

Mr & Mrs P Post and Mr K G Post

Favorita House Residential Home

Inspection report

28 Canterbury Road
Herne Bay
Kent
CT6 5DJ

Tel: 01227374166
Website: www.favorita.co.uk

Date of inspection visit:
07 January 2020

Date of publication:
07 February 2020

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

Favorita House is a residential care home providing personal care to 12 older people and people living with dementia at the time of the inspection. Favorita House accommodates up to 16 people in one adapted building.

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

People felt safe at Favorita House. They were treated with dignity and respect and their lifestyle and equality needs and choices were understood and respected. People had privacy.

People were protected from the risks of harm and abuse and any concerns they or staff had, were listened to and acted on. Risks had been assessed with people. People had agreed ways to support them to remain independent and safe.

Staff supported people to remain healthy. People were offered a balanced diet which met their needs. People's medicines were managed safely. The building was clean, and people were protected from the risk of infection.

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 had planned their care with staff and were supported to maintain their routines. They were encouraged to take part in a range of activities they enjoyed. People had been invited to share their end of life preferences and these had been followed.

The registered manager had oversight of the service. Regular checks were completed on the quality of care people received. People, their relatives, staff and visiting professionals were asked for their views of the service. These were listened to and acted on to improve the service.

The registered manager understood their legal responsibilities and had shared information with us and others when they needed to.

There were enough staff to support people when they needed. Staff had the skills they required to care for people and were supported by the management team. Staff were recruited safely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 6 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Favorita House Residential 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 Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

Favorita House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care

provided. We spoke with six members of staff including the provider, registered manager, deputy manager and care workers. We also spoke with a visiting health care professional.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Favorita House.
- Staff had completed training and knew about different types of abuse. They were comfortable to report any concerns to the management team. Staff knew how to blow the whistle outside of the service if they needed to.
- The registered manager had discussed any concerns about people's safety with the local authority safeguarding team. When necessary action had been taken to prevent incidents occurring again. □

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed with them. They were supported to take risks when they wanted to. For example, one person used a small safety rail to give them confidence in bed.
- Staff followed guidance about how to reduce and minimise risks to people. People told us they felt safe when staff supported them, including when they used the stair lift.
- The risk of people falling had been assessed and reviewed. People were supported to use mobility aids safely. Staff prompted people to stand up safely. They gave them step by step guidance and placed a reassuring hand on their back.
- Accidents and incidents were recorded and analysed to identify any patterns and trends. No patterns had been noted. People who had fallen had been referred to the falls team for support.
- Risks relating to the building had been assessed and regular checks were completed to ensure action taken to mitigate risks remained effective. Staff were confident to keep people safe in an emergency.

Using medicines safely

- People received their medicines when they needed them and in the way they preferred. Staff followed guidance about people's when required pain relief. People were offered this regularly and were reminded what it was for.
- Safe systems were in operation to order, receive, store, administer, record and dispose of people's medicines. Regular medicines checks were completed. Any shortfalls were addressed promptly, and action taken to make sure they did not occur again.
- Staff were competent to administer insulin and people did not have to wait for the community nurse to visit. People's blood sugar levels were monitored, and staff knew what was usual for them. Staff contacted the diabetic nurse for any advice and guidance they needed.
- Staff completed regular medicines management training. Their competency to manage medicines safely was assessed each year.

Preventing and controlling infection

- The service was clean and odour free. The registered manager regularly checked the cleanliness of all areas of the service.
- Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.

Staffing and recruitment

- There were enough staff to meet their needs. The registered manager considered people's assessed needs when deciding how many staff to deploy on each shift. People told us staff were there when they needed them and attended promptly if they used the call bell.□
- Staff knew people well and responded to their requests for support quickly.
- Staff were recruited safely. Checks on staff's character and previous employment including dates of employment and reasons for any gaps in employment had been obtained.
- Criminal record checks with the Disclosure and Barring Service had been completed.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The registered manager met with people and their relatives to discuss their needs and wishes before they began to use the service. They used this information to make sure staff had the skills to meet people's needs.
- People and their relatives had been asked to share information about people's lives before they moved into the service. This helped staff get to know them and understand what was important to them.
- People were given the opportunity to share information about any protected characteristics under the Equality Act, such as race and gender.
- People's needs had been assessed using recognised tools, such as to understand their risk of developing pressure ulcers.

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

- People were supported to eat and drink enough. People told us they liked the food at the service and their needs and preferences were catered for. One person told us their lunch was "Delicious" and everyone told us they had enjoyed their lunch.
- People were involved in planning the menu. Lemon drizzle cake had been added to the menu to at people's request. Food was prepared to reflect peoples' individual needs and preferences. When people wanted an alternative, these were prepared for them.
- All of the meals and cakes were home-made. People were offered fresh vegetables and fruit daily.
- People who were at risk of losing weight were referred to the dietician and their advice was followed. Staff followed recognised best practice guidance, and everyone was offered food fortified with extra calories.

