

Mrs Kathleen Susan Fairbrass

Farndale House Care and Support Services

Inspection report

21 Rowan Avenue
Molescroft
Beverley
Humberside
HU17 9UN

Tel: 01482872015

Date of inspection visit:
27 April 2017

Date of publication:
02 June 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?	Outstanding ☆

Summary of findings

Overall summary

Farndale House Care and Support Services is a domiciliary care agency that supports people who live in their own home. The agency is managed from Farndale House Residential Care Home, a small care home that is operated by the same registered provider. On the day of the inspection there were 42 people using the service.

At the last inspection in March 2015, the service was rated as Good overall, with the well-led section being rated as Outstanding. At this inspection we found that the service remained Outstanding in well-led and Good in all other areas.

The registered provider continued to lead the team with a positive and pro-active style of management, and they went 'over and above' their duties and responsibilities. They provided us with a variety of evidence to demonstrate that leadership at the service continued to be 'outstanding'.

There continued to be sufficient numbers of staff employed to make sure people received the support they needed, and those staff had been safely recruited. People told us they felt safe whilst staff were in their home and when they went out into the local community with staff.

Staff had continued to receive appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on the support people required with medicines and on how to protect people from the risk of harm.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind, caring, compassionate and patient. They respected people's privacy and dignity and encouraged them to be as independent as possible.

Care planning provided a background about the person and the level of support they required. Care plans were reviewed regularly to ensure they provided an accurate and up-to-date record of the person and their day to day needs.

People were given the opportunity to feedback their views of the service provided and were encouraged and supported to express their concerns or make a complaint, although no-one receiving a service or their relatives had felt the need to complain.

The management team carried out audits to ensure people were receiving the care and support that they required, and to monitor that staff were following the policies, procedures and systems in place.

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 Outstanding.	Outstanding ☆

Farndale House Care and Support Services

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 checked 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 was a comprehensive inspection that took place on 27 April 2017 and was announced. We gave the registered provider 48 hours' notice that the inspection would be taking place, as we wanted to make sure there was someone at the agency office to assist us with the inspection. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed the information we held about the service, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was not asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from one healthcare professional.

On the day of the inspection we spoke with the assistant manager and a member of staff, and we telephoned five people (three people who used the service and two relatives) to ask them for feedback about the service provided by the agency. We also spent time looking at records, which included the care records for three people who received a service and the recruitment and training records for three members of staff. We also looked at records relating to the management of the service, such as quality assurance, health and safety and medication. Following the inspection, we visited three people in their own home, again to ask them for feedback about the quality of the service they received. We also spoke with two

members of staff over the telephone.

Is the service safe?

Our findings

People continued to tell us that they felt safe when they were being supported by staff from the agency. Comments included, "I feel 100% confident with them [the care workers]" and "Yes, I feel safe. If I have to go to hospital they take me and bring me back. They wait at the hospital. All the girls are lovely." A relative told us, "I have no concerns regarding the carers. They [their family members] go out on visits and we are all comfortable with this."

Care needs assessments had been carried out, and when risks had been identified, action was taken to minimise potential risks without undue restrictions being placed on people. We saw risk assessments in respect of travelling in a car, the risk of exploitation, mobility, unpredictable behaviour, road safety, choking, malnutrition and the person's home. When there was a possibility that people could display behaviour that could challenge themselves or others, there was information in care plans to guide staff on how to manage these behaviours to reduce the risk of harm for the person and others. Risk assessments had been reviewed regularly to ensure they remained relevant.

There was a check on staff member's car insurance to ensure they had the correct level of insurance to use their vehicles for work and carry people who used the service.

Staff continued to receive training on safeguarding adults from abuse. They were able to describe different types of abuse they may become aware of and the action they would take to protect people from harm. One staff member said, "There is always a senior at the other end of the phone. I wouldn't hesitate to ring them." Staff clearly understood the agency's whistle blowing policy and told us they would not hesitate to use it. They were confident their confidentiality would be upheld.

