

Far Fillimore Care Homes Ltd

# Far Fillimore Rest 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 took place on the 13 April 2016 and was unannounced. At our previous inspection in February 2014 the service was meeting the regulations that we checked.

Far Fillimore Rest Home provides accommodation and residential care for up to 26 people who may be living with dementia. On the day of our inspection 20 people were using the service.

A registered manager was in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us they felt safe living in the home. Staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to minimise identified risks. Plans were in place to respond to emergencies to ensure people were supported in accordance with their needs. Care staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

Recruitment checks were carried out prior to staff starting work to ensure their suitability to work with people and the staffing levels in place met people's needs. People were supported to take their medicine as and when needed. Staff received training and support to enable them support people effectively.

People received food and drink that met their nutritional needs and preferences and were referred to healthcare professionals to maintain their health and wellbeing. Capacity assessments had been completed where people lacked capacity to show how people were supported to make decisions. When people were being unlawfully restricted this had been considered and Deprivation of Liberty Safeguards (DoLS) applications had been made to ensure people's rights were protected. Staff gained people's verbal consent before supporting them with any care tasks and helped people to make their own decisions.

People were supported to socialise and take part in activities to promote their wellbeing. People told us that they liked the staff and we saw that people's dignity and privacy was respected by the staff team. Visitors told us the staff made them feel welcome and were approachable and friendly.

Staff listened to people's views and people knew how to make a complaint or raise concerns. There were processes in place for people and their relatives to express their views and opinions about the service provided. People felt the service was well managed and they were asked to express their views and be

involved in decisions related to the planning of their care. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

## 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.

Staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and managed. The recruitment practices in place checked staff's suitability to work with people. People received their medication as prescribed and medicines were managed safely. There were appropriate arrangements in place to minimise risks to people's safety in relation to the premises and equipment.

### Is the service effective?

Good ●

The service was effective.

People were supported by skilled and experienced staff. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They obtained people's consent before they delivered care and assessments were clear regarding people's capacity to make decisions. People's nutritional needs were met and monitored appropriately. People were supported to maintain good health and to access healthcare services when they needed them.

### Is the service caring?

Good ●

The service was caring.

People told us they liked the staff. People were supported in their preferred way by staff who knew them well. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met. People and their relatives were involved in discussions about how they were cared for and supported. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

## Is the service well-led?

Good 

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the manager was approachable and staff felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

# Far Fillimore Rest 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.

The inspection was carried out by one inspector on 13 April 2016. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We reviewed other information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with six people that used the service, two people's visitors, three members of staff and the registered manager. We observed care and support being delivered in communal areas and we observed how people were supported at lunch time.

We looked at the care plans for two people. We checked two staff files to see how staff were recruited, trained and supported to meet people's needs. We reviewed management records of the checks the registered manager and provider made to assure themselves people received a quality service.

## Is the service safe?

### Our findings

People who used the service and their visitors told us they felt safe. One person told us, "I am very safe here. I couldn't manage on my own anymore so I knew I needed to go in a home. I was a bit reluctant at first but I made the right choice, the staff are wonderful, they check I'm alright and are so friendly and helpful." Another person said, "Yes I definitely feel safe here, no worries there, the staff are nice people and look after me very well." One visitor said, "I have never seen anything that worried me, the staff are lovely to everyone, including me."

The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "I have never needed to report anything here but I wouldn't hesitate to tell the manager if I needed to." Another member of staff said, "If I had any concerns about anything I would report it immediately." Staff told us they were aware of whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission. Staff had access to information about the local authority safeguarding arrangements and the procedure to follow, as this was displayed on the notice board in the duty office.

One person told us, "I can't stand up, so the staff hoist me and they do it very well. They all know how to use the hoist, I actually don't mind at all because they are so good at doing it and I always feel safe." The care plans we looked at demonstrated that the registered manager assessed risks to people's health and wellbeing. Where risks were identified, care plans described how staff should minimise the identified risk. The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people.

We saw that a planned programme of checks was also in place for the servicing and maintenance of fire alarm systems, water systems and water temperatures. This meant the provider took appropriate actions to minimise risks related to the premises and equipment.

People did not raise any concerns regarding the staffing levels in place to support them. One person said, "When I ring my bell they are pretty quick, I am never ignored." Another person said, "If the staff are busy with someone else, they come and tell me and I don't wait long at all." We saw that staff were available to meet people's needs and call bells were responded to in a timely way.

The manager checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. We observed staff administering people's medicines. People were given a drink and time to take their medicines. The staff member stayed with them to ensure medicine had been taken before recording this. We saw that medicines were stored appropriately and records were in place to demonstrate that people received their medicines as prescribed.



## Is the service effective?

### Our findings

We received positive comments about the staff team. One person said, "I think they (staff) get a lot of training from what they tell me and they all seem to know what they're doing." A visitor told us, "The staff are very efficient here, they are on the ball."

People received care from staff that were supported to be effective in their role. Staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff. Staff told us they received training and support that enabled them to meet people's needs. One member of staff told us, "We seem to have a lot of training but it's good and I learn a lot from it, we do all the mandatory stuff like fire safety and first aid but we also get training that's relevant to people here. We have had training on supporting people with dementia and diabetes and catheter care."

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. Where people lacked capacity, assessments were in place that clearly identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. We saw that staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and participating in activities. This demonstrated staff respected people's rights to make their own decisions when 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. 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. At the time of our inspection the manager confirmed that no DoLS authorisations were in place and one application had been made to the Supervisory Body and was awaiting an outcome. This showed the registered manager ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person told us, "The food is lovely; I have never had a bad meal here." We observed the lunch time meal and saw that people's dietary needs and preferences were met. Staff were attentive to people's needs and checked throughout the meal that people were satisfied and enjoying their meal. We saw and people told us that drinks were provided on a regular basis throughout the day. One person said, "You can have a drink whenever you want one, the girls [staff] are always asking me if I want a drink."

