

Ashall Care Ltd

Farthings Residential Care Home

Inspection report

Old London Road
West Drayton
Retford
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21 March 2022

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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

About the service

Farthings Residential care Home is a residential home registered to provide personal care for up to 22 older people including people living with dementia. At the time of the inspection there were 20 people residing at the service.

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

The premises were clean and staff knew and followed infection control principles, however the cleaning schedules required review and updating. People were cared for by staff that protected them from avoidable harm. Enough staff were available to respond to people's needs in a timely manner. Systems were in place to manage and monitor medicines safely. People received their medicines as and when they needed them. Accident and incidents were investigated and measures were in place to prevent recurrence.

People's needs were assessed and people were involved in their care planning. People's choices and preferences were adhered to. Staff completed an induction, received relevant training and supervision support for their roles. People were supported to eat and drink where needed. The service worked well with agencies and other professionals to help provide effective care. The provider was working in line with the principles of the mental capacity act.

People were supported, respected and well cared for. People were involved in making decisions about their life choices. The provider promoted equality and diversity, which was also reflected in people's care plans.

People, their families and staff gave positive feedback about the quality and leadership of the service. Systems in place showed effective governance processes were available to monitor the service and drive improvement.

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.

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

Rating at last inspection

This service was registered with us on 7 April 2020 under a new legal entity. The last rating for the service under the previous provider was Good published on 7 March 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Farthings 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed 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.

Service and service type

Farthings is a residential care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Farthings is a residential care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 March 2022 and ended on 22 March 2022. We visited the location on 22

March 2022, and this was announced.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with five people who used the service, and seven relatives. We spoke with two members of the care staff and the registered manager. We reviewed a range of records. This included the care records of four people using the service. We looked at a variety of records relating to the overall management of the service, including staff files.

After the inspection

We reviewed records in relation to quality monitoring, staff training and feedback received from people using the service and staff.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Most risks were identified and managed, however we found a cupboard that contained hazardous liquids was not locked and people had easy access to the area. We discussed this with the registered manager who told us they would address this immediately.
- There was also an area in the garden which had building rubbish and old wooden pallets. There was a risk people may injure themselves as the area was not made secure. We spoke to the registered manager and they told us they had arranged for it to be taken away. After our inspection they provided evidence that the rubbish was removed.
- People had individual risk assessments covering a range of risks, for example, risk of malnutrition, skin integrity and a risk of falls. We saw it was documented when people had been referred to the dietitian or falls team.
- Staff told us, "If an individual is a risk of falling all the relevant paperwork is in place and assessments carried out and people are provided with the right equipment."
- Regular safety checks were carried out to ensure the service was safe. For example, testing the water for legionella, gas boilers, electrical and fire safety systems and equipment.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to monitor and protect people from the risk of abuse.
- All staff had received safeguarding training to protect and mitigate the risk of abuse to people. Staff confirmed they had received relevant safeguarding training and were confident to report any safeguarding concerns.
- People and their relatives told us they felt safe living in the home and with the staff that cared for them.

Staffing and recruitment

- There were sufficient staff on duty on the day of the inspection.
- Staff confirmed there was enough staff to meet people's needs. One staff told us, "Staff have access to the rota at all times and can identify and cover any shortfalls." The registered manager confirmed staff were supportive of each other and always put people first.
- Throughout the day we saw staff supporting people with their needs in a timely manner.
- Staff were recruited safely and checks were made to ensure they were of good character to work with the people living at the home, such as a Disclosure and Barring Service (DBS). (Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions).
- Staff files were under review as the provider had identified some shortfalls in the information stored. There

was a system in place to check all relevant documents were in place to ensure the right staff were employed.

Using medicines safely

- People received their medicines as prescribed. Medicines were dispensed by trained and competent staff. Protocols had been drawn up considering people's preference as to how and where they would like their medicines administered.
- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these.
- Medicines administration records (MAR) were correctly completed with no gaps.
- Medicines were stored securely and at the right temperature. We saw evidence that temperatures were checked regularly. Audits of medicines records and stocks had taken place.

Preventing and controlling infection

We reviewed the infection control measures in place in light of the COVID 19 pandemic.

