

Garton Care Limited

# Faith House Residential Home

## Inspection report

Station Road  
Severn Beach  
Bristol  
BS35 4PL

Tel: 01454632611

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17 June 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Faith House Residential Home is a residential care home providing accommodation and personal care for up to 10 people. At the time of the inspection there were eight people living at the home. The home is a converted bungalow and extended building with rooms over two floors. There was one communal lounge with a dining area. The kitchen also had a dining area where people could socialise around the table at mealtimes. People also have access to a garden area.

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

Staff understood how to keep people safe and knew how to identify potential abuse. Where concerns were identified, staff understood their role to report concerns to protect people from future potential harm. Care records included risk assessments to mitigate the risks of harm.

There were suitable numbers of staff supporting people, who had been recruited safely to ensure they could work with people. There were systems in place to ensure people received their medicines as prescribed. Where improvements were needed, the provider had recognised and learnt from any mistakes.

The provider ensured infection control procedures were in place and there was guidance for people, staff and visitors during the COVID-19 pandemic to keep them safe. The provider welcomed relatives and visitors to the home in accordance with the latest government guidance.

The management team and staff were responsive and worked in partnership with other agencies to meet people's needs.

Quality assurance systems were in place to identify shortfalls and take prompt action to ensure people always received safe care. The quality and standard of the home was checked by the manager and other members of the management team. The provider was meeting regulatory requirements and notifications of incidents were submitted to us.

### Rating at last inspection

The last rating for this home was good. (28 November 2020).

### Why we inspected

The inspection was prompted from an individual safeguarding investigation carried out by the local authority. We had also received intelligence from a whistleblower. The inspection was to check the home had safe levels of staff and that people were safe.

This was a focused inspection where we looked at the key questions, is the service safe and well led. As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the home in preventing or managing an infection outbreak, and

to identify good practice we can share with other services.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Faith House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the home until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Faith House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The inspection was carried out following on from an individual safeguarding investigation of a person, carried out by the local authority. This was to check measures were in place and that people were safe.

This was a focused inspection where we looked at the key questions, is the service safe and well led. As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the home in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Faith House residential home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager in post who was not registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager had made an application to register as the manager.

### Notice of inspection

This inspection was announced. This was to ensure the management team were available.

### What we did before the inspection

Before the inspection we reviewed the information we had received about the service since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the home, what the home does well and improvements they plan to make. We took this into account when we inspected the home and made the judgements in this report.

We used all of this information to plan our inspection.

### During the inspection

We spoke with the manager, deputy, two care staff and two people. We observed staff practices and how they interacted with people. We considered all this information to help us to make a judgement about the home. We reviewed a range of records relating to the management of the home, staff recruitment files and medicines records.

### After the inspection

After the inspection, we spoke with a further three staff by phone. We also requested a range of records including risk assessments, maintenance records and quality monitoring and assurance documents. The second day of our inspection consisted of a video call meeting with the manager. This was to discuss the information the manager has sent to us and to gather further information.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding. They had a good understanding of the signs to look for that people might be being abused and how to report any concerns. One staff member told us, "I would not hesitate to report any concerns straight away".
- People confirmed they felt safe. One person told us, "Yes I do feel safe, I use my buzzer to call for help". Another person told us they would speak to the staff if they felt concerned.
- The manager investigated safeguarding concerns and ensured risk assessments and management plans were in place to keep people safe.
- Safeguarding alerts were raised externally when required to the local authority and the CQC.

Assessing risk, safety monitoring and management

- Risks were consistently assessed and managed. The manager had identified risks to people's health and wellbeing.
- People's care records were individual to each person and had guidance and strategies for staff on how to identify and manage their health risks.
- Steps had been taken where people had been identified as being at risk of falls. Sensor mats and equipment were used to help keep people safe.
- We observed a staff member attaching a portable device to a person's top. We were told the person was at risk of falls and this alerted staff if the person was at risk. We noted extra checks were also carried out of the person.

Staffing and recruitment

- People were cared for by a consistent team of staff. At the time of the inspection, the home were recruiting for a member of care staff. The role had been advertised.
- Staffing levels were determined by the number of people who lived at the home and the level of care they required. Short term staff absences were covered by existing staff members which helped ensure continuity of care for people.
- At the time of the inspection an extra member of night staff was being funded by the local authority. This was due to an increase in one person's care needs.
- We spoke to the manager about the arrangements in place during the night. Two staff were on duty at night, but one person received one to one funded care. We were told when the person moved to a new home, then this would reduce to one staff.
- A second member of staff was on call each night. The on-call staff lived very local to the home. The manager was also a second person on call. We were told this was kept under review but worked well. The

appropriate lone working risk assessments were in place.

