

Woodlands & Hill Brow Limited

# Farnham Mill Nursing Home

## Inspection report

Farnham Mill Lane  
Farnham  
Surrey  
GU9 9FN

Tel: 01252968000

Website: [www.farnhammillnursinghome.co.uk](http://www.farnhammillnursinghome.co.uk)

Date of inspection visit:  
06 July 2021

Date of publication:  
06 August 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Farnham Mill Nursing Home provides personal and nursing care for up to 65 older people, including people living with dementia. The home is purpose-built and provides accommodation over three floors. There were 58 people living at the home at the time of our inspection.

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

There were enough staff on each shift to meet people's needs. People received their care from staff who knew them well and had the training they needed to provide safe care.

Any risks involved in people's care were recorded and plans were developed to mitigate them. Lessons were learned from adverse events. Accident and incident records were analysed, and measures put in place to reduce the risk of a similar incident happening again.

The provider's recruitment procedures helped ensure only suitable staff were employed. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had.

Medicines were managed safely. Measures were in place to minimise the risk of infections.

The provider's quality monitoring systems helped ensure people received safe care. The management team and staff communicated important information about people's needs effectively. People's care records were accurate and up to date.

People and their relatives told us their views about the service were listened to. Relatives were encouraged to be involved as partners in their family members' care.

The provider ensured relatives were kept informed about their family members' wellbeing during the COVID-19 pandemic. The provider had also considered the effect on staff of the pandemic and put support mechanisms in place.

Staff were well supported by their managers and worked well as team to meet people's needs.

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.

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 14 August 2019.)

### Why we inspected

We received information of concern in relation to staffing levels and the way in which staff were managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern or that staff were not adequately supported by the management team. Please see the safe and well-led sections of this report.

### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Farnham Mill 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 Care Act 2014.

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

Three inspectors carried out the inspection. One inspector reviewed additional documentary evidence off-site.

#### Service and service type

Farnham Mill Nursing Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before 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 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 lived at the home and six relatives. We spoke with nine care and nursing staff, the registered manager, the deputy manager, the HR manager, the director of care and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed the support people received from staff and whether staff were available when people needed care. We reviewed six people's care records, including their risk assessments and support plans. We looked at accident and incident records, quality monitoring systems and the arrangements for managing medicines.

After the inspection

We reviewed further evidence sent to us by the provider, including health and safety records and evidence of communication with relatives. We spoke with a professional who had recently visited the home.

# 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.

### Staffing and recruitment

- There were enough staff on each shift to meet people's needs. People told us they did not have to wait for care when they needed it. One person said, "Staff come when I need them." We observed that staff responded quickly when people needed support during our inspection.
- Relatives confirmed there were sufficient staff on duty when they visited. One relative told us, "The staff are always busy, but they get the job done." Another relative said, "I can't comment about at night but there are always enough staff during the day."
- Relatives told us that, if they visited at weekends, they observed that staffing levels remained sufficient and that management support was also available. One relative said, "Weekends are busy for staff, but the care given is no different from the weekdays." Another relative told us, "There's always a director here, even over the weekend, and they come in at night, too."
- Staff told us some shifts were busier than others, for example in the morning when people needed support to get up and ready for the day, but said there were always enough staff on duty to keep people safe. One member of staff told us, "First thing in the morning, [people] can wait a little sometimes but if we explain to them, it is OK, they do not mind waiting a few minutes." Another member of staff said, "We seem to have some people with higher dependencies at the moment, and this has added a bit of pressure to our work, but we manage."
- Staff told us their managers supported them to provide people's care at busy times to ensure people's needs were met. One member of staff said, "We have enough staff. Of course, some days are busier days than others, but the management team will come on the floor if we need them." This was confirmed by the deputy manager, who told us, "They have said they are struggling sometimes. That's where [registered manager] and I will step in and help on the floor."
- The provider did not use agency staff, which meant people received their care from consistent staff who knew them well. The director of care said, "We never use agency [staff]. They are fine as individuals, but they don't know our residents. We train all our staff to the same level, which has been very beneficial during the pandemic."
- The provider's records demonstrated that staff were recruited safely. This included obtaining proof of identity, proof of address, references and a Disclosure and Barring Service (DBS) certificate for prospective staff. DBS checks help employers in health and social care make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- Assessments had been carried out to identify any risks involved in people's care and plans had been developed to mitigate these. Risk assessments were reviewed regularly to take account of any changes in needs.
- Risks identified through assessment had resulted in referrals to healthcare professionals, such as speech

