Mr & Mrs P Post and Mr K G Post

Favorita House Residential 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

This inspection was carried out on 28 February 2017 and was unannounced.

Favorita House provides accommodation for up to 16 older people who need support with their personal care, some people are living with dementia. Accommodation is arranged over two floors. A stair lift is available to assist people to get to the upper floor. The service has 12 single bedrooms and 2 double bedrooms, which people can choose to share. There were 12 people living at the service at the time of our inspection.

We last inspected this service in January 2016. We found the service was in breach of two regulations and required the provider to make improvements. The provider sent us information about actions they planned to take to make improvements. Their performance rating was displayed in the entrance hall of the service and the provider had informed people, their relatives and other stakeholders; 'We take on board the areas CQC has asked us to improve and we are happy to make alterations for the benefit of all'. At this inspection we found that the provider and registered manager had made the necessary improvements.

The registered manager was leading the service and was supported by a deputy manager and the providers. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we found that not all the required checks had been completed to make sure new staff were honest, trustworthy and reliable. Action had been taken complete all the required checks including obtaining a full employment history. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Previously we found staff had not completed all the training they needed to fulfil their roles. Since our last inspection staff had completed the training they needed to provide safe and effective care to people. Most staff held recognised qualifications in care. They met regularly with a member of the management team to discuss their role and practice and were supported to provide good quality care.

The registered manager had oversight of the service. Staff felt supported and were motivated by them. Staff shared the registered manager's vision of a good quality service and told us they would be happy for their relatives to live at Favorita House. Records in respect of each person were accurate and complete.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). No one was the subject of a DoLS authorisation at the time of this inspection. People were not restricted and went out alone or with the support of staff if they preferred.

The requirements of the Mental Capacity Act 2005 had been met. Staff supported people to make decisions and respected the decisions they made. When people lacked capacity to make a specific decision, decisions were made in their best interests with people who knew them well.

Assessments of people's needs and any risks had been completed and care had been planned with people to meet their needs and preferences and keep them safe. Staff followed the guidance in people's care plans to provide consistent care.

Changes in people's health were identified quickly and staff contacted people's health care professionals for support. People's medicines were managed safely and people received their medicines in the ways their healthcare professional had prescribed. People were offered a balanced diet and food they liked.

Staff were kind and caring to people and treated them with dignity and respect at all times. Staff knew the signs of abuse and were confident to raise any concerns they had with the provider. Complaints were investigated and responded to. People had enough to do during the day.

There were enough staff, who knew people well, to provide the support people wanted. People's needs had been considered when deciding how many staff were required to support them at different times of the day. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

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 was safe.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse.

Risks to people had been identified and staff supported people to be as safe as possible.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

Is the service effective?

Good

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff supported people to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

People were supported to be independent.

Is the service responsive?

Good

The service was responsive.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed.

Any concerns people had were resolved to their satisfaction.

Is the service well-led?

Good

The service was well-led.

Checks were completed on the quality of the service and action was taken to address shortfalls.

People and staff shared their views and experiences of the service and these were acted on.

Staff shared the registered manager's vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Favorita House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 February 2017 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with ten people, one person's relatives, the provider, the registered manager and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for two people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We last inspected Favorita House in January 2016, when there were two breaches of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the breaches had been met and no further breaches were identified.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. Their comments included, "I am well looked after and safe, that's all you can ask for isn't it!", "I do not ever have a worry, I am looked after here you see" and "I can really say that I have not had to worry about anything since I arrived but I would always say if I was".

At our last inspection we found that information had not been obtained about some staff's employment history, including gaps in employment. This information help providers check that staff are honest, trustworthy and reliable. Two staff had been recruited since our last inspection. The required recruitment checks, including two written references had been completed. Any gaps in staff's employment history were discussed and recorded. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Checks on the identity of staff had been completed.

People told us there were always enough staff around to meet their needs. One person told us, "There is always someone around, I just need to call out and someone will come". Another person told us, "If someone is about they will come to help quickly which is nice to know. It does make me feel safer than being on my own at home".

