R & E Kitchen

Farmhouse 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place on 6 and 7 August 2018 and was unannounced.

Farmhouse Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Farmhouse Care Home is registered to provide care and accommodation for up to 20 people. The home does not provide nursing care but aims to offer specialist care for older people living with dementia. The accommodation is arranged over two floors with a stair lift available to access the upper floor. Five of the rooms were shared rooms. There is a small secure outdoor patio area but no garden. At the time of our inspection 18 people were living at the home.
There was a registered manager in place. 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.
We last inspected this service on 20 and 23 May 2016 and found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The proper and safe use of medicines. We issued requirement notices in respect of those breaches.

Following our inspection, the provider sent us an action plan to tell us about the actions they were going to take to meet these regulations and make the necessary improvements. During this inspection, we found that action had been taken to address these concerns.

People, their relatives and staff told us the registered manager was supportive and approachable.

People were supported by staff who knew them well. Staff we spoke with were enthusiastic about their jobs, and showed care and understanding both for the people they supported and their colleagues.

Staff understood the actions to take to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the management team.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

The service had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

People and their relatives told us they enjoyed the food served which considered peoples individual dietary needs and preferences.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way, while promoting their independence. People told us they were treated with dignity and respect.

People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments. There were systems in place for care records to be regularly reviewed.

There was a complaints policy and procedure in place. People's comments and complaints were taken seriously, investigated, and responded to.

There were effective systems in place to monitor and improve the quality of the service provided.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Safety and maintenance checks for the premises and equipment were in place and up to date.

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 has improved to good. The provider had taken appropriate steps to ensure medicines were managed in a safe way.

The provider had systems and policies in place to protect people from the risk of abuse, neglect or harassment.

The provider had an effective recruitment and selection procedure in place.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Farmhouse 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.

This inspection took place on 6 and 7 August 2018 and was unannounced. The inspection was carried out by one adult social care inspector and one 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 asked the registered provider to complete a Provider Information Return (PIR). This 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 used this information to help with the planning for this inspection and to support our judgements.

We also reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service.

During the inspection we spoke with 13 people living at the home and eight relatives. We also spoke with the registered manager and five members of staff. Following our inspection, we also received written feedback on the provision of care from one health care professional.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the provider's records. These included four people's care records, four staff files, training and supervision records, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures. We also pathway tracked two people. This is when we follow a person's experience through the service and get their views on the care they receive. This allows us to gather and evaluate detailed

information about the quality of care.

We spent time observing the daily life in the service including the care and support being delivered by all staff. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

At our inspection in April 2017, improvements were needed to ensure that medicines were always stored safely. The provider did not have an up to date medicines policy and staff did not have an annual update of their skills and knowledge to administer medicines safely.
Following our inspection, the provider sent us an action plan detailing the improvements they would make. During this inspection, we found that action had been taken to address these concerns.

There was a medicines policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet that was locked and secured to the wall. Medicines that were required to be kept cool were stored in appropriate locked refrigerators and temperatures were monitored and recorded daily. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Staff were regularly observed in administration practices by the registered manager and undertook annual competency checks and refresher training to ensure safe practice. We checked the quantity of medicines held against quantities administered for four people and found these to be correct. The home used a monitored dosage system with names, medicine details and details of each person with their photograph. Each person had a record of homely remedies that could be given. Regular checks and audits were undertaken weekly by the registered manager or deputy manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

People living at Farmhouse Care Home and their relatives told us they were happy and felt safe. One person told us, "I feel safe here, I don't have to worry about anything, I leave it all to the girls [carers], they are very good to me, we get on well". Another person added, "I know I can't live on my own, I wouldn't be safe. At least I know there's always someone around to help me if I need it". One relative told us, "It's great here, mum lived on her own and we [the family] cared for her but she wasn't safe at home. Here she is safe, well cared for and happier too. She has put weight on and is more lively". Another relative added, "She [mum] lived on her own before she came in here and always seemed nervous and anxious, so it would have been unwise and unsafe to leave her there. Since she has been here she has settled in well and now calls it her home".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They could describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had

been ignored.