and language therapists, where necessary for specialist advice and input. Where professional guidance had been provided, for example about the support a person needed to eat, this was included in people's care plans.

- Staff encouraged people and their relatives to be involved in the development and review of their risk assessments. A member of staff told us, "I update the risk assessments every month and always with a family member or advocate where there is one, since they are the ones who really know the person. They must be person-centred."
- Relatives were confident that staff identified any risks to their family members' health or wellbeing and took action to minimise these. One relative told us, "[Family member's] weight was dropping but this is being monitored now and I am kept informed of how this is going." Another relative said, "I have been very reassured by the level of concern and care shown towards [family member]. Every member of staff knows what they are doing, and they remind each other if something needs doing."
- Staff knew the people they cared for well and had the training they needed to provide safe care. They were able to describe to us the individual risks people faced and how to mitigate these. For example, staff explained they needed to reposition people who were unable to move themselves to reduce the risk of pressure damage. We observed that staff supported people in a safe way, for example when using a hoist to transfer or when eating and drinking.
- The provider maintained appropriate standards of health and safety at the home. This included testing the fire alarm system and emergency lighting regularly and carrying out a fire risk assessment for the home. Fire drills took place regularly and each person had a personal emergency evacuation plan (PEEP), which detailed the support they would need in the event of an evacuation.
- Records demonstrated that gas, electrical and water safety was maintained. Equipment used in the delivery of people's care, such as profiling beds, adapted baths, hoists and slings, was checked and serviced regularly.

#### Learning lessons when things go wrong

- There were systems in place to ensure learning took place if adverse events occurred. Accidents and incidents were reviewed to identify measures that could be taken to reduce the risk of a similar incident happening again.
- We saw evidence that the findings of these reviews had been used to improve outcomes for people. For example, falls analysis had identified a correlation between people who had contracted COVID-19 during the pandemic and an increased risk of falls. As a result, a COVID-19 rehabilitation programme had been developed, which involved a holistic approach to improving people's health and wellbeing and reducing their risk of falling. The programme addressed areas including mobility, nutrition and hydration and beneficial forms of activity, such as singing.

#### Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training and understood their responsibilities in protecting people from abuse. They were able to describe the different types of abuse people may experience and how concerns should be reported. One member of staff told us, "Safeguarding is about protecting people and anything [inappropriate] we see, we must report. For example, how a member of staff speaks to someone or if they are not using correct moving and handling procedures." Another member of staff said, "We have to protect people from harm and abuse. This is our responsibility."

#### Using medicines safely

- People's medicines were managed safely. There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines stocks and administration records were checked and audited regularly. Staff who administered medicines received relevant training and their competency in medicines



management had been assessed.

- Medication profiles contained information for staff about the medicines people took and recorded any allergies people had to particular medicines. Where people had been prescribed medicines for use 'as required' (PRN), there were clear instructions for staff about how, why and when these should be used.
- Some people had been prescribed covert medication (medicines administered without their knowledge). Where this was the case, there was evidence that an appropriate best interests process had been followed and people's care plans contained guidance for staff about how medicines should be administered.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we made a recommendation about improving care records and quality assurance systems. At this inspection, we found the provider had taken action to improve.

