

Sentinel Health Care Limited

Fordingbridge Care Home

Inspection report

Station Road
Fordingbridge
Hampshire
SP6 1JW

Tel: 01425333101

Website: www.sentinel-healthcare.co.uk

Date of inspection visit:

31 March 2021

07 April 2021

Date of publication:

13 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fordingbridge Care Home is a residential care home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The service can support up to 60 people. The care home is purpose built with accommodation across three floors.

When we inspected, the service was owned by the provider, Sentinel Health Care. We were informed on the second day of inspection that Sentinel Health Care had been sold to Allegra Care.

When compiling the report, the provider's registration with Care Quality Commission had not been updated to reflect these changes.

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

Staff knew how to alert and record safeguarding concerns and were aware of their responsibility to do so. However, on one occasion, the registered manager had failed to alert serious safeguarding allegations raised with them to relevant agencies.

Risks were assessed and reviewed as required. People had individual risks assessed and generic assessments of equipment were also completed.

Staff were safely recruited, and enough staff deployed to meet people's needs.

Medicines were safely managed. Staff administering medicines received training and regular updates, competence checks were completed annually.

The premises were clean and there were no malodours. We were assured that infection prevention and control was being safely managed.

Learning from accidents and incidents was shared with the staff team to minimise future risks.

Throughout 2020 there had been disruption to the mandatory training, delays happened due to the pandemic. Training records had not been accurately maintained. However, the nominated individual was able to evidence that most staff had attended their mandatory training, or an online alternative. One-to-one supervision of staff had been less frequent or had not happened in 2020. Staff, however, felt well supported as the registered manager had been available should they need to speak with them, and had worked alongside them during the COVID-19 outbreak in the service. Steps had been taken before our inspection to provide staff with regular supervision and a training schedule was planned for 2021.

The registered manager had not reported a significant safeguarding allegation, nor had they spoken with relatives of those people involved to inform them of the concerns. The registered manager is no longer employed at the location. The managing director and nominated individual had taken responsibility for investigating the incidents alongside the local authority and police and had acted promptly and appropriately since they became aware of the concerns.

People were very much at the centre of service provision and we saw caring interactions between people and staff members.

Quality assurance questionnaires and audits informed the provider how well the service was running and of any improvements required.

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

Rating at last inspection

The last rating for this service was good (published 5 September 2019).

Why we inspected

The inspection was prompted due to concerns received about the reporting of, and action in response, to safeguarding concerns. A decision was made for us to inspect and examine those risks. We undertook an inspection of the safe, effective and well-led key questions only.

We found no evidence during this inspection that people were at risk of harm from this concern. 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 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link

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 effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fordingbridge Care 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

The inspection was carried out by one inspector. An Expert by Experience contacted relatives of people living at the service by telephone following the inspection. 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

Fordingbridge Care 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.

At the time of our 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

This inspection was unannounced.

What we did before the inspection

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 reviewed other

information we had received about the service since the last inspection. This included notifications. A notification is sent to Care Quality Commission by registered persons to tell us about significant events that happened in the service. We reviewed statements from relevant persons in an ongoing investigation and the allegations that have been made about safeguarding and not promptly alerting relevant authorities about concerns.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with nine members of staff including the provider, nominated individual, the deputy manager, registered nurses and care workers. We observed staff and people interacting as not everyone was able to speak with us and tell us about their experiences.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at multiple staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and safety documents were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. An Expert by Experience telephoned nine relatives of people living in the service to get feedback about their experience of Fordingbridge Care 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.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the process to alert and record concerns about people that may indicate they are experiencing abuse. Staff had recently approached the registered manager to inform them of safeguarding concerns indicating they were aware of their responsibility towards people in the service.
- The safeguarding incident reported by care staff to the registered manager had not been acted upon. This left the alleged victims at risk of further abuse and the alleged perpetrator still working in the service.
- The nominated individual was made aware of the situation approximately six weeks later and the managing director and nominated individual attended the service immediately to manage the situation. They ensured people were safeguarded and that staff were suspended pending investigation as per Sentinel Health Care policy. Since the involvement of the provider, we have been assured that the service's safeguarding systems and processes are effective.
- Staff were trained in safeguarding and received annual updates as part of their mandatory training.
- Following this incident, signs had been added to all nurses' stations to remind staff that all safeguarding incidents must be reported to the nominated individual as soon as they happened, whether day or night.

