Mrs Kathleen Susan Fairbrass

Farndale House Residential Care 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?	Outstanding
Is the service well-led?	Good

Overall summary

This inspection took place on 12 March 2015 and was announced. We previously visited the service on 17 October 2013 and found that the registered provider met the regulations that we assessed.

The service is registered to provide personal care and accommodation for up to three people with a learning disability. On the day of the inspection there were two people living at the home. The home is located in Beverley, a market town in the East Riding of Yorkshire and is close to local amenities. Each person who lives at the home has a single bedroom and they share a bathroom. People have their own living room but usually spend time with the family.

The registered provider is not required to have a separate registered manager in post as the service is managed by the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 told us that they felt safe living at the home. There were policies and procedures in place on safeguarding vulnerable adults from abuse and staff had completed appropriate training on this topic.

We observed good interactions between people who lived at the home and staff on the day of the inspection. People told us that staff were kind and caring and this was supported by the health and social care professionals who we spoke with.

People were supported to make their own decisions about day to day matters and the registered person explained how best interest meetings would be held when more serious decisions needed to be made.

Medicines were administered safely by staff and the arrangements for ordering, storage and recording were robust.

People's nutritional needs had been assessed and people told us that meals provided by the home were good. People were supported appropriately by staff to eat and drink safely and their special diets were catered for.

People who had to spend time in hospital were supported by staff from the home over a 24 hour period. This meant that staff who were knowledgeable about the person's care and support needs continued to be involved in their care; this reduced the person's anxiety about their stay in unfamiliar surroundings and promoted positive outcomes.

We noted that the arrangements to support people who were moving to another care setting were excellent. They were designed to provide continuity of care and a positive transition to another care home for the person concerned.

People who used to live with one person at Farndale House Residential Care Home and staff continued to visit the person in their new care home so that friendships could be maintained.

We saw that there were sufficient numbers of staff on duty to meet the needs of people who lived at the home. This included providing people with meaningful activities and enabling them to remain in contact with family and friends.

New staff had been employed following the home's recruitment and selection policies to ensure that only people considered suitable to work with vulnerable people had been employed.

There were systems in place to seek feedback from people who lived at the home in a format that they understood. There were also systems in place to enable people to raise complaints but none had been received during the previous 12 months, although several compliments had been received.

People who lived at the home and other people who we spoke with told us that the home was well managed. The quality audits undertaken by the registered person were designed to identify any areas of concern or areas that were unsafe.

Summary of findings

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 is safe.

Good

The arrangements in place for the management of medicines were robust and staff had received the appropriate training.

There were policies and procedures in place on safeguarding vulnerable adults from abuse and staff had completed appropriate training.

We found that there were sufficient numbers of staff employed to ensure that the needs of the people who lived at the home could be met. Recruitment practices were robust and ensured only those people considered suitable to work with vulnerable people were employed.

The premises were being maintained in a way that ensured the safety of people who lived, worked or visited the home.

Is the service effective?
The service is effective.

Good

People were supported to make decisions about their day to day care and best interest meetings would be arranged when people needed support with decision making. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Records evidenced that staff had completed training that equipped them with the skills they needed to carry out their roles effectively.

People's nutritional needs were assessed and met, and people's special diets were catered for.

People had access to health care professionals when required. Advice given by health care professionals was followed by staff to ensure that people's health care needs were fully met.

Is the service caring?
The service is caring.

Good

People who lived at the home told us they felt staff really cared about them and we observed positive interactions between people who lived at the home and staff on the day of the inspection.

It was clear that people's individual needs were understood by staff.

People told us that their privacy and dignity was respected by staff and that they were encouraged to be as independent as possible.

Is the service responsive?
The service is responsive to people's needs.

Outstanding

Summary of findings

People's care plans recorded information about their previous lifestyle and the people who were important to them.

People told us they were able to take part in their chosen activities and people were supported by staff to take make visits to relatives and friends.

