

Mrs R Hind

# Faversham House Nursing Home

## Inspection report

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16 November 2023

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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

### About the service

Faversham House is a nursing home in the Urmston area of Trafford, Greater Manchester. Accommodation is provided in single and double rooms spread over 2 floors, with access to the upper floor provided by a passenger lift. Faversham House Nursing Home is registered to provide nursing and personal care for up to 20 people. At the time of our inspection there were 20 people living at the home.

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

People and relatives were complimentary about the service and were very happy with the care and support given at Faversham House Nursing Home. There were effective safeguarding systems in place. Staff understood how to recognise signs of abuse and were aware of their responsibility to raise concerns should they arise. There were enough suitably qualified staff working at the service to meet people's nursing and care needs and robust staff recruitment practices were in place. Medicines were stored, managed and administered safely. The home was clean and well-maintained and staff followed good infection control practices.

Staff had received appropriate training and supervision and nurses maintained their clinical skills. Staff were encouraged to take additional qualifications to enhance their roles. People were complimentary about the food and were provided with a balanced diet. People were helped to maintain their health, and referrals to specialist professionals for advice and support were made when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind, caring staff who respected their privacy and dignity and helped them be as independent as they could. People were helped and encouraged to maintain relationships with family and friends and to engage in meaningful activities.

People were supported with care that was person-centred. Leaders were visible and experienced; they promoted a positive staff culture in the service which helped achieve good outcomes for people. Quality assurance systems ensured all aspects of the service were reviewed and checked regularly. There was a system for dealing with any complaints, although none had been received recently.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 23 November 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Faversham House Nursing Home

## **Detailed findings**

## Background to this inspection

### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

Faversham House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Faversham House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 November 2023 and ended on 23 November 2023. We visited the service on 13 and 16 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We gathered feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked around the home and observed how staff interacted with people. We also observed the lunchtime meal. We spoke with 5 people who used the service and 2 relatives about their experience of the care. We emailed a further 2 relatives for their feedback. We spoke with the registered manager, 2 nurses and the holistic therapist. We emailed 5 care staff a short questionnaire for their feedback about the service. We reviewed a range of records. This included 3 people's care records, medicine administration records and 2 staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection. These included audits, training and supervision records and checks of the equipment.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment. Staff were aware of the risks of abuse the signs to look out for and who to report any concerns to.
- People and their relatives told us they were happy living at Faversham House Nursing Home and felt safe. One person told us, "I feel safe here because there are always staff about if you need them. I use my call bell all the time and the carers come reasonably quickly."
- The registered manager understood their responsibility to report any allegations of abuse or neglect to the local authority and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Risk assessments were in place to help staff minimise risks to people, such as the risk of falls or choking.
- People at an increased risk of skin damage had pressure relieving mattresses and cushions to protect them from developing pressure ulcers.
- Annual servicing of the equipment was up to date and regular maintenance checks of the building and equipment had been completed. This included regular checks of the home's fire safety system. The local Fire and Rescue Service had recently carried out a routine inspection of the building. Minor recommendations had been actioned.

Staffing and recruitment

- There was a stable staff team, with enough staff with varying skills on duty to provide the care and support people needed. As the service provided complex nursing care, there was always a nurse present.
- The provider's recruitment process was robust and included the necessary checks that ensured candidates were suitable to work in the care sector.

Using medicines safely

- Medicines were managed safely by qualified nurses.
- Medication Administration Records (MAR) were completed accurately to show medicines were administered as prescribed.
- Protocols were in place for staff to follow when people received 'as needed' (PRN) medicines.
- Nurses had been trained to give medicines in a variety of ways, such as through a syringe driver, peg tube (tube into a person's stomach) or via patches.
- Where people were prescribed medicines to be given at specific times to relieve symptoms of their medical condition, these were given correctly.
- Regular medicines audits were carried out to monitor standards and safety.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- In line with current government guidance, visits to the service were unrestricted and people were welcome at any time.
- A recent inspection by the food standards agency had awarded the home the highest award of 5 stars for food hygiene.

### Learning lessons when things go wrong

- There was an up-to-date accidents and incidents policy in place. The staff and management team reported, investigated and learnt from accidents and incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A thorough assessment of people's care, support and nursing needs was completed prior to their admission to the service. This information was used to device care plans and risk assessments and establish what care and support people needed.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and knowledgeable.
- All staff completed regular training and received supervision. New staff completed an induction programme.
- The qualified nursing staff were proficient at carrying out a range of nursing tasks and provided support to the care staff. They were supported to develop and maintain their clinical skills and knowledge.
- People told us they felt staff were well trained. One person said, "The staff are so good at moving me about. I am hoisted at all times. There are always 2 staff and I never feel at risk of being dropped or anything." Another said, "The staff are really well trained here."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a good diet and fluid intake. Everyone we spoke with was very complimentary about the quality of food. One person said, "The food is brilliant. It's like living in a hotel." Another person said, "The food is excellent. It's always cooked well and served hot."
- There was a pleasant atmosphere throughout the lunchtime meal we observed. Staff were attentive, friendly and alert to people's needs. Good quality freshly prepared food was provided and plenty of drinks were served throughout the day. Alcoholic drinks were available.
- People's nutritional risks had been assessed. Staff supported people with special diets, for example pureed food for those at risk of choking. Nurses were competent at supporting people to receive their nutrition through a percutaneous endoscopic gastrostomy [PEG] tube. This is a tube that is inserted into a person's stomach, when they are unable to take food and fluids orally.
- People were weighed regularly, and advice was sought from health professionals if people lost weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals when needed. Staff made appropriate referrals when people's health needs changed and followed any guidance and recommendations provided.
- People were happy with the way the service monitored their health. They told us if they needed a doctor

or any health professional, they were called quickly, and their families were informed.