Although there had been no safeguarding incidents involving people who received a service from the agency, we discussed how any incidents needed to be recorded on a consideration log to determine whether they should be reviewed by the safeguarding adult's team or managed in-house.

We checked the recruitment records for two new members of staff and these continued to evidence that only people considered suitable to work with people who may be vulnerable had been employed. Staff told us they were always allocated enough time to provide the support people required, and that they also got paid to travel between calls. All of the people we spoke with told us that staff arrived at the right time and stayed for their allotted time. This assured us that there continued to be sufficient numbers of staff available to support the people who received a service.

Where support workers assisted people to take their medicines, the level of support people required was recorded in their care plan. Medication administration records (MARs) were returned to the agency office when completed and the assistant manager checked these for accuracy of recording. People told us they were satisfied with the support they received with taking their medicines. One person said, "The carers prompt me and check I have taken them [my medicines]. They supervise me. They know exactly what I need to take." A relative told us, "The carers take emergency medication when they go out, although they have

not had need to use it." Following training, staff had periodic checks to ensure they remained competent to administer medicines.

Accidents and incidents were recorded in people's care plans. The assistant manager told us that if there had been more accidents these would have been analysed to identify any patterns that might be emerging or improvements that needed to be made. They agreed that this would be more effective if there was also a central record of accidents and incidents.

Is the service effective?

Our findings

The registered person and staff continued to follow the principles of the Mental Capacity Act 2005 (MCA). 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). For people living in their own home, this would be authorised via an application to the Court of Protection.

We found that staff had a good understanding about people's rights and the importance of obtaining people's consent to their care. It was clearly recorded when decisions had been made in the person's best interest when they did not have the capacity to make the decision themselves. Staff described to us how they helped people to make day to day decisions, such as which meal to choose, what clothes to wear and what activities to take part in. One member of staff said, "I would only give two choices as people usually find that easier. I might use pictures of activities or meals."

People told us they had control over the service they received. A relative told us, "They always do what [my relative] wants to do. They nearly always say where they want to go. If they can't think of anywhere, the carer makes suggestions. They always come in smiling."

People told us that the staff who supported them had the skills they needed to carry out their roles. One person said, "Of all the care companies I have had [four], they are by far the best. People seem to be hand-picked." A relative told us, "I feel confident with the carers. They are qualified and experienced. We trust them. [My relative] absolutely loves it – we feel really comfortable."

Staff received induction training when they were new in post; this included information about safeguarding adults from abuse, confidentiality, use of social media, administration of medicines, professional boundaries and record keeping. There was a record of the shadowing shifts new staff completed with an experienced care worker. They also attended the agency's bowling group so that their interaction with people who used the service could be assessed. The experienced care worker and people who used the service were asked to give feedback about the care worker's skills so any additional training needs were identified. Training records showed staff had continued to complete refresher training on the topics considered essential by the service.

The assistant manager told us that new staff would be expected to complete the Care Certificate if they had not previously worked in adult social care; this would ensure that new staff received a standardised induction in line with national standards. They also said that, if staff had previously worked in adult social care and completed relevant training, they would be asked to complete the Care Certificate self-assessment tool to test their knowledge and competency.

Staff told us that they were well supported in their role and had one to one meetings with a more senior member of staff. Comments included, "Seniors are always at the other end of the phone and we have an on-call rota" and "If I have any questions I send an email to the office. They get straight back to me."

The registered provider or their representative had continued to attend a provider forum arranged by the local authority. This was one way the registered provider kept up to date with good practice guidance and changes in legislation.

People told us they were happy with the support they received with the preparation of meals and snacks. People's likes and dislikes and any special dietary requirements were recorded in their care plan, and risk assessments had been completed when people were at risk of choking or malnutrition. Any advice from health care professionals about people's eating and drinking had been recorded in their care plan. This meant the information was available for staff to follow.

Is the service caring?