People who were in hospital continued to be supported by staff from the home to provide continuity of care; this led to more positive outcomes for the person in hospital. If people had to move another care service, staff from the home provided excellent support to make this a smooth transition.

There was a complaints procedure in place and people told us that they were certain that any comments or complaints they made would be listened to.

Is the service well-led?

Good

The home is well led.

The registered provider also managed the service, and people lived as part of the registered provider's family.

The registered person carried out a variety of quality audits to monitor that the systems in place at the home were being followed by staff to ensure the safety and well-being of people who lived and worked there. It was evident that any issues identified were dealt with.

There were sufficient opportunities for people who lived at the home, staff and health / social care professionals to express their views about the quality of the service provided.

Farndale House Residential Care 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 took place on 12 March 2015 and was announced. We gave the registered provider 48 hours' notice of the inspection because this is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of an Adult Social Care (ASC) inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the local authority and information from health and social care professionals. The registered provider submitted a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the home.

Prior to the inspection we requested information from health and social care professionals and contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the home.

On the day of the inspection we spoke with the two people who lived at the home, two members of staff and the registered person.

We looked at communal areas of the home and also spent time looking at records, which included the care records for the two people who lived at the home, staff records and records relating to the management of the home.

Good

Is the service safe?

Our findings

We spoke with the two people who lived at the home when they returned from an activity in the community. We asked them if they felt safe and they both told us that they felt "Very safe."

We saw that care plans included risk assessments and management plans for any areas that had been identified as posing some level of risk. Under the heading 'Things that keep me safe' one person's care plan recorded "Having a supporter in the bathroom when bathing or showering due to the risk of me having a seizure" and another person's care plan recorded, "Someone needs to help me cross roads as I do not have good road safety skills." There were very detailed risk assessments in place in respect of the person, such as the risk of drinking alcohol, fire safety, taking medication, stranger danger and being in crowded places. In addition to this, there were risk assessments in place about all areas of the environment such as slippery bath surface and the presence of knives and electrical appliances in the kitchen. The risk assessments had been reviewed on a regular basis. We saw risk assessments demonstrated that consideration had been given to all areas of risk and how to reduce the risk of harm for the people who lived at the home.

There were safeguarding policies and procedures in place and the registered person told us about incidents that had occurred in the past and how they had referred them to the safeguarding adult's team. We spoke with the local authority safeguarding adult's team and they told us they currently had no concerns about the home. We looked at the records for the staff who worked at the home and saw that there were certificates in place to demonstrate they had completed training on the topic of safeguarding adults from abuse.

Details of bank accounts and any financial transactions made on behalf of people who lived at the home were retained in care plans. This provided a clear account of how people had spent their money and what savings they had, evidencing an open and transparent approach.

The staff rota evidenced that there were five staff working at the home; three staff in addition to Mr and Mrs Fairbrass. The three staff were also family members who knew the people who lived at the home very well. The staff rota was very flexible and reflected the fact that people lived as part of the family. We saw that there was a minimum of one member of staff with people who lived at the home over a 24 hour period.

We looked at the recruitment records for the three members of staff. Application forms recorded the person's employment history, any previous experience in the caring profession, the names of two employment referees and a declaration that they did not have a criminal conviction. Checks had been undertaken to ensure that people were suitable to work with vulnerable people, such as references and a Disclosure and Barring Service (DBS) check. Documents to confirm the person's identity had been obtained and retained for future reference. Although one reference was not dated, we saw that the information obtained by the home ensured that only people considered suitable to work with vulnerable people had been employed. We also noted that the home's own recruitment checklist had identified that one reference was not dated.

Medication was stored in a locked cupboard. Neither of the people who lived at the home had been prescribed controlled drugs (CD's) but there was a suitable storage container and a CD register ready for use should this change. An inspection had recently been carried out by a pharmacist from the pharmacy that supplied the home with medication. They had noted that the registered person was storing Diazepam in the safe and recording this medication in the CD register. They had advised that this was not necessary and we saw that this medicine was now stored with other medication and not with CD's.