Staffing levels were planned around people's support needs. Many staff, including the registered manager, had worked at the service for several years and knew people very well. There were consistent numbers of staff on duty during the day and night. Cover for sickness and annual leave was provided by other members of the team. The registered manager was on call out of hours to provide any advice and support staff needed.

People's medicines were managed safely. Staff had completed medicines training and their competency to administer medicines safely had been assessed. Effective systems were in place to order, store and dispose of medicines. Temperatures where medicines were stored, including those requiring refrigeration, were recorded daily and were within the safe range.

We observed staff administering peoples' medicines safely and in a caring manner. Staff explained to people what the medicines were for and how to take them. For example staff explained to people, "It's to help the pain in your legs" and "this one is chewy".

Guidance was available to staff about peoples' 'when required' (PRN) medicines, for example pain relief. Staff recorded when PRN medicines were administered and why. People received the maximum benefit from their PRN medicines.

Some people had their medicines without their knowledge, known as covert medicines. Staff followed safe covert administration practice, which had been agreed with the person's health care professionals. People got the maximum benefit from their medicines, which helped them to remain physically and mentally well.

Processes were in place to support people to manage their own medicines if they wished to.

Risks to people had been identified and people had been involved in planning how to manage risky activities. For example, one person smoked and held their cigarettes and lighter. The registered manager had assessed that the risk of the person causing a fire was much lower than the risk of them becoming depressed if they were not able to hold their cigarettes and lighter. They had discussed the risks with the person. The person had agreed only to smoke in the smoking area and had done this since they moved into the service several years ago.

Some people were at risk of getting lost when they went out. When people first began to use the service staff supported them to go to local shops until they became familiar with the routes. People told staff when they were going out and roughly how long they would be gone. People carried details of their name, address and any medical conditions to support members of the public help them if they needed it For example, one person's information explained that they had difficulty speaking following a stroke.

Other risks to people, such as the risk of developing skin damage had been identified and action had been taken to mitigate the risks. People used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy.

Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff told us that they were confident that the registered manager would take any action that was needed. Staff were aware of the whistle blowing policy and their ability to take any concerns to outside agencies if they felt that situations were not being dealt with properly.

Accidents and incidents had been recorded and the registered manager had analysed the information to identify any trends. A call bell system was in place to help people summon assistance when they wanted it. One person told us, "I have my call bell right by my side at all times just in case I need it".

A fire risk assessment had been completed and plans were in place to support each person to leave the building in an emergency. Regular checks were completed on all areas of the building and equipment to make sure they were safe.

Good

Is the service effective?

Our findings

At out last inspection we found that staff had not completed all the training they needed to perform their duties. Some staff had not received an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities. New staff had not completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life.

The registered manager had made sure that all staff received the training they needed to complete their roles. When staff began working at the service they completed an induction, including shadowing more experienced staff to get to know people, their preferences and routines. The completed induction formed part of Care Certificate. Staff received regular training and updates they needed to perform their duties. For example, we observed staff safely using techniques they had learnt on moving and handling training to support people to stand from a chair.

Staff had either completed or were working towards recognised adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they are competent to carry out their role to the required standard.

Further training to support staff to meet people's specific needs was arranged when it was required including dementia care. Community nurses supported some people with diabetes to take insulin each day. Staff were waiting for the local Clinical Commissioning Group to provide them with the training they needed to support people with insulin.

Staff received regular one to one supervisions to discuss their practice. Staff told us they felt supported by the registered manager and deputy manager and were able to discuss any concerns they had with them when they needed to. Staff had an annual appraisal which included discussing plans for their future development.

We observed people being supported and encouraged to make choices about all areas of their lives, including when they got up, where they spent their time and who with. One person told us, "I prefer to stay in my room all morning and then go downstairs for lunch and the afternoon".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are 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 were being met.