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although the home was clean the cleaning schedules were not robust to identify all areas and surfaces to be cleaned. This meant some areas could be missed. The registered manager told us they would review this immediately.
- We were assured that the provider's infection prevention and control policy were up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The provider had visiting arrangements in place to ensure people were not at risk of isolation. The provider was following current visiting guidelines.

Learning lessons when things go wrong

- Systems were in place to review and monitor accident and incidents. Investigations took place to identify ways of preventing them from happening again.
- Staff told us they were 100% confident to report near misses and accidents to the registered manager. One staff told us, "The manager looks into all details at what has gone wrong and how we can prevent it not to happen again."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 needs were assessed before care was provided to ensure staff could meet their needs.
- People who were able to make decisions were involved in their care planning. Relatives felt care was delivered in a way people wanted it. One relative said, "They [staff] encourage [name] to dress herself, and she can choose when she wants to get up." The relative also told us the relations care plan had recently been updated.
- Care plans contained person-centred information within them. For example, people's likes, dislikes, routines and choices. Care plans held specific information within them detailing how the person wanted to be supported.
- Staff confirmed all people's preferences were recorded in their care plans. One staff said, "All we have to do is look at the care plan and see, but also ask the individual what they prefer as well."

Staff support induction, training, skills and experience

- New staff completed an induction program, which consisted of a four-stage process to ensure staff were inducted in a safe way.
- Staff told us they felt supported in their role and received relevant training to do their job. One staff said, "I have received all the training for my job and new training updates for residents I haven't met before so I can fulfil their needs."
- People and their relatives felt staff had been trained well and were knowledgeable regarding people's care needs and equipment they used. One relative said, "The service had taken on a lady who is a specialist in Alzheimer's and dementia. This meant people living with these conditions were cared for by staff who had a good understanding of the condition."
- Staff files identified certificates they had gained for training completed and supervision support they had received.
- Throughout the pandemic the service did not use any agency staff. The provider invited back and recruited retired and previous staff back to promote a continuity of care.

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

- People's dietary needs were recorded in their care plan. People weights were audited each month and actions were taken where any concerns were noted. This was also shared with all staff and the cooks to ensure everyone was aware of any extra checks or monitoring charts required.
- People told us they got enough to eat. One relative said, "When I visited recently, they[name] had a lovely dinner. They had a couple of choices." We observed lunch time experience and we saw people had been offered good portions of food and drink.

- Staff told us every person's dietary needs were recorded in their care plans, but they also asked people what they would like. The cook was aware of all people's dietary needs and we observed them asking people what they wanted to eat for the next day. The cook told us if people changed their minds or forgot what they wanted other options were offered.

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

- Staff worked closely with other professionals. People were referred to appropriate health professionals such as, occupational therapists or GP's when required. Staff recorded outcomes and followed advice as needed.
- People's health and support needs were regularly reviewed and updated in their care records.
- People and their relatives told us they had access to the healthcare professionals as and when required. One relative said, "A Doctor and a Nurse visit every Friday."
- Another relative said, "The home arranged for physiotherapy and they have liaised with the Health Centre about [names] swollen foot and sent photos to the Doctor."

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

- Throughout the home there were areas created to meet the needs of the people living there, such as quiet areas.
- People personalised their bedrooms to make them feel more at home. Staff told us the home was homely, family orientated and personal.
- Resident meeting's showed discussions were held to ensure people had been involved with choices and what was happening in the home.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working with in the principles for the MCA.
- Staff had a good knowledge and understanding of people's capacity. Staff also confirmed they had received training in MCA.
- Where people lacked capacity to make certain decisions, best interest meetings had been held and carers, family members and professionals had been consulted.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us they thought staff knew their family member well, and that they were kind, compassionate and caring.
- Staff knew people well. One staff said, "I can immediately see in the person's body language if something is wrong and why."
- Staff told us they knew how people liked to be comfortable in bed, for example, how they liked to have their pillows. How they had their drinks and how many sugars or if any. This meant staff knew the people well.

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

- People were given choice and control over their lives and support. Care plan included people's preferences. Relatives told us their family members were encouraged to remain as independent as possible. For example, People were encouraged to dress themselves, and choose when they want to get up or go to bed.
- People's equality and diversity was supported. Care files contained details of people's religion, culture and beliefs. One family member told us the home had arranged for a Vicar to attend to their relative.