Safe recruitment processes were in place. Staff files contained all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough staff deployed to keep people safe and meet their needs. People and their relatives had no concerns about staffing numbers and how people's needs were met. During the two days we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. One person told us, "They [Staff] are good at answering the bell if I need help. I never wait more than a minute". Another person told us, "The staff always have time for us. They are there when I need them".

Risks to people's health and safety were managed appropriately. Care records included risk assessments about keeping people safe. This included risks due to choking, poor nutrition, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed. Where appropriate the provider sought specialist intervention from external health care professional's professionals such as Speech and Language Therapists [SALT] and Tissue Viability Nurse [TVN].

There were safe infection control practices in place. The provider had an infection control policy in place which provided guidance to staff on actions to take to prevent or minimise the spread of infections. The home was clean and free from odour. Domestic staff were responsible for maintaining the cleanliness of the home and cleaning products were stored securely. Staff had received training in infection control to ensure they had appropriate skills and knowledge in minimise the risk of infection.

Staff recorded all accidents and incidents and the registered manager responded appropriately and further actions were taken to prevent incidents reoccurring. The registered manager told us that by reviewing these they could put measures in place to minimise future risk and to try to prevent the same thing happening again. Incident and accident records we viewed confirmed this. The registered manager knew which incidents and accidents needed to be reported to which regulatory bodies such as and Health and Safety Executive, the CQC and local safeguarding team.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems and water temperatures.

There was a business continuity plan in place that advised staff on the action to take in the event of situations such as staff emergencies, flood, fire or loss of services. This also included information about evacuating the premises and important telephone numbers.

Good

Is the service effective?

Our findings

People and their relatives told us they were happy with the service. One person told us, "Nothing is too much trouble for them [staff], any problems you can go to them. If you're not well they call the doctor in". Another person added, "I'm lucky living here. All the girls [staff] know what they are doing with my care". One relative told us, "She [name of person] can be quite demanding, but we know the staff here can handle her, they manage her needs and can calm her down". Another relative added, "We both work in care so we know what is good and what is not. She [mum] has been here for two years and she is doing well. We've no complaints at all". A third relative told us, "This place is amazing, in my opinion, the staff are great, absolutely no complaints, I can't speak highly enough of everyone here".

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment, the service, in consultation with the person had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs. Consent forms had been completed with people confirming they had agreed with the support provided. Records we viewed contained information confirming people had consented to their care had been signed by them, a family member or an appointed person on their behalf.

The home worked in partnership with a nearby GP practice to ensure people's healthcare needs were met. Care plans contained information of when people had been visited by the GP or had attended hospital appointments. Health records included information such as allergies, health conditions and medicines currently being taken by the person. When people needed to go to hospital staff sent all the current information about the person in a 'transfer pack'. This would ensure people received the appropriate support and treatment in accordance to their specific needs.

Staff were knowledgeable about the people they supported and were able to tell us the care and support needs for people without reference to individual care plans. One member of staff told us, "We have a very good handover between each shift and if anything has changed for anyone we are made aware of it". The registered manager told us, "We use an 'immediate care plan' system for flagging up significant events that may impact on people's well-being. For example, short term events such as the introduction of antibiotics, or if someone has received some bad news or if someone is distressed. These are discussed at handover to ensure the staff are fully aware of any changes".

Staff had received appropriate training and had the skills they required to meet people's needs. Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Supervision are important processes which help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Staff said that supervisions and appraisals were valuable and

useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority. One member of staff said, "I like supervision. It's a good time to get feedback on how I am doing but also a time for the manager to talk about my progress". The registered manager told us, "I have regular supervisions with staff but they all know my office door is open all the time. If they feel they need support they come and talk to me".

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. Staff told us that they had completed training on line [via a computer] and could request any training that would help meet people's needs. There was a training plan in place which identified when staff needed to complete the updates for on-line courses. Training included health and safety, dementia awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. The registered manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people living at the home. A GP [General Practitioner] in answer to the question? 'Do care workers have the qualities and skills to deliver effective care' responded, "Yes definitely".

