

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Farthings Nursing Home

Wilson Square, Little Bispham, Thornton-  
Cleveleys, FY5 1RF

Tel: 01253864309

Date of Inspection: 14 December 2012

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Westlive Limited
Registered Manager	Ms. Sheena Cook
Overview of the service	<p>The Farthings Nursing Home is registered to accommodate 64 people for nursing and personal care. It is a large purpose built building that provides passenger lift access to both floors. There are a number of lounge areas on each floor and dining rooms located on the ground and first floor. There are 54 single bedrooms and five doubles, the majority of which have en-suite facilities. There is a large parking area at the front of the property.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p>

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 14 December 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with stakeholders.

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### What people told us and what we found

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During our inspection we looked at care records and the homes duty rota. We did this to confirm people were well supported and staffing levels were sufficient to meet people's needs. We also spoke with people staying at the home, a visiting relative, several staff members and the manager. The people we spoke with said they were receiving safe and appropriate care which was meeting their needs. They told us the staff were polite, caring and professional when undertaking their work. Comments received included:

"The care provided here is absolutely brilliant. I am convinced my mum wouldn't still be with us if she hadn't moved into the home. I have no worries about her care. I am always updated about her welfare whenever I visit".

"Always plenty of staff around, you never have to go looking for them. I find them all very friendly and caring people".

"This is a very good home. When I moved in I asked them to help me and they have. I can't find fault with anything. The care is excellent, the food is good and we have regular entertainment".

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People using this service were able to express their views and were involved in decision making about their care.

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### Reasons for our judgement

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We looked at the homes assessment procedures and found they were detailed and thorough. This ensured the people being supported were receiving the appropriate level of care to meet their needs. We saw risk assessments had been completed for each person. These identified potential risk of accidents and harm to the staff and the people they support. Clear instructions were in place advising how identified risks should be managed. We noted these were being regularly reviewed to ensure the information was up to date and relevant.

The people we spoke with told us they felt at the centre of planning and decision making about their care. They said they had been consulted and agreed with the level of support being provided.

They told us their assessment had been very thorough and they had felt fully involved in the whole process. They said their views about how they wished the support to be delivered had been listened to and was being respected. We were told they were happy with the support they were receiving.

One person said, "I knew the quality of care was good when I decided to move into the home. I have been very satisfied. They take the time to listen to you".

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People using the service experienced safe, appropriate care and support to meet their identified needs.

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**Reasons for our judgement**

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People we spoke with during our inspection said they had discussed their care needs with the manager before they moved into the home. They told us their views about how they wished their support to be delivered had been listened to and respected. One person told us they couldn't have chosen a better home and wouldn't hesitate to tell people how good it was. Comments received included:

"This is a very good home. When I moved in I asked them to help me and they have. I can't find fault with anything. The care is excellent, the food is good and we have regular entertainment".

"The care provided here is absolutely brilliant. I am convinced my mum wouldn't still be with us if she hadn't moved into the home. I have no worries about her care. I am always updated about her welfare whenever I visit".

We found care plan records being completed by staff members were up to date and being kept under review. We noted these described the daily support people were receiving and the activities they had undertaken. Visits to the General Practitioner and other healthcare professionals had been recorded. We also noted regular contact was being made with family members updating them about their relative's welfare.

During our inspection we observed staff interactions with the people in their care. This helped us assess and understand whether people using the service were receiving care that was meeting their individual needs. We saw staff being responsive and attentive. This confirmed people who required support with their personal care were being treated with respect and dignity.

The people we spoke with told us they were happy with the care and support being provided. They said they were being well looked after and their welfare and wellbeing was being promoted. We saw people being cared for in bed had been provided with a special mattress that was suitable for the relief of pressure and prevention of pressure sores. They looked comfortable and well cared for and were observed receiving their care from attentive staff. Records being completed by staff members described the food and fluid intake being given. We also saw records confirming the daily support people were receiving including turning charts for people who required pressure relief.

People told us they enjoyed the food provided by the home and there was always plenty of variety and choices available. We observed lunch being served in a relaxed and unhurried manner. Staff members were seen being attentive to the needs of people who required assistance.

During our inspection we contacted the local primary care trust's continuing care and adult social care contracts monitoring teams. The continuing care team told us they had visited the home recently. They said they had identified some concerns with the management of one person's diabetes. When we visited we found the issues raised had been resolved.



**People should be given the medicines they need when they need them, and in a safe way**

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**Our judgement**

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The provider was meeting this standard.

Procedures were in place for people's medicines to be handled safely.

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**Reasons for our judgement**

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We looked at a sample of medicines and records for people living at the home. We also looked at systems for the ordering, administering, safekeeping, reviewing and disposing of medicines.

Only nurses who had been trained and assessed as competent were allowed to handle and administer medicines within the home. Having well trained staff helps to protect people from the risk of being given their medicines incorrectly.

Medication practices observed during the inspection appeared safe and good records had been maintained. This confirmed people had received their medicines as prescribed by their doctor.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

The staffing levels deployed at the home were sufficient to meet the needs of the people in their care.

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### Reasons for our judgement

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We looked at the homes duty rota, observed care practices and spoke with people being supported. These confirmed staffing levels were sufficient for the number of people staying at the home. We saw staff were able to provide personal care in a timely unhurried way. We observed that people looked happy with the care and support they were receiving. We saw staff members were responsive to the needs of the people they were supporting and were kind and patient.

People we spoke with said the staff were available when needed and they were happy with their care. Comments received included:

"Always plenty of staff around, you never have to go looking for them. I find them all very friendly and caring people".

"My daughter chose this home for me having looked around several others. I have been very happy with her choice. The staff are friendly, caring and responsive if you need them. I never have to wait long if I call for help. If they are busy they call in to tell you they will soon be with you".

The staff members we spoke with told us they were happy with staffing levels. They told us they worked well as a team and supported each other.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

People who used the service were confident their comments and complaints would be listened to and acted upon.

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**Reasons for our judgement**

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The home had a complaints procedure which was explained to people on their admission. The people we spoke with told us they were aware of how to make a complaint and felt these would be listened to and acted upon. Comments received included:

"If you have any concerns they listen".

"They talk to you not at you. I am very happy with my care. The staff are not just helpers they are carers".

"They listen to us".

At the time of this inspection no complaints had been referred to the Care Quality Commission.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.



## Contact us

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