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

- Staff monitored people's health and referred them to relevant health professionals when their health needs changed. Relatives told us they were always informed of the outcome of any consultations.
- People were supported to attend appointments by their family or staff. This gave people reassurance and supported them to share information about their health. One relative told us when they accompanied their loved one to an appointment staff made sure they had everything the person needed.
- The registered manager had worked with health care professionals to develop 'anticipatory care plans' for people. This was to avoid people becoming unwell and needing to go into hospital. Plans contained guidance about how to identify and manage health concerns people may experience, such as regular infections. This had been effective, and people had only been to hospital when it was unavoidable.

- A podiatrist told us the staff were "Brilliant". They had worked as a team and staff always followed their advice. The treatment for one person had been effective and the person no longer required treatment. People had access to health professionals such as dentists and opticians. They were encouraged to be active and lead as healthy life as they wanted.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had assessed the risk of people being restricted and needing a DoLS authorisation. No one needed a DoLS at the time of our inspection. The registered manager knew how to apply for one if it was required.
- People were not restricted and were free to move around the building and garden. People were supported to go out. Some people went on their own while others preferred to be supported by staff.
- People's capacity to make specific decisions had been assessed. Staff offered people choices in ways they preferred, such as showing them items. They gave people time to consider their answer before responding.
- The registered manager knew how to make sure decisions were made in people's best interests when they were not able to make a decision. Staff had made best interest decisions with people's families and community nurses about the use of bedrails.

Staff support: induction, training, skills and experience

- Staff had the skills they required to meet people's needs. We observed staff supporting people in the way they preferred.
- New staff completed an induction which included shadowing experienced staff to get to know people. Their competency to support people was assessed during the induction. Staff who had not worked in care before completed the Care Certificate. This is an identified set of standards that staff are expected to adhere to in their daily working life.
- Staff completed training appropriate to their role including topics specific to the needs of the people they support such as diabetes and insulin administration. Most staff held recognised qualifications in social care.
- Staff met with a supervisor regularly to discuss their practice and development and had annual appraisals to review their achievements. Training was arranged for staff to meet identified areas for development.

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

- The building had been designed and decorated to meet people's needs. People told us it was always warm and cosy.
- All areas of the building and garden were accessible to people. People spent time in the garden in warmer weather.
- People were encouraged to decorate their bedrooms with personal items, such as pictures and ornaments.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff treated people with kindness and compassion.
- Staff knew people well and spent time chatting with them about things they enjoyed. People and staff were relaxed in each other's company and enjoyed chatting together. We observed people and staff laughing together.
- People had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected. People were able to choose the gender of staff who supported them.
- Staff spoke with people and referred to them with respect. They described people in positive ways. Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people.

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

- People and their relatives had been asked about their lifestyle choices and these were respected. For example, some people told us they preferred to spend their time in their bedroom. Staff respected people's decision. They informed people of events and activities they may wish to attend and visited them regularly to make sure they were not isolated.
- Staff supported people when they were anxious. For example, one person was concerned they did not have money to pay for the paracetamol they were offered. Staff told them it was their medicine and they did not have to pay. This reassured the person who took the medicine they required.
- People were supported to continue to practice their faith. Representatives from different churches visited. People were able to spend time with them alone or in groups.
- People who needed support to share their views were supported by their families or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible and do things for themselves. People were in control of their care and staff only supported them when they needed it.
- People were treated with dignity. For example, when a person stood up, staff asked the person if they wanted help to straighten their clothes.
- People had privacy. Staff knocked on doors before they entered and left people in private when they wanted. People were able to lock their bedroom door and hold a key if they wanted.
- The provider and staff knew about the General Data Protection Regulations and kept personal,

confidential information about people and their needs safe and secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and their relatives had planned their care with staff, including how they preferred to be supported. People told us staff followed their wishes and only provided their care in the way they wanted. One person told us they liked to soak in the bath. They had arranged with staff to have their baths in the evening when there was more time for them to have a soak.
- Staff knew people's likes, dislikes and preferences, such as their routines and supported them to continue with these. People told us they got up and went to bed when they wanted. One person told us staff supported them to follow their daily routine, which included breakfast in their bedroom and joining activities in the lounge.
- People were fully involved in their care. For example, one person liked to bath three times a week and staff supported them to do this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service was accessible to people, such as large print documents and photographs.
- A hearing loop had been installed. People found this improved the effectiveness of their hearing aids.