- We spoke to the staff about staffing levels at the home. They told us, "Yes, I think we have enough staff here", "I work nights and I have worked alone and find this manageable. I have my set jobs to do but checks on the building and the residents are my priority". Another staff member told us, "I work some night shifts. The shift is manageable on your own and people are well cared for. It is nice to work with a second member of staff as company. I know the management team are monitoring this".
- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Using medicines safely

- There were safe systems in place for the management of medicines.
- Medicines were stored securely within suitable locked facilities. Staff monitored the fridge and the room temperature where medicines were kept ensuring medicines were stored within safe temperature ranges.
- Arrangements were in place for obtaining, administering and disposing of medicines safely. There were supplies in stock of all medicines people had been prescribed.
- Medication administration records [MARs] confirmed people had received all their medicines as prescribed. Two staff had initialled all amendments to MARs as per requirements.
- There were effective systems to ensure prescribed topical creams were managed safely and applied as required.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- We observed staff administering medicines to people. Staff sat with each person to ensure that medicines were taken as prescribed. This was administered by staff who knew people well. One person for example liked to talk with staff in between taking there medicines.

#### Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



### Learning lessons when things go wrong

- Where an incident or accident had occurred, there was a clear record, which enabled the manager to identify any actions necessary to help reduce the risk of further incidents.
- We spoke to the manager about changing the falls audit tool they used. This included adding the time that a person fell and an overview of falls each month.
- The registered manager told us the action they had taken following incidents and learning when things had gone wrong. They gave an example of how medicines practices had changed amongst the team. As an outcome from a safeguarding alert, all staff now sit with people to ensure their medicines are taken.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were involved in making decisions about the care they received. This was confirmed during the conversations we had with people. For example, some people liked to spend time in their room. The staff were respectful of this but did encourage the people to spend time in the lounge and other areas of the home.
- The manager and staff team were passionate about developing a person-centred culture within the home. They fully understood their responsibility to ensure people's needs were met.
- The manager explained they had an open-door policy and an inclusive culture to ensure staff or people/relatives could raise concerns or make suggestions. Throughout the inspection they demonstrated a good knowledge of the people living at the home.
- People spoke positively about the home and the approachability of the manager and staff. One person told us, "Nothing is to much trouble for them".

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 manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the home.
- The provider/manager had commissioned for a root cause analysis to be carried out after a COVID-19 outbreak at the home. This had been requested by the CQC. This evidenced the home had taken steps to manage the outbreak.

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

- Staff felt very well supported, especially during the pandemic. We were told about the impact that the outbreak of COVID-19 had on the home. Most staff and people were still living with the effects from the outbreak. The staff team supported each other through these times.
- Since taking over the home the provider and manager had made significant improvements to the systems in place for overseeing the home.
- The manager was also one of the directors of the home. They maintained clear oversight. The other director supported the home and visited weekly.
- Monthly audits of the home were carried out by the manager and provider. This was to determine how further improvements could be made.

- Staff understood their roles, responsibilities and their accountability. They were held to account for their performance where required.

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

- There were regular staff meetings and shift handovers. Staff were kept up to date with any changes to the running of the home and guidance. Staff told us they felt able to suggest changes which the manager followed up.
- Although no formal meetings were held with people living at the home, the manager and deputy met daily with people whilst on duty. This was confirmed during the conversations we had with people. One person told us, "Yes, I do see the managers here. I have got to know them well". People confirmed they were able to provide feedback and make suggestions.
- We observed the manager and deputy had a strong presence at the home. They regularly walked around the home during the inspection speaking to people. They helped to assist people when required.

Continuous learning and improving care. Working in partnership with others

- When any issue was raised the manager immediately acted to find a resolution. They welcomed and valued all feedback. They were passionate about driving improvements and creating a home which was effective at supporting people to reach their full potential.
- The manager was enthusiastic to progress the staff team and enhance their skills. They also had a clear vision moving forwards to make further improvements to the home.
- The home maintained professional links with health and social care teams to support positive care provision. This included the GP surgery, district nurses and commissioners.