships had been formed in which people celebrated events and took part in regular activities together. Staff brought in their dogs each week and people enjoyed taking them for walks and playing ball with them. A sense of community and activities accessed in the community meant that people did not suffer isolation.
- Staff interacted with people in a creative and person-centred way. One person when regularly visiting their family would become upset that they would not be returning to their home with staff. Staff sat outside of the family home so the person could see they were waiting for them. This helped them enjoy time with their family.
- Staff treated people with the utmost respect and responded to them immediately at all times. One person retreated to their room to listen to music with staff reading their favourite books during particular types of weather. This helped to reduce anxiety and distress.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people exceptionally well and presented information in such a way that people could understand and be fully involved in conversations and with making decisions.
- Staff were skilled and flexible in the way they communicated with people. People were given space to express themselves and opportunity to further develop their own communications which were recorded. This impacted positively as people's needs were freely expressed and understood. One person's relative said, "[Names] vocabulary is so much better since living at Farndale. They always found it hard to get on with or communicate with others, but the staff worked with them and this is so much better now."
- Staff acknowledged and respected everyone's diverse needs. For example, staff understood how important it was for one person with communication needs to have certain items and sweets on a particular day each week. This was clearly recorded on a white board for the person to see.

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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- A culture of inclusivity continued in the home to ensure relatives and friends were fully involved in people's lives. Where face to face contact was not possible for people, the home facilitated telephone calls, sending cards, letters and email contact. These family relationships were clearly recorded in people's care plans.
- People were supported by staff to purchase outfits and gifts for special family events such as weddings. One relative told us, "When [Name] stays over at my house we have a good laugh and enjoy the family time but they are always looking forward to going back to Farndale – the place they call home."
- Staff and managers had gone out of their way to promote continued links to people's past that were important to them. One person had experienced a bereavement. The person was able to tell us how staff supported them when they were feeling upset by letting balloons go on anniversaries, lighting candles and writing messages. This had helped the person overcome some of the emotions linked to their loss.
- The service was exceptional at providing people with meaningful activities that met their individual needs, so they could live their best life. The home sponsored a local rugby team and people were involved in watching games and attending events and presentations related to the game. Another person had a love of wrestling and had been supported several times to attend wrestling tournaments both locally and in nearby cities.
- People were active members of their local community. Each week people attended the local pub for a meal and took board games with them. Friends people had made, and staff working at the pub joined in with the games. People used the local gym, shops and restaurants, and regularly went on holidays. This provided opportunities for people to make new friends and maintain current friendships.
- People were supported to celebrate the New Year on holiday at a seaside resort. They regularly visited or stayed over at a lodge on a nearby holiday park which the provider had purchased for this purpose. Story books had been created with people and it was clear from the photographs and entries within these the holidays were important to people. When people's families visited who weren't local, the registered provider had offered the lodges free of charge, so people could spend time with their loved ones without additional costs of accommodation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People's care continued to be extremely person-centred and delivered consistently and responsively. People were fully involved and informed in all aspects of their support.
- Staff were committed to providing high quality personalised care and demonstrated an excellent

understanding of each person's life history and knowledge of their needs from working closely with people. This detailed information was recorded in the person's care plan. In the home people had put together a scrap book with their likes and dislikes and information on how they liked to be cared for, what they need help with and their skills.

- When people had a change in need this was proactively managed. Records showed, and staff told us how they had recognised a change in presentation for a person following a bereavement. Without delay staff had documented and discussed this change with managers. The knowledge staff had of people and the early recognition and intervention from staff had helped to reduce the distress to this person.
- A professional spoke positively about the approach the staff had taken. They said, "It is very clear [when I visit] there is a long and established relationship, the carer is very kind, thoughtful and very sensitive to the issues raised by the service user."
- When people had moved into the home there was a clear assessment process to ensure their needs could be met. This process had also considered other people who lived there and the impact this may have on them. The transition process considered people's individual needs and at pace that suited them.
- Professionals spoke enthusiastically about how people had positively progressed with support from the home. One professional told us a person no longer required a specific medicine, and their independence had improved. Another professional said, "I am touched by the fact that staff take this person to a memorial tree at the hospice, so they can remember their loved one. Their needs are very much understood and met by this organisation."

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.

- People were always actively encouraged to communicate using their preferred methods.
- Staff used Makaton and flash picture cards with one person to enable effective communication with them. The person was given choices of two things at a time which were presented using one hand, then another. The person then chose which hand they would prefer. This helped the person communicate and make decisions and choice.
- Information was available and accessible to people at the home. This included accessible satisfaction surveys, which was in an easy read format with pictures.

Improving care quality in response to complaints or concerns

- There was a complaints policy available in the home. There had been no formal complaints since the last inspection. A relative told us that they were confident any concerns they may have would be dealt with appropriately and promptly.
- The managers and staff welcomed any complaints or suggestions for improvement. A member of staff said, "We communicate well with the service users and promote a complaints procedure if they ever feel they needed it."

End of life care and support

- Whilst the registered provider was not supporting anybody with end of life care, some plans were in place to show the service had helped people and their relatives or representatives to explore and record their wishes about end of life care. This ensured staff would be aware of how to meet people's preferences 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- The registered provider and assistant manager spent time working alongside staff, demonstrating high standards of care and leading by example.
- The visions and values of the service linked with staff views and considerations for people. They took time and care to ensure people were at the heart of the service. A member of staff commented, "It is easy to see the staff are passionate about their role. They are caring and sensitive to each client's individual needs, likes, opinions beliefs and well-being. They always go above and beyond to provide exceptional care."
- There was an open and positive culture in the home, where staff were able to feedback. There were regular staff meetings and staff received regular supervision.
- Audits and daily checks were completed to ensure the service was well-maintained, safe and continually looking to improve.
- The previous CQC rating was displayed along with registration certificates in line with regulatory requirements. The registered provider also had an awareness of when to inform CQC of incidents which had taken place in the service, such as; serious injuries, deaths and safeguarding concerns.
- The registered provider understood the duty of candour requirement. This requires the service to be open and honest with people and their representatives when things have not gone well.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a track record of providing outstanding outcomes in its responsiveness when caring for people. At this inspection, we found the provider had maintained and further improved outstanding features relating to person centred care, supporting people to achieve goals and tailoring care to people's individual needs. This demonstrated the leadership and management had been able to sustain and improve good practice over time.
- Relatives, staff and professionals spoke positively about the management team and the culture of the service. A professional described the home as able to, "Work brilliantly with people who need them."
- Staff were proud to work at the home and described a family atmosphere which promoted people's wellbeing. Staff comments included; "[Registered provider] supports people in everything they want to do. She ensures they are abled and not disabled. She encourages them all the time to tap into their potential to make them as independent as possible" and "Managers and staff always go above and beyond to deliver the best form of care they can. I would say Farndale's exceptional care has made positive changes in many

lives."

- The registered provider had many years' experience and knowledge both personal and professional and strived to provide continuous improvements to people's lives on a daily basis. Their work ethic and that of the assistant manager was paramount to the smooth running of this home and the outcomes people achieved.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and assistant manager were continually working towards improvements. They told us they read care guidance and used the CQC website for updates and reports to support improving practice.
- People were encouraged to have a say about how the home should be run.
- Regular meetings and communication with people, relatives and staff were held. These were opportunities for everyone to comment on and make suggestions about the day to day running of the home.

Working in partnership with others

- The staff worked effectively with a variety of stakeholders. This included health and social care professionals, as well as other organisations, so that the outcomes for people were positive.