The Mental Capacity Act 2005 (MCA 2005) 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. For those people who were unable to express their views or make decisions about their care and treatment, staff had appropriately used the MCA 2005 to ensure their legal rights were protected.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the Act and its key principles and could tell us the times when a best interest decision may be appropriate.

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). Relevant applications for a DoLs had been submitted by the home and were awaiting assessment.

People were encouraged and supported to eat and drink sufficient amounts to meet their needs. Most people did not require support with their meals but staff were available to offer this if it was needed. Staff sat with people who required support to eat and let them eat at their own pace. People were given a choice of meals and drinks. People had support plans relating to food and fluid. Where people needed specialist support, the opinions of dieticians and speech and language therapists had been sought and implemented. The chef told us people were asked every morning what their choice from the menu was and if people did not like what was on offer an alternative was provided. Lunch time was unhurried and staff offered support and encouragement to people in a sensitive way when they needed it. People we spoke with told us they enjoyed the food served. One person told us, "I've been here a while. The food is good and I like my food, we get a choice too". Another person told us, "I'm waiting for my lunch, can't remember what it is, but I know it'll be good".

The premises had been adequately adapted and was suitable to meet people's needs.

Good

Is the service caring?

Our findings

People were positive about the care and support provided by staff. One person said, "My sister comes to see me, which is nice. I have many health problems, but I have been a lot better recently, thanks to the home. The people here are lovely". Another person said, "The girls [staff] are very kind and caring. It's just like living at home with your family". Relatives were also complimentary about the provision of care. Comments included, "The home is very on-the-ball with health matters. Mum had anaemia problems a while ago, we didn't recognise it, but the home did and sorted it out", "Mum gets a visitor every day from the family, the home is very welcoming, there's a nice feeling about the place" and "We looked at several care homes before choosing this one. We chose it because it has a homely feel and we think that is important rather than these 'hotel' modern homes". We asked a GP, "Is there anything you consider the service does particularly well? The GP replied, "Very efficient, thoughtful and kind, caring staff".

Staff cared for people in a relaxed, warm and friendly manner. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and we noted staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People told us people's privacy and dignity was respected. Staff understood the importance of treating people with dignity and respect. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff knocked on people's doors and asked them if they would like to be supported. People were able to make choices about how they spent their time and were able to spend time in their rooms if they wished.

Care plans contained detailed information and guidance as to people's preferred wishes and preferences and about how they liked to live their life. Staff said they felt it was important people were supported to retain their dignity and independence. Staff were able to demonstrate they understood how to promote independence and respect towards people. Staff encouraged people to maintain their independence, for example using a walking frame when possible, rather than a wheelchair. Throughout our inspection staff were patient with people and gave reassurance to anyone who appeared anxious or confused.

People were supported to express their views whenever possible and be involved in any decisions about the care and support they received. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Interactions we observed whilst staff supported people were good. Staff understood people's communication needs, for example if they were able to verbally respond or if they were distressed. People had information on their communication needs recorded in their care plans.

Staff showed concern for people's wellbeing. People confined to bed due to deteriorating health were observed to be well cared for by staff with kindness and compassion while maintaining people's dignity. The care people received was clearly documented and detailed. For example, regular welfare checks, turning

charts and food and fluid intake records.

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken.

We noted from the visitors' books that there were regular visitors to the service and there were no restrictions on visiting. We observed visitors coming and going throughout the day.

Confidentiality was maintained throughout the home and information about people's health, support needs and medical histories was kept secure.

Good

Is the service responsive?

Our findings

People and their relatives confirmed people received care that was responsive to their needs. People's comments included, "I'm always asked if there is anything I want and I wouldn't have to ask twice for anything" and "I am very happy here if I want something and they don't have it they sort it for me".

People had individualised care plans that detailed the care and support people needed; this ensured that staff had the information they needed to provide consistent support for people. People's care plans were developed from the initial assessment process and reviewed every month or as the persons needs change. Although some people we spoke with could not always recall being involved in the planning of their care, it was evident from the information we reviewed that they and their relatives had been involved in the assessment of their needs and the development and review of their care plans. People who were able to talk with us and their relatives told us that they had been involved in developing the care plan. One relative said, "I try to attend [reviews] but we do live a fair distance away do it's not always possible. [Name of registered manager] always phones me to update me if there have been any changes". Care plans we reviewed were person centred, informative and provided staff with enough information to care for people in the way they preferred.

