Farrington Care Homes Limited

Woodlands

Inspection report

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Date of inspection visit:
08 November 2017

Date of publication:
18 December 2017

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

Woodlands is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Woodlands accommodates 28 people in one adapted building.

At the time of our unannounced inspection on 8 November 2017 there were 25 older people and people living with dementia living at the service.

At the last inspection on 1 December 2015, the service was rated Good. At this inspection we found the service remained Good.

The service has a registered manager. 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.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Processes were in place to ensure that infection control was promoted and the risk of cross contamination was reduced.

The service was currently being refurbished. Some communal areas had been redecorated and other areas were awaiting refurbishment, including the communal bathrooms. The building, although listed, had minor adaptations in place to help people with limited mobility such as ramps, a stair lift and a passenger lift.

Staff were available to support people's individual needs in a kind and respectful way. People and their relatives were given the opportunity to be involved in the setting up and review of their individual support and care plans. Staff encouraged people to take part in activities. People's friends and family were encouraged by staff to visit the service and were made welcome.

People were supported by staff and external health care professionals, when required, at the end of their life to have a comfortable and dignified death.

Staff were knowledgeable about how to report suspicions of harm and poor care practice. Pre-employment checks were in place to make sure that new staff were deemed suitable to work with the people they were supporting. People were assisted to take their medicines as prescribed.

People had individualised care and support plans in place which recorded their needs. These plans informed staff on how a person would like care and support to be given, in line with external health care professional advice. Individual risks to people were identified and assessed by staff. Plans were put into place to minimise these risks as far as practicable to enable people to live as safe and independent a life as possible.

People were assisted to access a range of external health care professionals and were supported to maintain their health and well-being. People's health and nutritional needs were met.

Staff were trained to provide effective care which met people's individual needs. The standard of staff members' work performance was reviewed by the registered manager through supervisions, spot checks and appraisals.

The registered manager sought feedback about the quality of the service provided from people and/or their relatives, staff and visiting health professionals. There was an on-going quality monitoring process in place to identify areas of improvement required within the service. Where improvements had been identified, actions were taken. Learning from incidents were discussed at staff meetings to reduce the risk of recurrence.

Records showed that the CQC was informed of incidents that the provider was legally obliged to notify us of.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Woodlands

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 8 November 2017 and was unannounced. The inspection was carried out by one 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. Their main area of expertise is 'family carers of people with dementia'.

Before the inspection we looked at all the information we held about the service. This included the provider information return (PIR) which was submitted to the Care Quality Commission on 2 February 2017. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also looked at information we held about the service and the provider. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we asked for information from a fire safety officer; a representative of a local authority commissioning team; a district nurse; and Health watch. This helped us with planning this inspection.

During the inspection we spoke with nine people who used the service and two of their relatives. We also spoke with two senior care workers; one care worker; a care worker/ domestic worker and a cook.

We observed staff who were supporting people to help us understand the experience of people who could not talk with us. We looked at three people's care records and records in relation to the management of the service; management of staff; management of utilities and the management of people's medicines. We also looked at compliments and complaints received; staff training records; and three staff recruitment files. After the inspection, the registered manager sent us a copy of a letter from their local council about soiled waste disposal.

Good

Is the service safe?

Our findings

People and their relatives told us that they or their family member felt safe because of the support they received from staff at the service. One person said, "I have never worried about not being safe. We are all together and we help each other. No worries at all."

Staff confirmed and records showed that they had had safeguarding training on how to safeguard people from avoidable harm and that they would be confident to whistle-blow. (This is a process where staff can report any poor standards of care if they ever became aware of this). Staff told us confidently how they would identify and report any suspicions of harm or poor care in line with their training. This included how to report concerns internally and to external agencies. Information and guidance about how to report concerns, together with relevant contact telephone numbers was displayed. One person told us when asked if they could speak to staff if they were worried, or felt unsafe, "Oh yes you can…they [staff] do listen to you." This showed us there were processes in place to reduce the risk of poor care practice.

Staff told us that people's care and support plans were stored securely and that they contained enough information for them to deliver safe care. The majority of people's risks had been identified as staff got to know them and their individual needs. People's risks were assessed regularly to provide prompts and guidance for staff to support people and reduce the risk of harm. We saw that a risk assessment around a person smoking and the risks associated around how this was managed was not documented accurately. Staff spoken with described how they supported the person to maintain their independence and their right to smoke including any agreed controls in place to mitigate any risks. The person told us, "I do smoke and there are two places [with staff support] that I can go outside to do that." However, the risk assessment document did not accurately reflect what had been agreed during discussions between staff and the person. This risk assessment was corrected by a senior care worker during the inspection. In general people were unable to tell us how they had been involved in the management of their risks, and review of these. Relatives confirmed to us that communication with staff at the service was good. One relative said, "Staff keep a close on eye on people [they are supporting], staff are good at communicating and are flexible to people's needs."