During our inspection people were offered information to help them make decisions. For example, the activities coordinator visited each person and explained the menu choices to them. People chose what they wanted including a mixture of foods they fancied from both of the menu options. Staff supported people to make decisions in ways they preferred, such as showing people items and offering them a limited number of choices at a time.

At our last inspection we recommended that the provider seek advice and guidance from a reputable source about effective systems to assess people's capacity to make decisions and about recording decisions made in their best interests.

People's ability to make decisions had been assessed when necessary. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and health care professionals. Records of these decisions were maintained.

The registered manager was aware of their responsibilities under DoLS. People were not restricted and were free to come and go as they pleased. One person went out on their own during the inspection and another person had arranged for staff to go shopping with them. No one had an authorised DoLS in place.

People told us staff contacted their GP when they felt unwell. One person told us, "The doctor will come if I need one, that's not a problem". Staff supported people to maintain good health and see health professionals when they needed to. People told us staff supported them to attend health care appointments, including health checks. Staff took one person to see their doctor during our inspection. They told us, "The staff don't leave me to fend for myself at the doctors, they will always come too, then I don't panic". Another person told us, "I had a bad fall and [one of the staff] was with me for most of the time that I was in hospital, making sure that I was looked after".

People had regular health care checks including eye tests. People's comments included, "My sight is going a bit but my eyes do get checked properly by an optician, I don't miss the appointments they [the staff] will make sure of that" and "I had my eyes checked before Christmas but that was before my fall so I am having another eye test". This appointment had been arranged for shortly after our inspection.

People told us they liked the food at the service, they had enough to eat and a choice of foods. People's comments included, "It is really good food", "If I don't like what's on the menu they will make sure I get something that I do like", "I can always ask for a sandwich if I am hungry mid-morning" and "We are always given a choice of food and it is always jolly good".

People had told staff about their likes and dislikes and how much they liked to eat and drink; meals and drinks were prepared to people's preferences. For example, one person 'didn't like too many baked beans'. They had baked beans with their lunch and told us the amount on their plate was "Exactly right".

People had been involved in planning the menus and had a choice at each meal. If they wanted something that was not on the menu staff prepared it for them. We visited the service on Shrove Tuesday. The cook made pancakes for pudding at people's request. People chose what they wanted on their pancake and served their own lemon juice, sugar or sweetener.

People were offered a choice of drinks and snacks throughout the day. Catering staff planned menus to meet people's dietary needs, including diabetic and lactose intolerance. Staff told us the lactose free diet had increased the person's appetite and improved their health. People who were at risk of losing weight were offered food fortified with extra calories.

Good

Is the service caring?

Our findings

People told us staff were kind, caring and had time to spend with them. Their comments included, "All the staff look after us very well", "Someone [staff] will always stop for a chat so I don't get lonely" and "We all like a good old chat now and again. In the mornings the girls will sit with us too and we do have a laugh".

People were encouraged to bring personal items into the service such pictures and ornaments to help them feel at home. This had been successful and people told us, "It is nice to make it feel like home with a few of my own belongings, it makes me feel more comfortable and more at ease", "I added bits and pieces to my rooms to make it feel more cosy and like a home" and "I have got all my own things here, lots of belongings. My photographs, my own paintings and just look at those handsome things on my bed (cuddly toys)".

Staff treated people with dignity and respect. One person told us, "I like my room organised just so and the staff are all very careful to abide by my rules". People were referred to by their preferred names and were relaxed in the company of each other and staff. People shared jokes with staff and laughed together. One person told staff they didn't like the taste of their medicine. The staff member joked "Pretend it's a gin and tonic", the person laughed and took their medicine. Staff knew people well and understood what was important to them, such as their daily routine. One person told us, "I stay in my room most of the morning then I ask for help to go down at about 11 ready for lunch a bit later. It's nice to have my own routine".