None of the people who lived at the home had been prescribed medication that required storage at a low temperature. Any medication that needed to be stored in a fridge would be stored in the kitchen fridge; temperatures were recorded each day to evidence that medication would be stored at the correct temperature. The pharmacist who had recently carried out an inspection had advised that the temperature of the medication cupboard should be recorded. We saw that the registered person had started to do this, and that the temperature was within recommended guidelines. These checks ensured that medication was stored at the correct temperature.

We checked the medication administration record (MAR) charts for both of the people who lived at the home. There were no gaps in recording. The MAR charts were printed by

Good

Is the service safe?

the pharmacy so there was no need for any handwritten entries to be made by staff. We saw that the folder containing MAR charts included a photograph of both people who lived at the home. The folder also contained sample staff signatures so that it was possible to monitor that only staff trained to administer medication had carried out administration. We saw that all staff working at the home had completed training on the safe administration of medication.

We saw that care plans recorded information about a person's medication needs. This included the name of each medicine, the condition the medicine was prescribed to treat and any possible side effects. One person's care plan recorded in respect of medication (in red type) "Do not stop taking unless your Doctor tells you to stop."

The robust systems in place meant that there had been no medication errors in the last 12 months.

The property was well maintained. There was a health and safety policy in place and a fire risk assessment that had been updated in August 2014. We saw a current gas safety certificate and evidence that portable appliances had been tested in February 2015. A new carbon monoxide detector had been fitted on 4 March 2015.

In house safety checks included fire drills plus weekly tests of the fire alarm system, first aid boxes, checks of water temperatures in the shower, and fridge / freezer temperatures.

We saw that the two people who lived at the home had an individual personal emergency evacuation plan (PEEP) in place that recorded the assistance they would need if they needed to leave the premises in an emergency.

Good

Is the service effective?

Our findings

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. Discussion with the registered person evidenced that there was a clear understanding of the principles of the MCA and DoLS. They told us in the PIR that neither of the people who lived at the home had a DoLS authorisation in place. The three staff files we checked contained evidence of training on the MCA and DoLS.

We saw that people had patient passports in place; these are documents that people can take with them to hospital appointments and admissions to inform hospital staff about their particular care needs. The patient passports we saw made reference to consent and recorded, "Please take into account the five principles of the Mental Capacity Act." They included very detailed information about each person's ability to consent and the help they would need to make decisions.

We saw that each care plan had a record of the person's ability to make decisions. One person's care plan recorded, "Treat me like an adult", "I like to understand my options about real choices" and "I can tell people if I am unwell." We saw that people were offered choices about where to spend the day, what activities to take part in and about their meals. The registered person explained that best interest meetings would be arranged to support people to make more important decisions. Best interest meetings are held when people do not have capacity to make important decisions for themselves; health and social care professionals and other people who are involved in the person's care meet to make a decision on the person's behalf.

We saw that staff communicated with people who had limited verbal communication by using appropriate touch, eye contact and gestures to help them understand and interact.

All staff had completed the Common Induction Standards. This is training that is designed to cover the topics that care workers need to carry out their roles effectively. Staff files contained details of additional training undertaken by the member of staff. This included topics such as the administration of medication (foundation and advanced modules), equality and diversity, safeguarding adults from abuse, epilepsy, end of life care, continence, diabetes awareness, dementia awareness, MCA and DoLS, fire safety, conflict resolution and risk assessment. In addition to this, we saw that staff had achieved a minimum of a National Vocational Qualification (NVQ) or equivalent at Level 2 in care.

We discussed that it would be helpful to make a record of the training that was considered to be mandatory by the home and how often refresher training should be undertaken. It would then be advisable to produce an overall record of each person's training achievements to assist the registered person with monitoring when refresher training was required.