Our findings

People told us they felt staff really cared about them. Comments included, "Once the staff have gone it leaves a gap and I miss them" and "The carers genuinely care about me. They are interested in me and know my likes and dislikes." A relative told us, "[My family member] goes out with the carer one evening and one day a week. They are keen to go; today they were ready at 8.00 am and the carer was coming at 9.00 am. They and the carer are very close and when they come back they are laughing and joking. They get on really well. The carer is experienced – we are very lucky to have her and [my family member] is very fond of her." A member of staff told us, "Staff wouldn't be working for Farndale if they didn't genuinely care. The registered provider wouldn't employ them."

People and their relatives told us that staff respected everyone's privacy and dignity, and people confirmed they were asked if they would like assistance from a male or female support worker. A relative told us, "We did have a choice of male or female carers. We decided it would be best to have two females, which we have." Staff explained to us how they supported people in a way that respected their privacy and dignity and did not cause embarrassment. One care worker said, "I make conversation to help people feel comfortable." A person who received a service told us, "They [the staff] know when I need my food cutting up. They do it in a way that doesn't embarrass me."

People told us that they received a rota each week so they knew which support worker would be visiting them. They said they were always able to contact someone at the agency office, including 'out of hours', if they had a query. In addition to this, a newsletter was produced to keep people who used the service and their relatives informed of any changes to the service or staff, new activity initiatives and forthcoming social events.

People were supported to be as independent as possible, with any risks being managed. Comments from people who used the service included, "Farndale make me think about what I can do, rather than what I can't do. They help me to be independent. They are good at that" and "The carers seem to know when I need help and when to step in. They let me have a go at something. If I get into difficulties, they know when to step in." One person told us that they had been 'trained up' by staff at the agency to assist other people with some activities. Their relative told us, "They love it and they get paid for it. It has given them so much more confidence."

The registered provider was aware of advocacy services that were available locally. However, none of the people who used the service currently required support from an advocate. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

The assistant manager told us that, when people were at the end of their life, the number of staff who supported that person was reduced to a small group to provide continuity and cause less stress. This showed that staff were sensitive to people's needs at this time of their lives.

Staff received information about the importance of confidentiality when they were new in post. We saw that written and electronic information about people who lived at the home and staff was stored securely.

Is the service responsive?

Our findings

People who we spoke with confirmed they had a care plan in place. One person told us, "Yes, we have a care plan. Everyone [the carers] write in it. The carers take pictures of their notes [on their mobile telephones] every time and take it back to the office. When the log book is full, they also take that back to the office. There is always a new book in their car."

We saw that care plans were reviewed regularly to ensure they remained an up to date record of the person's support needs. One person told us, "The care plan is reviewed by a social worker and a person from Farndale. One person specifically deals with this every year."

Staff were sent a work sheet every week so it was clear which people they would be supporting. Most people told us they were supported by a regular group of staff and that they appreciated this consistency. People also told us that the agency were also flexible about the times of their visits. One person told us, "If I have a dental or GP appointment, Farndale accommodate this by providing a longer call if needed" and another person said, "They have someone in the office all the time. I have let them know at the last minute that I want to cancel the service as I have family coming. They are really good and flexible about this." When we visited people in their own home, we saw that staff recorded the time they arrived at and left the person's home, and recorded relevant information about their visit.

Staff completed a report at the end of each week that they submitted to the office. This recorded all tasks they had completed for each person they had supported during the week. Staff were sent regular text message updates to ensure they were aware of any new information, such as changes to a person's prescribed medicines.

It was clear that staff had a good understanding of people's individual needs and adapted their approach accordingly. One person had been reluctant to accept support from any organisation and an arrangement had been made with health care professionals that staff referred to themselves as 'friends' rather than support workers. This had been successful and the person had willingly engaged with support staff.

The records we saw showed that people took part in a wide variety of activities. One person said, "The carers take me out twice a week. It's nice to get out into towns, into busy places and go out for lunch. I like artistic things. I think the carers like the outings too." Several people who used the service had personal budgets so they could purchase support that met their individual needs. The registered provider had recognised that some activities were costing these people a lot of money and that they sometimes had problems 'filling the day' if the weather was poor. To help meet these people's needs, they had purchased two lodges (log cabins) on a nearby holiday park. These were used by people who received a service so they had somewhere to go to do arts and crafts, beauty treatments, baking / cooking and to use the 'chill out' area. People also had access to the park and nature walk on site. People were able to use the lodges at no extra cost to themselves. This showed that the registered provider had been proactive in responding to people's needs.