- People's care records were accurate and up to date. The provider had implemented effective quality monitoring systems, which helped ensure people received safe, well-planned care. For example, a recent falls audit identified that people living with dementia were more likely to fall during the early evening. This enabled additional staffing resources to be allocated at this time of day.
- The registered manager carried out regular audits and produced two governance reports each month, which were shared with the provider's senior management team. One of these addressed areas including staffing, training and recruitment. The other was a clinical audit which provided information about infections, pressure areas, hospital admissions and any complaints or safeguarding issues. The registered manager and director of care worked collaboratively to ensure any issues that needed attention were addressed.
- The registered manager also produced a daily handover for the service, which was shared with the provider's senior management team. This enabled the senior management team to respond to any emerging issues or concerns which needed addressing.

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

- The provider had instilled a culture in which people, relatives and staff felt supported and able to speak up. Relatives told us the registered manager and management team set a good example in their interactions with people and their families. One relative said, "[Registered manager] is excellent. You can see she knows all the residents by the way she goes around chatting to them." Another relative told us, "The management are a great bunch. They are always around and interested not just in [family member] but me as well. It wasn't easy in the beginning when [family member] moved in as I was on my own, but their kind words and interest in me has really helped."
- Staff told us managers were approachable and supported the staff team well. One member of staff said, "I like this home because the management is very good and supportive. I can speak with any of them. You feel they are on your side." Another member of staff told us, "If I have a difficulty, [director of care] or [registered manager] will sit down with me and help me do something about it. I am confident to ask if I do not know

something."

- Staff told us they felt valued for the work they did. They said there was a strong sense of teamwork at the home. One member of staff told us, "I like the company as they appreciate when you have done a good job. It is very important to know this. The owners, director of care, deputy and manager will all make sure to tell me." Another member of staff said, "This is a nice place to work. We work as a team. The nurses help; the deputy and manager help, too. Everybody is equal here."

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 understood their responsibilities under the duty of candour and ensured improvements were made if investigations identified these were needed. The registered manager told us, "We share the results of investigations. We are not afraid to say sorry."
- Staff told us they were encouraged to be open and honest if they made a mistake. One member of staff said, "I am never afraid to own up to a mistake. They are all fair." Another member of staff told us, "I feel I wouldn't have to hide anything from them."

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

- People and their relatives told us their views about all aspects of the service were encouraged and listened to. People said staff listened to their views on a day-to-day basis and relatives told us staff and managers were responsive when they contacted the home. One relative said, "I have always found staff to be extremely helpful. I never feel I am too much trouble or a nuisance." Another relative told us the deputy manager had ensured any queries they had about their family member's care were answered. The relative said of the deputy manager, "She was very good; she gave me lots of her time and she knew [family member] well."
- Government guidance during the COVID-19 pandemic had restricted relatives' visits to the home. During this period, the provider ensured relatives were kept informed about their family members' wellbeing through Zoom meetings and regular emails.
- The provider had also considered other ways in which relatives could continue to have contact with their family members. For example, relatives were encouraged to become care partners, which enabled them to see their family members regularly and to remain involved in their care.
- The provider had ensured that support was available to staff during the pandemic. For example, the HR manager regularly contacted staff who needed to self-isolate to check on their health and wellbeing.
- Having recognised that the pandemic had been a challenging time for staff as well as families, the provider had implemented a 'Support and regrowth' programme to promote staff wellbeing. The programme involved culturally diverse mentors from within the staff group being available to staff should they wish to seek support and advice. Staff were also able to obtain support via a dedicated staff portal and the provider's social media platforms.

Working in partnership with others; Continuous learning and improving care

- The registered manager and senior staff had formed effective working relationships with relevant external stakeholders and agencies. They worked in partnership with key organisations to support service development and joined-up care.
- The provider had put additional resources in place where these could improve outcomes for people. For example, a dementia specialist nurse worked with staff to implement positive behaviour support (PBS) for people living with dementia. A relative told us how the nurse's work with staff had improved the care their family member received. The relative said, "[Family member] is not always cooperative with personal care but staff are being supported by a PBS trainer with this, which I am really impressed by."