All staff had attended training on food safety and one member of staff had attended an "Eating, drinking and nutrition" workshop. People had mini nutritional assessments in place that were scored to identify any areas of risk. They were weighed weekly and had their body mass index (BMI) checked weekly as part of nutritional screening. One person's care plan recorded, "The things you need to know about the way I drink and eat" and then went on to record their likes and dislikes and their specific dietary requirements.

We asked the registered person how people were supported to choose meals. They told us that one person was able to explain their likes and dislikes and the other person was shown meals to help them to make a choice. People who lived at the home told us they received "Good food."

People had mini health action plans in place. These included details about how the person communicated and about their specific health needs. People also had an annual health check and were offered an annual flu injection.

Care plans included details about the assistance people required to maintain optimum health, such as, "When I am at the doctors or an appointment I need a longer appointment, written information and staff to support me." Care plans also recorded, "To keep me safe and well I need help to access the GP and the dentist" and "People need to ensure that I live a healthy lifestyle."

Good

Is the service effective?

The registered person told us in the PIR document that people were always accompanied to hospital appointments to ensure that their needs were properly explained to hospital staff and they received the support they needed. We saw that all appointments or contacts with health care professionals had been thoroughly recorded. These included reports from the epilepsy clinic and reports from other health checks at the hospital. One person had visited a dental hygienist who had assisted them to understand how to clean their teeth effectively. Another person had an epilepsy management plan in place that had been produced by a specialist epilepsy nurse.

Good

Is the service caring?

Our findings

We asked the two people who we spoke with if they felt staff really cared about them and if staff were kind to them. They named family members (who were also staff) and said that they were kind and helpful and really cared about them. They said they were "Well looked after." One social care professional told us, "When I communicate with staff at Farndale House I have always found them to be very approachable and understanding of their client's needs. They are very client focussed." Another social care professional told us, "The service and management / staff are person centred in their approach and from my experience strive to meet individual needs of service users."

People told us they could choose what to do and what to wear. We observed that people who lived at the home looked appropriately dressed in clothes that they had chosen to wear; their hair was tidy and they looked cared for.

People told us about the relationships they had with their family and friends and it was evident that staff helped people to maintain these relationships, including making visits to people who used to live at the home.

We observed that all staff engaged in positive relationships with people who lived at the home. It was clear from the conversations overheard that staff knew the people who lived at the home very well. They adopted a different style of communication with each person who lived at the home which showed they understood each person's abilities and needs.

We asked people if their privacy and dignity was respected by staff and they told us that it was. A social care professional told us, "From my experience the manager and staff ensure the privacy and dignity of individuals is upheld and paramount." We saw that care plans recorded each person's preferred name, including any 'nicknames' that they liked.

The registered person told us in the PIR document that each person living at the home had their own bedroom. These had blinds or curtains at windows to protect people's privacy and staff knocked on doors before entering people's bedrooms. One bathroom was shared between the two people who lived at the home. Bathroom doors were always locked when people were being assisted with personal care.

Care plans included a section entitled "How I like to be supported with my personal care" One person's plan recorded "I need help to run the bath / shower and test the water. I need my back washing and creaming."

We saw that care plans recorded information about a person's medication needs. People had signed to record that the reason they had been prescribed their medication had been explained to them. One document called "This is About Me" included pictures to aid understanding for the person concerned.

Although we did not assess end of life care on this occasion, the registered person told us in the PIR that they made every effort to enable people to remain at Farndale House Residential Care Home until the end of their life, if this was their choice. Staff had undertaken training on end of life care so had obtained knowledge that would help them to support people who needed this level of support.

We saw that there was information about advocacy available to people who lived at the home. Advocacy services seek to ensure that people, particularly those who are most vulnerable, are able to have their views and wishes genuinely considered when decisions are being made about their lives.

Outstanding ☆

Is the service responsive?

Our findings

A social care professional told us, “I have found Farndale staff and management to provide caring, person-centred care to all service users I have been involved with. The service is responsive to the individual needs of service users.”