One person's relative told us about the ball that the agency arranged each Christmas at a local venue. Their

family member had been assisted by a care worker to go out to buy a special dress, and a support worker had taken them to and from the ball. Another person who used the service liked to go swimming. Their relative told us, "Nine times out of 10 the carers will bring their swimming gear and go in with them."

We checked the complaints log and saw there had been no formal complaints during the last twelve months, although numerous compliments had been received. There continued to be policies and procedures in place that informed people how to express concerns or make a complaint.

We saw details of a satisfaction survey. Twenty-six people had returned the survey and comments included, "The attention to detail with respect to my family member's care goes above and beyond what is expected. Each care worker has my complete trust. They not only take into account the needs of my family member, but the whole family." This information was in the process of being analysed and the assistant manager told us that feedback would then be shared with people who received a service, their relatives and staff.

Is the service well-led?

Our findings

At the last inspection of the service the registered provider was rated as outstanding in this domain. At this inspection we found the service remained outstanding and that the service continued to be exceptionally well-led.

The service was managed by the registered provider, who is a 'registered person'. 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. The registered person had recently had an accident and was taking time off work to have medical treatment. It was testament to their leadership that the service continued to operate effectively during their periods of absence.

The registered person had continued to be innovative in the way they provided the service. For example, log cabins had been purchased to provide people with a place to spend their days, and the feedback we received from people who used the log cabins was very favourable. The service had been approached to provide support to a person in transition from school to having their own budget to purchase a support package. This had proved to be very successful; there had been a gradual transition until they were supported by staff from the agency over five days a week. This led to the registered person developing a relationship with the school and holding an open day. As a result, the service has received more requests to support people who were due to leave school.

People told us that the service was exceptionally well-managed. Staff arrived on time and stayed for the agreed length of time. People knew who would be visiting them on each occasion they had support; on the rare occasion changes had to be made, they were informed. One person told us, "This is an exceptional service. I don't know what I would do without them." Other comments included, "Yes, it is well-led because they talk to each other and discuss things. If it isn't right they sort it out."

Staff told us they were happy with how the home was managed. Comments included, "'It's a fantastic company to work for", "The managers and seniors are brilliant" and "The people we work for make it special." Staff told us they had both formal and informal staff meetings. They said they were able to ask questions and make suggestions at these meetings. We saw at the meeting in November 2016 staff were praised by the registered provider, who stated 'All service users are always singing your praises so well done'.

We saw evidence of regular updates that had been sent to staff by email. These included reminders about confidentiality, the on call rota, the use of social media and submitting weekly reports. The service had introduced 'Policy of the month'. Staff had been told they would be sent one or two policies each month 'as refreshers for us all, which will hopefully make us much more familiar with them'.

We asked people about the culture of the service. One person said, "If I hadn't got them I don't know where I would be now. It is an effort for me when I go out. The service has given me a purpose. They have also given me some independence and helped me to stay positive, and given me stimulation. They have improved my

quality of life." Staff described the culture of the service to us. Comments included, "I would recommend Farndale to other people – definitely", "Very friendly, very kind and trustworthy", "A lovely genuine company" and "I'm proud to say I work at Farndale."

The agency previously operated a staff award system. The assistant manager told us that, at the most recent staff meeting, they had not been able to choose the most outstanding staff member, so all staff received a bottle of wine. One new member of staff had been identified as a 'great worker' who had taken no sick leave since they commenced working for the company. They had received a bonus in their pay.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. In addition to this, the current ratings for the service awarded by CQC were clearly displayed at the agency office, as required by regulation. The registered manager carried out quality audits to monitor that systems at the home were working effectively and that people received appropriate care.

We saw evidence of learning from situations that had occurred. This showed us that staff questioned their practice and reflected on situations, and how to reduce the risk of them occurring again.