People told us they were able to have a bath or shower when they wanted. One person told us, "I have my bath once a week on a Tuesday. I need help; otherwise they like us to be independent if we can". Another person told us they preferred a specific staff member to help them have a bath. The staff member was working on the day of our inspection and supported the person to have a bath when they asked. The staff member confirmed they always did this.

Staff supported people to remain independent for as long as they wanted and some people enjoyed doing house hold chores. One person told us, "I do like to help with the dusting and I am very good and thorough at it. They [the staff] appreciate my help too". Other people enjoyed laying the tables, drying dishes, posting letters and shopping for items for the service.

People were supported for follow their chosen religion if they wanted to. Representatives from several different churches visited regularly and a priest came every month to offer people holy communion. People told us they were pleased to be able to continue to follow their spiritual beliefs.

Staff explained to us what each person was able to do for themselves and what support they needed, such as washing people's backs and legs only so the person could do the rest. We observed staff encouraging people to remain independent including encouraging them to eat without support and walk around the service using walking aids. Information was available for staff to refer to about the support people needed to remain independent. One person told us, "I do things in my own time; I am never rushed or bossed around. I go just as slow or fast as I like".

Staff knew how people let them know about the care and support they wanted. We observed people using glasses and hearing aids during our inspection and chatting to each other and staff. One person told us they were not able to hear well and did not like their hearing aid as it was uncomfortable. They successfully used a hearing loop during our inspection when staff needed to talk to them about important things such as what they wanted to eat and drink and do during the day. Information about people's communication was available for staff to refer to in people's care plans.

People told us they had privacy and decided how much privacy they had. People's comments included, "Staff always ask me if I mind or if I am decent before they enter my room. They give a little knock at the door then they wait for me to reply", "I like my bedroom door shut and a bit of me time. They [staff] don't mind me doing that and respect my wishes" and "I like my privacy but I do feel better knowing help is there should I need it". Some people's bedrooms were kept locked at their request. Some people preferred the reassurance of staff staying with them in the bathroom, while other people preferred to be alone and called staff when they needed support.

Staff offered people assistance discreetly and were not intrusive. For example, one person needed prompting to eat at lunch time. A staff member sat with them and they chatted together. The staff member discreetly prompted the person to eat by gently touching their hand.

People's relatives and friends were free to visit them whenever they wanted. Staff supported people to spend time with their visitors in a quiet area away from their bedroom and lounge if they wanted to.

Personal, confidential information about people and their needs was kept safe and secure. People who needed support were supported by their families, solicitor or their care manager. The provider knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Good

Is the service responsive?

Our findings

The registered manager met with people and their representatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. For example, one person's assessment informed staff that the person preferred to be asked closed questions which they could respond yes or no to. This helped the provider make sure staff could provide the care and support the person wanted.

People had planned their care with staff. They told us staff provided their care in the way they preferred. One person told us, "I don't bother with things like that [their care plan], that's what the staff are here to do for me, and a good job they do too".

Care plans contain detailed information about people's abilities and how they preferred their care provided. Information about people's preferences and how they liked their care provided was available for staff to refer to. Staff knew people and their care preferences very well. They prompted and encouraged people to do what they were able to do for themselves and helped them to do other things. For example, one person's care plan advised staff they were able to walk around the service without support but staff were to monitor them when they used the stairs as they were at risk of falling. Staff did this during our inspection.

Staff knew what may cause people to become anxious or upset, such as not having their handbag. During our inspection staff reminded people where they handbags were and fetched them if people had left them in another room. Staff provided care in the way people preferred to reduce the risk of them becoming distressed. Guidance was available to staff to help them provide people's care consistently.

Handover meetings were held between shifts and records were kept. Staff referred to these when they returned from leave or days off to ensure they were up to date with changes in people's care needs. People's care plans were reviewed and updated when their needs or preferences changed. Staff told us they were informed about changes in people's needs quickly.

Routines were flexible to people's daily choices, such as how they spent their time. People had told staff what time they preferred to get up and go to bed and this information was included in people's care plans for staff to refer to. Staff respected people's choices and supported them to do what they wanted to do. One person told us, "I can come and go as I please. I have a choice you see. We all have our favoured routine and like to stick to what we are used to".