Respecting and promoting people's privacy, dignity and independence

- We observed many respectful and compassionate interactions during the inspection. Staff told us when people need help going to the toilet, they give them privacy and stand outside the room.
- Care plans identified how to support people's privacy. We observe staff knock on people's doors before they entered.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People had care plans that identified their wishes, likes, dislikes and personal life history.
- Care plans were reviewed regularly and updated as and when required.
- Staff had good knowledge of person-centred care. One staff said, "Whatever you do for a person is specifically for them, from how they dress or how they wash or even how they want their room to be left, it is their choice."
- People told us they made their own choices, for example, when they wanted to get up in the morning.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented in their care plans.
- Information was available in a format that met people's needs, for example, large print.
- Personalised 'mailshots' were sent to family to keep them informed of their relative's wellbeing.
- The service's website had updated news posted for residents, families, friends and prospective residents.

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

- People were supported to follow their hobbies and interests. We observed people looking at books and photos of what was of interest to them. They told us in detail what their interest was and shared facts and views with us.
- People had opportunities to participate in activities to maintain relationships and avoid isolation.
- Relatives were visiting people in the home and following government guidelines. This ensured people could maintain their relationship with families and friends. At the time of our inspection we saw one person was getting ready to go out shopping with their family. The person told us this is one of their favourite past times.
- The provider information return (PIR) told us historically people were supported by Royal National Institute of Blind People (RNIB) with communication aids i.e. magnifying glasses, large print publications and flash cards, which were design with the help of the person who created their own most frequently asked

questions. We observed people using these types of equipment during the inspection.

Improving care quality in response to complaints or concerns

- There were systems in place for people to raise concerns or make a complaint. There had been no formal complaints in the last 12 months.
- Relatives told us the registered manager would investigate and resolve any concern if needed. One relative said, "Issues are always addressed and sorted out."

End of life care and support

- People had discussed and documented their end of life wishes.
- People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The registered manager showed strong leadership and staff were clear about their responsibilities.
- One staff said, "My manager treats everyone fairly and will give you the opportunity to explain if something is wrong."
- The provider had good oversight of how the home was run and had good governance systems in place. After our inspection the registered manager had reviewed and updated the cleaning schedules.
- Regular quality assurance checks were undertaken by the registered manager and the provider, which covered areas, such as, the environmental safety, infection control and medicines.
- The registered manager understood their regulatory requirements. This included displaying their inspection rating and submitting notifications to CQC regarding certain incidents and events.

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

- There was a positive person-centred culture within the home. A staff told us, "We make sure each and every resident is happy, making sure they have all their needs met and beyond. If they are feeling down, we do not ignore it we take time out to talk to them to cheer them up."
- During our inspection one person had put a request to move rooms. The discussion took place and prompt action was taken to support the person to move the same day.

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 manager understood their responsibility to be open and honest when things go wrong.
- Relatives confirmed they were always kept updated and informed. One relative said, "They [the registered manager] even sent out an email to let us know they were going on leave."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in making decisions about the home. The registered manager gave us an example when people were involved in picking the colour schemes for the home. A meeting involving people was held where people used mood boards (A mood board is a type of visual presentation or 'collage' consisting of images, text, and samples of objects in a composition.) and colour charts to pick the colour scheme for the lounges and communal room.

- There was an opportunity for people to sample the furniture and soft furnishings allowing people to try out the chairs for comfort and ease to get in and out of. The provider went with the majority of people's choice.

Continuous learning and improving care

- The provider listened to people and their families and made adjustments and improvements when suggestions were made. This in turn made people feel heard which reduced the number of complaints coming in.
- The registered manager told us the biggest challenge through the pandemic was losing the ability to go out of the home and into local communities. To overcome this they purchased iPad and tablets and set up online virtual visit calls with loved ones to ensure they saw each other face to face.

Working in partnership with others

- The service work well with multidisciplinary teams (MDT) and had weekly meetings with the GP and District nurse teams. The registered manager told us it had proved a vital source of support to the home and built great relationships.
- Staff had been up skilled in the use of RESTORE2 (RESTORE 2 Recognises when a resident may be deteriorating or at risk of physical deterioration). This meant staff could identify when people's conditions deteriorated so they could escalate to the relevant professional.