There was information about people's lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff, which ensured staff remained up to date with people's care needs.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, information in large print and large pictures on people's room doors to help identify their room. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The service did not employ an activities co-ordinator and daily activities were delivered by the staff on duty which helped to reduce the risk of social isolation. One member of staff told us, "We have activities planned for every day but we let the activities be led by the people who live here. People living here have very different needs so we try to cater for all. We have quizzes, pampering, board games so we always have something going on. We have outside entertainers [singers] coming in during the week also". One person said, "We do have fun most afternoons doing something. Not everyone joins in as some like to sit outside on the patio. It's usually a 'sell out' though when the singers come in". A relative told us, "They do have lots to do here. Nobody is ever bored I'm sure. They play games in the garden, its shady and cool they enjoy that".

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person said, "I've had a word in the past with the manager over a small issue and it was sorted". A relative told us, "Yes, I would go to the manager with any concerns she's very

approachable". We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the providers complaints policy.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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 and relatives told us the registered manager was visible and available should they need support, advice or guidance. One person said, "[Name of registered manager] is lovely. It [the service] is very good". Relatives told us, "The manager is very approachable. If I had any concerns I would go to her" and "If I had any concerns they would be on that manager's desk. The place is lovely. They [manager and staff] have taken all the worry away from me". Relatives we spoke with all told us they had a good relationship with the registered manager and staff, and were comfortable when holding discussions with them.

Staff also commented positively about the manager. One staff member said, "I think [registered managers name] is a great manager; firm but fair, definitely a hands-on manager who discusses issues and supports us all. I feel we get along well as a team and she is always available". A second staff member told us, "She [registered manager] is a good manager. We have a good bond and we can talk in confidence about anything". A third member of staff added, "I have worked here a number of years and seen many changes but the manager here today is by far the best. She is caring and compassionate and that rubs off on all of us. I love coming to work".

Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

The service worked well in partnership with other organisations such as community nurses and social workers. In answer to the question, "Does the service work in partnership with you"? A GP responded, "Yes, very good communication with usually one of two managers always talking to the GP on the phone and seeing patients with us in the home so continuity of care is excellent".

People, their relatives and staff we spoke with were complimentary about the quality of the service and told us they participated in meetings to enable them to express their views. We reviewed the minutes from team meetings held in July and December 2017 and February 2018. Topics discussed included, infection control, dignity, care planning and teamwork. Staff told us the meetings were valuable and gave both themselves and management the opportunity to 'look at themselves' in how they deliver care at the service. One member of staff told us, "Yes the meetings happen about four times a year. We all get the chance to have our say and management do listen to us and take on board any suggestions that we have".

Meetings were held for people using the service. We reviewed minutes of the last two meeting held in March and July 2018. People were involved in discussions about the food at the home, activities and planning trips out to local pubs and museums. One person said, "We have resident's meetings often but I know that I can go and talk to the manager at any time If I needed too". Relatives were asked to complete a 'How well are we doing' questionnaire twice a year. Comments included, 'Excellent care home', 'Very professional', 'Staff are very approachable' and 'Lovely home. Mum is cared for very well'.

The registered manager had also carried out regular quality assurance surveys where they had sought the views of other health care professionals. We reviewed a quantity of feedback forms which were mostly positive. Comments included for example, 'Always made very welcome', 'The Farmhouse provide an excellent service to its residents', 'Staff are very professional' and 'Staff are very caring and attentive'.

The provider had policies and procedures that were written in line with good practice guidelines and these were regularly updated. The provider was meeting their conditions of registration with CQC. We saw our last inspection rating was displayed so our most recent judgement of the service was known to people and their visitors.

The registered manager was aware of their responsibilities in ensuring that they adhered to relevant legislation and guidance and completed notifications to the Commission when they needed to. They spoke knowledgeably about the duty of candour and how they were required to be open and honest with people when anything went wrong such as in response to complaints.