Technology was used to support people to receive timely and safe care and support. We saw that there were call bells in place for people to summon staff when needed and sensory mats used to inform staff when a person, assessed to be at a high risk of falls was up and walking.

We looked at records for checks on the service's utility systems and building maintenance. These showed that checks were in place to make sure people were, as far as possible, cared for in place that was safe to live in, visit and work in. The service had had an inspection by the local fire safety team on 6 July 2016 which was satisfactory. People also had personal emergency evacuation plans in place to assist them to evacuate safely in the event of an emergency such as, a fire.

Staffing numbers were established based on people's care and support needs. People and their relatives had positive opinions over the number of staff available. Observations during this inspection showed that there was enough staff to meet people's needs. Staff were busy but supported people in an unrushed

manner.

Staff said that the provider carried checks on them to confirm that they were of a good character and suitable to work with people. Staff confirmed that these checks were in place prior to them starting work at the service. Checks included, but were not limited to; proof of identity; reference checks from previous recent employment; criminal records checks from the disclosure and barring service (DBS) and gaps in employment history explained. This showed us that there were checks in place to make sure that staff were deemed suitable to work with the people they supported.

People and their relatives had no concerns on how their/their family members' prescribed medicines were managed by staff. One person said, "I take a tablet every morning." Staff who administered medicines told us and records confirmed, that they received training to do this and that their competency was assessed. Our observations showed that the medicines trolley was locked by the senior care worker during the medicines round when they were not in attendance. We noted that the senior care worker did not sign to say that the prescribed medicine had been given until people were seen swallowing their medicine. This was in line with the services medicine protocol and staff training. People had their medicine explained to them prior to administration and were encouraged to take their medicine. We saw that this was done in a patient and kindly manner that was at the person's preferred pace.

We saw that medicines were stored securely, at the correct temperature and disposed of safely. There was basic information in place for people who required support with their 'as and when needed' (prn) medicines. Medicine administration records (MARs) we looked at, showed that medicines had been administered as prescribed.

We saw that the service was visibly clean and free from malodours. Staff told us that they had enough personal protective equipment and cleaning equipment available and how they cleaned different areas of the service. After the inspection the registered manager sent us a copy of the agreement they had with their local authority on how to dispose of soiled waste. Staff spoken with told us how they adhered to this agreement. This showed us that processes were in place to reduce the risk of infection and cross contamination.

Records showed that there was monthly monitoring of any falls people may have had, and any accident and/or incidents that had occurred. Any actions to be taken as a result of learning from these events were documented. Actions included a referral being made by staff to the external falls prevention team. Staff confirmed that any learning as a result of incidents that occurred were discussed to reduce the risk of them occurring again. A staff member said, "At staff meetings there is an open discussion around learning [from incidents]."

Good

Is the service effective?

Our findings

Observations showed and records told us that external health and social care professionals visited the service. They worked with staff to achieve effective outcomes where possible for people and to promote people's well-being and on-going care, without discrimination and in line with legislation and guidance. A health professional told us, "I feel that we have a good working relationship with Woodlands [staff and management team] and I regularly have constructive discussions with the team there [about people at the service]. Woodlands have residents of varying levels of cognition and the staff try hard to manage all with their needs."

To maintain and promote people's independence we saw that staff supported and encouraged people to use appropriately assessed equipment to support their mobility needs. Observations showed that when staff assisted people with their mobility, this was done in a respectful, unhurried and kind manner. We saw that staff explained what they were about to do and waited for the persons consent before carrying out the task. Throughout the support staff reassured people to help alleviate any worries the person may have had.

Staff described the training they had undertaken to ensure that they had the right skills, experience and knowledge to provide the individual care people needed. Records confirmed this. This showed us that staff were given regular training and they were as a result of this training supported to provide effective care and support.

Staff told us and records confirmed that they were supported with supervisions, spot checks on their standard of care provision and appraisals undertaken by the registered manager. Staff said that when new to the service they had an induction period. This included training and shadowing a more experienced member of staff until they were deemed competent and confident by the registered manager to provide care.