We saw that care plans included a thorough assessment of the person’s care needs when they were first admitted to the home. This information was used to develop an individual plan of care for the person that included information about their specific support needs, their likes and dislikes, their life history so far and family relationships. Care plans included information such as, “Here is a list of the things that are my strengths and the gifts that I offer”, “Things that people like and admire about me” and “Things that make me feel good about myself.” Records evidenced that the information had been gathered from the person themselves, their family and from the registered person. A document recorded, “It is confidential information but I am happy to share it with you if you are helping me with my care. Please ask for permission before you share it with anyone else.”

The information we saw in care plans helped staff to understand the person and provide more individualised care. Both care plans were reviewed and updated each month. In addition to this, people had a more in-depth review of their care plan every six months. We saw that care plans recorded any changes to a person’s care needs such as changes to medication, referrals to health care professionals and contact made with people’s relatives or care managers. When we asked the local authority for feedback about this service, they told us that a care manager had recorded about the outcome of one person's review "The resident was happy with the care and support they were receiving and felt the service was excellent."

Care plans were headed as “Things that keep me calm, relaxed and happy”, “Things that keep me safe”, “The kind of people I like” and “The kind of places I like to be in” and were based on the needs and wishes of the person concerned. This helped staff to understand how and where people liked to spend their leisure time. One of the people who lived at the home told us they were aware of their care plan and of the information their care plan included, and there was evidence that some information in care plans had been explained to people on a one to one basis.

People had a daily and weekly activity planner in their care plan. These evidenced that people went out for meals, went bowling and on regular trips to the families caravan. People who lived at the home told us how much they enjoyed going to the caravan and on other outings with the family. The grandchildren who visited the registered provider and her husband were also part of family life at the home and it was clear that people enjoyed these visits. Conversation with the people who lived at the home showed they considered themselves to be part of family life and that they were involved in celebrations and outings along with other family members. The registered person explained to us how they also helped people to maintain contact with members of their family and friends. The activities that people undertook as part of the provider’s family and with other family and friends promoted a wide variety of social opportunities that enhanced their lives.

There was a record of how people liked to spend their day and what activities they enjoyed. One person’s care plan recorded, “I like to look through magazines. I like to tidy my bedroom drawers and I enjoy having foot spas and my feet moisturised.” A diary entry was made each day recording how the person had spent their day, any activities undertaken, any assistance with personal care and what time they had gone to bed.

We checked the complaints folder and found that it contained a complaints policy and procedure and documents ready to use should people wish to make a complaint. Some documents were available in symbol format so that they could be more easily understood by people who lived at the home. However, no complaints had been received since the last inspection of the home. The people who we spoke with told us that they would be able to talk to the registered person or staff if they had any concerns and they were sure they would be listened to and appropriate action would be taken.

We saw that the complaints log was also used to record compliments. There were numerous compliments recorded in the file; one recent communication from a health care professional recorded, “Farndale is a company that goes the extra mile.”

Although people had patient passports in place, the registered person told us in the PIR document that people were always accompanied to hospital to ensure that they were with someone who understood their particular needs and that their care needs were met. On the day of the

Is the service responsive?

inspection the registered person told us about a person who had previously lived at the home. They had been in hospital for a few days and a variety of staff members from the home had stayed with them over a 24 hour period every day they were in hospital. Being supported by someone who had been involved in their care for many years reduced the person's anxiety. Staff were able to explain people's needs to hospital staff when the person was not able to express these themselves, and this resulted in a positive outcome for the person concerned.

The registered person told us that they met with hospital staff and care managers on several occasions to discuss this person's increased care needs and to demonstrate how it would be beneficial for this person to be discharged to Farndale House Residential Care Home to live with the people who understood their identified needs. This was eventually agreed and specialised equipment was installed in the home in preparation for the person's discharge from hospital. The registered person told us that this meant they were able to keep this person living at Farndale House Residential Care Home for longer than was anticipated by health care professionals involved in the person's care. This evidenced that the person's changing needs were understood and that exceptional efforts were made to manage the person's needs to promote continuity of care.