Adapting service, design, decoration to meet people's needs

- There was a homely environment, and the home was appropriately adapted with specialist equipment and decorated to meet people's needs. People were encouraged to personalise their bedrooms with their own belongings.
- There were several communal areas, including two lounges and a large conservatory which provided comfortable places for people to sit and socialize.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed appropriate legal authorisations, or the applications for, were in place to deprive a person of their liberty.
- We heard staff asking people for their consent before assisting them and saw people were supported to make their own choices where able.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. All the people we spoke with could not speak highly enough of the staff. One person told us, "The girls are very kind and caring. I need a lot of assistance, but they never make me feel I am a nuisance. They assist me showering and always treat me with dignity." Another person said, "The staff are brilliant, they are kind, patient, up for a laugh and always ready to go the extra mile."
- A relative told us by email, "Faversham House staff are fabulous caring people and a credit to their profession."
- Staff were observed to support people carefully and patiently. We watched several people being moved using a hoist. Staff were competent and efficient and put people at ease during the procedure.
- Staff received training on equality and diversity and worked to ensure people were not discriminated against.

Respecting and promoting people's privacy, dignity and independence

- Staff valued people's privacy. Some people in the service shared bedrooms. One person told us, "I am in a shared room with (name). We have shared from day 1. This is not a problem at all; we have a privacy screen if we want to use it."
- Staff understood the importance of helping people remain as independent as possible. During our inspection we saw how staff put this into practice. For example, 1 person was given adapted cutlery to enable them to eat their meal more easily and remain independent. Another person, who had poor eyesight, was helped by a member of staff, who cut up her food and said, 'veg at 3 o'clock, potatoes at 9 o'clock'. This enabled them to eat their meal independently.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views so that staff understood their preferences and choices. This included where people were unable communicate verbally.
- Everyone we spoke with said they had choices over their day, such as when to get up and go to bed. One person told us, "Yes staff do ask me what I'd like to do [in terms of daily activities and support] during the day."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well. Care plans were detailed and provided staff with guidance and information about how people wished to be supported.
- People and relatives spoke highly of the care. One relative told us, "It's a good nursing home. I'm really pleased he's here." Another said, "(Name) has thrived since he came here."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships with families and friends where they wished to. For example, staff helped people use technology to 'phone or send messages. Staff understood the importance of nurturing personal relationships. For example, we were told how staff helped people buy and send cards for Valentine's Day and birthdays and arranged anniversary and birthday meals.
- There was a varied programme of activities at Faversham House based on people's choices and preferences. This included 'in house' activities such as quizzes and games, films and 'take away' nights and trips out to local pubs, shops and the local Age UK for lunch. People told us they enjoyed the activities. One person said, "I take part in all the activities I can. I go to the pub for a pint and like going into Urmston shopping. Sometimes we go further afield on a minibus, last time it was on a canal trip." Another person commented, "I take part in the quizzes and the bingo with some help from the staff. I get taken to the cinema if I find out there is a film I want to watch. I like going to the pub for a nice pint of Guinness."
- The service employed a holistic therapist to provide Reiki (a type of relaxation) and massage and support with one-to-one activities.
- Regular holy communion services were held for people who had a Christian faith. We were told there was no one currently living at the home with a non-Christian faith.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew people well and were knowledgeable about how they expressed themselves. We observed that staff took time to listen and engage with people.
- Some people were unable to communicate verbally. Staff had developed ways to ensure these people

could express their needs, such as through using an ipad, alphabet boards or notepads and through recognising their facial expressions or body language.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they had any concerns. However, no one had any cause to complain about the service. One person told us, "I would recommend this home to anyone, they treat me so well, they are like my family." Another said, "I would definitely recommend this home. Good food, nice and warm and wonderful staff."

End of life care and support

- Details for people's end of life wishes were included in their care plans where appropriate.
- Staff were knowledgeable and competent at providing end of life care. We received some very complimentary feedback about how staff had supported people at the end of their lives.

# Is the service well-led?

## Our findings

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

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

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

- There was a positive, person-centred culture within the service, which helped to achieve good outcomes for people. Everyone we spoke with praised the home and its staff.
- The registered manager promoted respectful teamwork. Staff communicated well with one another to ensure people's care needs were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager provided experienced leadership to her staff team and clearly demonstrated they had the skills and knowledge to provide a consistently well-led service.
- Staff were clear about their roles and responsibilities. There were suitable policies and procedures in place regarding good practice, guidance and legislation. Staff completed training and nurses kept their clinical skills up to date.
- The registered manager promoted staff development by encouraging staff to achieve additional qualifications, such as the Care Home Assistant Practitioner (CHAPs) training and the Nurse Associate qualification.
- There were effective systems in place to monitor the quality of care, documentation and the environment and equipment. These ensured the registered manager and senior staff continually monitored standards and looked at how improvements could be made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had the opportunity to share their opinions about the service in team meetings, staff supervision meetings and through the managers 'open door' policy. We observed an open culture within the staff team.
- Staff spoke highly of the management team and told us they felt valued at work. Comments included, "It's lovely place to work" and "Faversham is a home from home second family. I love my job and enjoy coming to work."
- The service worked collaboratively with the local authority and healthcare professionals to promote the well-being of people living at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities in relation to the duty of candour and acted with openness and transparency.
- The registered manager had kept the CQC informed of accidents and incidents that had taken place in the service.