The cook confirmed to us that people's individual dietary needs were supported and catered for. This included people who chose not to eat meat or fish, people who would eat fish but not meat and people on a softer food consistency due to being at risk of choking. The cook told us that currently no one at the service had a special diet due to cultural or religious needs. They said that they could adapt the menus to meet peoples needs. People, were supported by staff with their meals and drinks. We saw that people, who required additional support from staff to maintain their independence, were assisted in a patient and respectful manner. We observed that snacks and drinks were available to people throughout our visit to promote people's hydration and nutritional needs. A person told us, "Food is very good here, good selection and it's well cooked. We get a choice of two hot meals at lunchtime and we can get what we like for breakfast. Usually we have sandwiches for tea-time."

Staff told us that they worked effectively with other organisations, such as the local authority older person's team. This was to make sure that people received co-ordinated and person centred care and support when they first came to live at the service or when a person had to move to another service. A staff member told us, "If we feel that there is a need for the local authority older peoples team, mental health teams [input]

then I would feel comfortable liaising with them [re concerns/advice], we have good communication [between us]." Another staff member said, "We have an amazing relationship with the [local authority] older people's team regarding advice. One person was on respite and the plan was for them to be permanent, but we could not meet their needs. So we were constantly in contact with the older person's team, the person's social worker was involved and the person moved [to a more suitable care provider]."

People were also supported to attend external health care appointments when required in a timely manner. Visits included, but were not limited to; GP visits; chiropodist visits; and referrals to the falls team, the mental health team and speech and language therapists. A relative said, "They [staff] do get the doctor out for [family member]. The doctor comes out to him on a regular basis since he has been poorly."

The service is in a listed building, so minor adaptations had been made to enable people to be able to access the different floors via a lift, a stair lift and stairs. Ramps were also in place to aid and assist people with limited mobility. Observations showed that with support from staff people had access to the gardens and were able to spend time enjoying the view of the river. The service is currently in the process of being redecorated. Areas still in need of redecoration were the communal hallways and communal bathrooms required a refurbishment. The senior care worker told us that there were plans in place to undertake this work, and documents confirmed this.

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).

Staff demonstrated to us their understanding of the MCA 2005 and DoLS. A staff member told us, "You must never assume a person lacks mental capacity unless proven otherwise…You can make decisions in [people's] best interest, what is right for that person." This showed that people would not have their freedom restricted in an unlawful manner.

Good

Is the service caring?

Our findings

People and their relatives had positive comments about the service provided by staff. They told us that staff treated them/ their family member with compassion and kindness. This was confirmed by our observations during the visit. One person said, "The carers [staff] are all very good, nothing is too much trouble. They don't make you feel you are a nuisance. They make it feel there is a happy atmosphere here." A relative told us, "I rate the place. [Family member] is always clean; there are never any smells in the lounge when you come in. What I see here are people who are treated well. You can't help notice how they [staff] speak to people when you come and they are all very patient and kind."

We saw and staff told us that they knew and respected the people they were caring for. Staff were able to demonstrate that they knew people's preferences, personal histories and future goals. This knowledge included how staff were to promote and maintain people's independence including what a person was able to do for themselves. Knowledge also included distraction techniques known to work for people who were at risk of becoming anxious. We saw that staff supported people in a caring and reassuring way that helped alleviate the fears for, the person who was becoming anxious.

People confirmed to us that staff respected their choices and asked permission before supporting them. Advocacy was available for people if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People and their relatives were not always able to tell us that they were involved in the setting up, review and agreement of their /their relatives care and support plans. However, people and their relatives had positive comments about being listened to by staff, and that communication was good. A relative said that when their family member was new to the service, staff, "Asked lots of questions to get to know them." Records showed that meetings were held for people living at the service to express their views and be actively involved in decisions. Minutes from the meeting held in September 2017, documented that the new menus were discussed and received good feedback from the people attending.

Positive comments were given by people and their relatives when asked if staff promote and maintain their/their relative's privacy and dignity. One person confirmed to us that staff, "Keep the door shut when I have a wash and the curtains are closed." Another person said, "When [staff] give me a bath, they are very good giving me either my dressing gown or towels to cover myself." However, we did see two people being shaved by staff in communal areas of the home. We spoke with the senior care worker about this at the time who agreed that this did not promote people's dignity and that with the improvements would be made.

Observations showed and relatives told us that visitors were encouraged and made welcome to the service. We saw that staff made people feel welcome and chatted to them to update them about their family members' well-being.

Good

Is the service responsive?

Our findings

People's care and support plans documented people's daily living needs, that had been assessed prior to them moving into the service. This document was in place to make sure that staff could meet the person's individual requirements. From this a care and support plan was developed in conjunction with the person and/or their relative or legal representative/ advocate. These plans acted as guidance for staff on how a person wished to be supported, including a person's likes and dislikes, interests and personal preferences. Reviews of these plans were then carried out to make sure that the records were up-to-date. People told us of the discussions they had with staff about their wishes and how these were respected. One person explained to us, "I like to get up early and so I agree it with the [staff member] the night before."