People had enough to do during the day and followed their interests. An activities coordinator worked at the service and was supported by other staff. During our inspection people were making scrap books of memories from the service. People showed us pictures of them singing Christmas carols with the Brownies and told us how much they had enjoyed this. They also showed us pictures of them with Father Christmas and spoke about the Christmas party. At a recent residents meeting one person had commented, 'I thought Christmas was lovely. I liked Father Christmas coming to see me'.

People had also written down some of their memories, including their childhood and what they had done during the war. The scrap books and memories helped people to remember things they had done and were a talking point for people, staff and visitors. Staff also supported people to continue to take part in activities they enjoyed before they moved into the service, such as knitting.

An activities plan was in place and was flexible to what people wanted to do. For example, people often chose to go outside on a nice day and play games. One person told us, "We go out to the garden at the front when it is warm enough in the summer and it is so nice to get out when the sun is shining and we have our tea out".

People told us that registered manager and staff listened to any concerns they had and addressed them. People told us, "I can speak to the manager whenever I need to or would like to, even if I just simply want a chat", "I can ask anyone anything and they will listen to me" and "I have truly never had cause to complain. I really never have needed to". A complaints policy and procedure was available to people, their relatives and visitors in the main entrance to the service. No complaints had been made about the service.

Good

Is the service well-led?

Our findings

The registered manager had been leading the service for several years and knew people well. Staff told us they were supported by the registered manager, deputy manager and the providers who were always available to give them advice and guidance. They told us they could speak to them at any time about any worries or concerns they had. One staff member told us, "She [the registered manager] is very good but very strict". Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated. Staff worked well together to provide people with the care and support they needed. One staff member told us, "We are a good team".

There was a culture of openness; staff and the registered manager spoke with each other and with people in a respectful and kind way. The registered manager had a clear vision about the quality of service they required staff to provide. Staff told us, "She [the registered manager] is clear about what she expects and we all work to her standards". This included supporting people to be as independent as they could be and responding to people's wishes and preferences. This vision was shared by staff. All the staff we spoke with told us they treated people as they would want to be treated and provided people's care in the way they would like their family to be cared for.

The registered manager led by example and supported staff to provide the service as they expected. They checked staff were providing care to these standards by working alongside them and observing their practice. Any shortfalls were addressed immediately. Staff were reminded about their roles and responsibilities at staff meetings and during one to one meetings. They understood their roles and knew what was expected of them.

People told us they were involved in planning what happened at the service at regular residents meetings. One person said, "We have a chat around the table about what we would like and what we would not like and then we decide together and are all happy". There were regular team meetings and staff told us their views and opinions were listened to. One staff member told us they had suggested using honey as part of the mouth care they provided for a person who was at the end of their life. They told us the person had liked their lips and smiled when they had used the honey.

People and their relatives had been asked for their feedback about the service every six months. A survey was underway at the time of our inspection and people's responses included, 'I am very pleased with the quality of the care provided to my relative by staff at Favorita House' and 'I am very pleased with the way my mother is looked after. The staff are lovely and caring. It put's my mind at rest that she is looked after so well and that she is happy'. Action was taken when people had made suggestions. For example, one person had requested prunes and these had been added to the menu.

Staff had fed back their views during staff meetings and one to one meetings. Previously the registered manager had sent surveys to a range of stakeholders, including visiting professionals and commissioners but had not received any responses. They were exploring other ways that they could obtain feedback from stakeholders on the quality of service provided.

The registered manager completed regular checks on all areas of the service including the environment, medicines and the support people received. They had taken action to address any shortfalls they found.

Accurate records were kept about the care and support people received and about the day to day running of the service. All the records we asked for were available and up to date. The quality of records had improved since our last inspection.

Services that provide health and social care to people are required to inform the Care Quality. Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating for Favorita House in the entrance hall, as well as on their website.