This person was eventually transferred to a different care service. Staff from Farndale House Residential Care Home visited the new service during the person's first few days of admission so that there was a smooth transition. Although staff at Farndale House Residential Care Home had provided care plans so that the new service were informed about the person's needs, these visits to the new home enabled staff who knew the person well to demonstrate on a one-to-one basis how they liked their care needs to be met. These visits by staff had continued on a less regular basis but people who still lived at Farndale House Residential Care Home and were friends with the person continued to visit them at their new home each week; they had visited them on the day of this inspection. This excellent transition to a new care home had enabled friendships to continue and had ensured the person concerned understood they were still cared about by people who lived and worked at Farndale House Residential Care Home.

The manager told us that when new people were admitted to the home, this was always on a gradual basis. This was to ensure that people who already lived at the home had the time to get to know the prospective new resident; if people did not 'gel', the new person would not be offered a place.

Good

Is the service well-led?

Our findings

We found the atmosphere at the home to be friendly, 'open' and welcoming. This was confirmed by the health and social care professionals who we spoke with. A social care professional told us, "I have found Mrs Fairbrass to be very open and transparent in regards to the needs of her service users and the care the staff provide. She is proactive in accessing support and advice when needed and in following this."

Social care professionals told us that the service was well managed; one person told us, "The manager is approachable and appears to effectively support staff and ensure care being provided is of a high standard."

We saw that a quality assurance survey had been produced and had been completed by both people who lived at the home in August 2014. The survey included 'smiley' and 'sad' faces that helped people to understand the questions. Topics included were the food provided, cleanliness, activities, holidays, choices, family and friends, dignity and comfort plus the questions "Do you feel cared for?", "Do people listen to you?" and "Can you go to bed and get up when you like?" All of the responses were positive as people identified 'happy' faces.

We saw that care plans were audited every month and when there had been a change in a person's care needs, we saw that the appropriate people had been informed. This included their family and friends, and any health or social care professionals involved in the person's care. This ensured that all of the relevant people were kept up to date about the person's general health and well-being.

We saw that there were systems in place ready to record any accidents and incidents and any action that needed to be taken. However, there had been no accidents in the previous twelve months. The registered person told us that there had been no accidents in respect of the environment due to the care taken by staff to adhere to policies and procedures and to the property being maintained in a good condition.

Staff had regular supervision meetings with a manager and annual appraisals. We saw that the minutes of a staff meeting held in November 2014 recorded that there was a discussion about the 'Farndale staff appreciation / incentive award'. A gift voucher had been presented to a new member of staff "Who had shown great commitment and flexibility." It was planned that a staff member would be presented with an award every three months. The registered person had also arranged to take all staff out for a Christmas celebration to thank them for their work over the previous 12 months.

When the registered person was not at the home, staff had contact numbers so that they could contact them promptly. The registered person told us about situations that had occurred when they had returned to the home to deal with emergencies. The domiciliary service was operated from the provider's address and this meant that there was always a senior member of staff 'on call' to deal with queries or emergency situations.

We asked the registered person if they had considered introducing 'champions' amongst the staff group for topics such as dementia and dignity. They told us that a member of staff was due to attend the hoist champion training organised by the local authority. They said they were considering having 'champions' for other topics. This would create a system within the home where one member of staff had responsibility for collating information about a specific topic and sharing good practice with their colleagues.

Audits were carried out to ensure that medication was administered and stored safely and that the environment remained free of infection and well maintained. Any remedial action noted as part of quality audits had been carried out. Although there had been no accidents, incidents or complaints during the previous twelve months, we were aware from information gathered during previous inspections that action to address any shortfalls had been taken.

People were supported to remain part of the local community; they used local facilities and attended local social events. There were positive links with health and social care professionals and people were supported to remain in contact with family and friends.

Although people lived as part of the family, we found that the registered person had robust systems in place to reflect that the premises were also registered as a residential care home. These protected people from the risk of harm, continually checked people's satisfaction with the service they received and provided people with a happy home life.