The care plans we looked at included an assessment of the people's nutritional risks. Where assessments identified people were at nutritional risk the care plans provided clear instructions to staff on how to support people. We saw that people's weight was monitored to ensure they could be referred to specialist

service as needed. For example one person had been referred to the GP as they had lost weight. The GP diagnosed a health condition that was treated and this person had regained weight. This demonstrated that people were supported to maintain their health. People told us that they had access to health care services. One person told us, "The GP comes in to see me if I am under the weather and the chiropodist visits every so many weeks." We saw that people also received support from district nurses and community mental health teams as need and annual checks were provided by a community optician.

## Is the service caring?

### Our findings

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One person told us, "The staff are all very nice and kind, I am very happy here and I wouldn't want to leave." Another person said, "The staff are lovely. I am very happy here." We observed that people were comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way.

People told us staff supported them to maintain as much independence as possible. One person told us, "I do what I can for myself, which is good. The staff help me when I need help." This demonstrated that staff encouraged people to maintain their independence. We saw that people were supported to maintain their personal appearance and sense of style, through wearing clothing, jewellery and accessories of their choice.

People and their relatives confirmed that they were involved in reviews of their care. One person told us, "I have had a meeting to check if everything is ok and if there are any changes in my care. I am kept fully involved." This showed us there was an open and inclusive approach to the support people received.

We observed people's privacy and dignity was respected by staff when they received care and support. For example when asking people if they needed to use the bathroom staff asked them quietly and discreetly, to ensure other people could not overhear. People told us that staff respected their rights to privacy when they wanted it. One person told us, "Most people go into the lounge but there are a few of us that prefer to stay in our rooms and that's ok here, you can do whatever suits you. I am used to my own company although I like to have dinner with everyone." Another person told us, "I spend time in the lounge, everyone is friendly here but sometimes I like to go in my room for a bit of time alone."

People told us their relatives could call at any time. One person's visitor told us, "It's a very nice place; the staff are always welcoming and offer me a drink." Another visitor said, "I find the staff friendly and approachable, there is a nice atmosphere here." This showed us that people were supported to maintain relationships that were important to them.

## Is the service responsive?

### Our findings

We saw that when able, people were encouraged to walk around the home independently. Opportunities were provided for people to participate in recreational activities. One person told us "I don't join in with everything but there is always something going on. I enjoyed the pony visit this morning." Throughout the inspection we saw people were supported to interact and socialise through a variety of activities. For example a game that prompted people to reminisce was undertaken and we saw that everyone that participated enjoyed this.

People told us that they were supported by the staff in the way that they preferred. One person told us, "The girls know how I like things done and I am very satisfied with the care I get." Another person said, "All of the staff here know how to support me, they all know me well. " Another person told us, "They are all very good here, anything I want, they help me with. I've never had any problems." One person's visitor told us, "My relative is here because it was recommended by a family friend and the care is very good." We saw that care plans were reviewed on a regular basis to ensure staff had up to date information to follow regarding people's current support needs.

People living with dementia had information recorded about them in their bedrooms called, 'Remember I am me' this provided staff with information on the person such as their interests and what they liked to do. We saw that information was also recorded in people's care plans through key worker meetings regarding people's life history, interests and hobbies. A key worker is a designated member of staff that undertakes additional tasks for a person. This could be ensuring the person has sufficient toiletries as needed and that information in their care plans are kept up to date. All of this information supported staff to provide individualised care to people.

People we spoke with and their relatives told us that if they had any complaints they would report them to the manager. One person told us, "I haven't had cause to complain but if I did I would tell the manager, she is very good." We saw there was a copy of the complaints policy on display in the home. A system was in place to record any complaints, this ensured the action taken and outcome was recorded. We saw that no complaints had been received in the last year.

## Is the service well-led?

### Our findings

The manager had been in post and registered for 12 years. During our visit we saw both staff and people who used the service were interacting in a positive and friendly way with each other. People and their visitors knew who the manager was and told us that they felt the home was well led. One person said about the manager. "She runs the home very well." A visitor told us, "The manager is very good and easy to talk to, any niggles I've had she has sorted them." This showed us that the culture of the home was open and inclusive.

One staff member said, "The manager is very supportive, I can talk to her about anything." Another member of staff told us, "We all work well together and the manager is very approachable and hands on as well." The manager ensured the staff had regular supervision and team meetings to enable staff to have their view and be consulted on any changes in the home.

There were links with the local church who visited the home to provide spiritual support for people as required. People were supported to maintain their right to vote either by post or in person and their views about the service were sought through surveys and meetings. We saw that people's ideas were acted upon, such as menu planning. For example we saw that people had requested more sausage and bacon sandwiches and these had been included on the menu.

The manager kept a record of the checks they made of the quality of the care, this included health and safety, infection control, medicines management, pressure area care, maintenance, care plan reviews and an analysis of accidents, incidents and falls to identify any patterns or trends. We saw that audits had been completed and improvements made where actions had been identified. For example we saw that an action on a recent medicines audit was for a clinical fridge to be purchased. We saw that a new clinical fridge was in place. The provider had implemented improvements to the home, such as an extension to the entrance of the home, new double glazed windows throughout the home and new flooring in the corridor by the entrance. This showed us that continuous monitoring and improvements were made to enhance the quality and standards of care people received.