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

- People enjoyed a variety of activities at the service and were supported by staff and volunteers. Some people enjoyed knitting and a volunteer held a weekly knitting group. People had knitted a Christmas post box with decorations and used this to send cards.
- There was a weekly schedule of activities, which was flexible to people's wishes and preferences each day. People enjoyed playing a game with a ball which had questions printed on it. The questions were about people's life history, likes and dislikes. When people caught the ball, they choose a question and told everyone the answer. This supported people to chat and share experiences. Staff used the game to get to know people better.
- People had planned outings and enjoyed local events. People who wanted had been to see the local Christmas lights, which they enjoyed.
- People were supported to remain in contact with their friends and relatives. Visitors were able to visit when people wanted and told us they always felt welcome. One relative told us. "I have always been treated

with respect and kindness". Visitors were encouraged to spend time with their loved one doing things they enjoyed, such as listening to music. One relative had complimented the staff saying, 'From the word go I was made to feel welcome. I can't thank [the registered manager] and staff enough for the way they have looked after my love one'.

End of life care and support

- People and their relatives had been given the opportunity to discuss their end of their life preferences and these were recorded. People who wanted, they were supported to remain at the service at the end of their life.
- Staff knew people's cultural and religious preferences and ensured these were respected. For example, contacting the local priest if someone wanted the 'Last Rites'.
- People had been supported to make advanced decisions such as not to have cardiopulmonary resuscitation with their relatives and health care professionals. Staff planned people's care with their GP and community nurses at the end of their life. Pain relief and other end of life medicines were in stock before they were required. Staff contacted the community nurses quickly when people needed advice.
- The registered manager arranged for staff to stay with people at the end of their life if their family was not able to. People were able to choose the staff member when they had a preference.

Improving care quality in response to complaints or concerns

- People and their relatives were confident to raise any concerns they had with the registered manager.
- The registered manager encouraged people to tell them about day to day issues. This was so they could be resolved before they became a complaint.
- A process was in place to receive, investigate and respond to complaints. A copy of the complaint's procedure was available in an easy to read format. □
- One complaint had been received. This had been fully investigated by the provider and a comprehensive response had been sent to the complainant.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The provider had a clear vision of the service which included supporting people to remain independent and treating them with dignity and respect. The registered manager and staff shared this vision.
- The registered manager had worked at the service for a long time and knew people and staff well. They were supported by the provider and a deputy manager.
- Staff were motivated and worked as a team to provide people's care. Staff told us they would be happy for a member of their family to receive a service at Favorita House.

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 provider and registered manager had a good understanding of the duty of candour requirements. People had received an apology when things had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt supported by the registered manager and deputy manager. One staff member told us they were supported to complete training by the deputy manager. They commented, "They will draw the answer out of me if I know it or explain if I didn't". Staff were informed of any changes at the service in daily hand over meetings and regular staff meetings.
- Staff were aware of their responsibilities and were held accountable.
- The provider had conspicuously displayed the Care Quality Commission quality rating in the entrance hall and on their website, so people, visitors and those seeking information about the service were informed of our judgments.
- We had been notified of significant events, such as injuries and safeguarding concerns and the action taken to prevent similar situations occurring again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt involved in the running of the service and their suggestions were listened to. For example, people had requested to see the local carnival and had been supported to do this.
- People were asked for their views at residents meeting with the activities coordinator. The registered manager did not attend these meeting in case their presence deterred people from sharing concerns.

Meeting records showed people were consistently happy with the service they received.

- People's relatives and other visitors including professionals and volunteers completed surveys and had shared positive feedback about the service. One volunteer had commented, 'The immediate feeling I have when I enter is warm and friendly, I am always made welcome. It is obvious the relationship between staff and residents is caring and loving'.
- Staff were encouraged to share their views and suggest improvements at staff meetings and supervisions. They told us they were confident to make suggestions at any time and these were listened to and acted on. One staff member told us how they had suggested an aid to help someone eat more independently. The registered manager had encouraged the staff member to try the aid and it had been successful.

Continuous learning and improving care

- Effective systems were in operation to continually monitor the quality of the service and address any shortfalls.
- The registered manager and deputy manager completed monthly checks on all areas of the service. This highlighted any areas for improvement, such as any maintenance works. Action plans were agreed, and the registered manager kept them under review to make sure actions did not slip.

Working in partnership with others

- The registered manager worked with others to continually improve the service and keep up to date with good practice. They worked with a clinical nurse specialist for older people to improve their knowledge and skills.
- Staff had an open and transparent working relationship with the local authority safeguarding team. They were confident to call the team to discuss any concerns they may have.