We saw both individual and group activities taking place during our visit. We also saw notices about religious services that took place in the service, friends of Woodlands visits and musical entertainment for people to attend should they choose to do so. During this visit we saw that a hairdresser was present for people to use these services should they wish. However, people and their relatives had mixed opinions about daily activities and external trips outside of the service. One person said, "We come down to the lounge, we might do a quiz one day." Another person told us about links with the wider community to promote social inclusion. They said, "I do go out with my daughter regularly, but not with the [staff]. We don't really do any activities daily but once a month we do have a singer who comes in. She is very good. We get a [religious] service once a week." A third person said, "We don't go on any outings, we sit together in the conservatory every day and we do share the [news] papers."

After the inspection the registered manager sent us evidence of the different outings into the local community that had taken place for people at the service. These included trips to a local garden centre, a local marina, Ely cathedral and the local raptor foundation centre. This showed us that people were supported to maintain their links with the community.

We saw that the service received compliments from relatives of people who had used the service. Compliments were used to identify to staff what worked well. Records showed that the service had not received any complaints since the last inspection. Although, people and their relatives told us that they knew how to make a complaint but had not needed to do so. They confirmed to us that they felt that any complaints raised with the management of the service would be listened to, investigated and resolved where possible. One person said, "Never needed to make [a complaint], but I would speak to the [staff] if I was not happy about something and we would sort it out."

Woodlands is a residential care home that is not registered to provide nursing care. Staff told us that to support people at the end of their life, they would work with external health care professionals, when it became clear that people's health condition had changed or deteriorated. External health care professionals that staff would work with during this time included, but were not limited to, doctors and community or district nurses. This was to enable staff to support people to have the most comfortable, dignified and pain free death as possible.

Care records documented people's end of life wishes, including a wish to not be resuscitated, cultural and religious wishes and/or funeral arrangements and preferences. A staff member said, "We liaise with family around any specific end of life wishes. There is end of life paperwork in place to ask people their wishes so that these can then be carried out."

Good

Is the service well-led?

Our findings

There was a registered manager in post, but they were not available on this inspection. The registered manager was supported by care workers and ancillary staff. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Observations showed that the rating from the last CQC inspection that was carried out on 1 December 2015 was displayed on a communal notice board for people, their visitors and staff to refer to. Records showed that the CQC was informed of incidents that the provider was legally obliged to notify them of. This showed us that the registered manager was aware of their responsibilities in reporting events to the CQC when required.

Staff told us that there was a clear expectation, by the registered manager, for them to deliver high-quality care and support. People and their relatives told us that communication was good between staff and themselves and that they felt listened to and involved. A relative said that the service was, "Flexible to people's needs." Staff confirmed to us that the service continually strived to learn from incidents to reduce the risk of recurrence and sustain good quality care. A staff member told us, "At staff meetings you can have your voice heard if you have any issues [concerns]. Group discussions benefit the home. The management are very approachable, they do listen."

Management systems and meetings were in place to monitor the quality of the service provided. These meetings included the discussion of success and innovation was encouraged. Learning from the quality monitoring systems in place were discussed at staff meetings and in staff supervisions. One staff member said, "Supervisions are two way conversations, any concerns or problems can be discussed." Another staff member told us, "Lessons are learnt when things go wrong and an action plan will be put in place." Organisational audits were also undertaken by an external professional, these looked at all areas of the service including health and safety. Areas for improvement were noted and either actioned or on-going. The directors of the organisation also carried out announced and unannounced visits to the service so that they had oversight of the quality of care provided. One of the improvement actions following a visit was for the communal bathroom to be upgraded.

Meetings were held and questionnaires sent out for people, their visitors/family, visiting professionals and staff, so they could engage with the service and feedback their views. Records showed that responses were positive and any areas for improvement noted and where possible acted upon. One staff member said that they, "Feel valued by the management." The improvement action documented was for staff to be reminded that the organisations policies and procedures were to be read.

Staff told us, records showed that staff worked in partnership with key organisations to provide joined-up care. This was to help the registered manager measure how people's care was delivered against current guidance from national care organisations. A staff member said, "We welcomed in a [local authority]

inspection recently. We have good communication between professionals like the district nurses or the falls team. The GP will be contacted for referrals and external agencies don't know [about concerns] unless we tell them…. [staff] feel comfortable liaising with them [external agencies]."