Assessing risk, safety monitoring and management

- People's care records showed that risks were assessed and regularly reviewed. Risks such as those to health such as falls, and skin integrity were assessed and met through specific care plans. Personal emergency egress plans (PEEPs) were also in place to inform how best to support people to evacuate the building in an emergency.
- General risk assessments were completed for use of items such as food mixers, laundry equipment, windows, the shredder and accessing the gardens. These were reviewed as required and viewed by relevant staff.
- Some areas of concern noted in an internal health and safety audit in June 2020 carried out by the registered manager had not been addressed and were subsequently raised by an external health and safety auditor. The areas of concern included fire safety notices not being completed, carbon monoxide detectors needing to be reviewed and there being no health and safety poster in the premises. These have since been completed. At the last recorded health and safety audit, completed by the nominated individual, only some staff training records had been identified as a concern. These concerns have been addressed by the nominated individual.
- The premises were safely maintained. Regular checks were made of systems and equipment to ensure that it was fully operational and fit for purpose. This included water safety monitoring, fire system checks, firefighting equipment checks and regular servicing and engineer tests of hoists.
- There was a business continuity plan in place and a COVID-19 plan to ensure that in emergency situations, people would continue to be safely cared for.

- Relatives were assured their family members were safe. One relative told us, "Yes, it is safe there are plenty of staff around and there are no trip hazards. The staff have plenty of time for them and for me. There is no rush either on the phone or in person." Another told us, "Yes, definitely they are safe. They have been there since October 2019 and before that I looked after them at home. They have been great and have got to know the complicated needs. They have great care plans which continually change. They ring me and keep me informed and I ask for all of the little details, I want to know everything!" A third relative told us, "I can tell when we visit that they are safe."
- All relatives spoken with would address any concerns to the registered manager or the senior staff on duty. Most had not needed to raise any concerns but those that had were happy with the outcome.

Staffing and recruitment

- Staff were safely recruited and all Schedule three requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014 had been met.
- Staff told us there were usually enough staff on duty to provide support as needed and when there were staff shortages, additional staff would cover, or the management team would work alongside them.
- We saw enough staff deployed to provide positive, person centred care. For example, lunchtime was relaxed, and people did not have to wait for support, either with getting their meals or with one-to-one feeding.
- Relatives gave mixed feedback about staffing levels, one told us, "Yes, I think there are enough staff, there has always been enough staff to go to the residents aid. The care home seems well staffed at the weekend." Another told us, "I was on my own with quite a few residents in the lounge and no, there are not enough staff." This comment however refers to before visiting was changed due to COVID-19. Some relatives felt unable to comment as it had been a significant amount of time since they were inside the premises as visits had been either in the garden or in visiting pods.

Using medicines safely

- Medicines were safely managed. We reviewed medicine administration records (MAR) and checked stocks of medicines.
- We looked at controlled medicines and the controlled medicines register. Controlled medicines are controlled with stricter safety measures as they can cause serious problems such as dependency or harm if misused. All stock checked was as per the register and was stored securely in a separate controlled medicines cabinet.
- Staff were trained to administer medicines and were familiar with how best to support people with their medicines. Staff competence in the administration of medicines was checked annually.
- Relatives told us they believed medicines were managed safely however not all of them felt they were fully involved or informed about their family members medicines.

Preventing and controlling infection

- The premises were clean and fresh looking, and we saw housekeeping staff throughout our inspection cleaning and sanitising areas.
- Sanitising gel was provided through the building and staff wore personal protective equipment (PPE) appropriate to the task they were engaged with. Staff wore face masks at all times.
- On arrival, all visitors to the service followed entry procedures that included taking a lateral flow antigen test (LFD) or producing evidence of a test taken that day, and confirming they were not experiencing symptoms that may indicate COVID-19. Temperatures were taken and recorded, and names and contact details retained should visitors need to be contacted in the event they were exposed to infection while on site.
- Relatives all told us the home was clean. One told us, "The home is pristine, modern, open and clean." Another relative said, "Yes the home is clean and well maintained. I have seen a cleaner going up and down

the corridor and she goes in and out between visits in the pod."

- 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.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to appropriate agencies. We saw clear records and actions to minimise future reoccurrences had been added to each report.

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. This meant people's outcomes were consistently good, and people's feedback confirmed this. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Staff support: induction, training, skills and experience

- Sentinel Health Care have an induction training package that should be completed by all new staff members. During the pandemic one staff member had not completed an induction. Induction records were blank, and the only training completed in 2020 was moving and assisting. No other mandatory training was completed.
- The same new staff member had participated in one-to-one supervision with the nominated individual twice since the suspension of the registered manager and had clearly stated this was their first supervision. They had not completed their induction however training had been arranged for them.
- A second staff member who had been in post for one year told us they had participated in an induction. They had watched numerous training videos and had shadowed experienced staff for several days until they felt able to work independently. This staff member was new to care work and had completed the Care Certificate. The Care Certificate is set of standards relevant to health and social care staff in their day-to-day work. They were also preparing to complete additional social care training having expressed an interest in diploma qualifications.
- One other staff member told us about their training experiences at Fordingbridge Care Home. They had worked in various roles over several years. They completed an induction when they first commenced in post and each time they changed role, they completed an additional induction covering information new to them.
- We reviewed several staff training records and identified gaps in mandatory training for the year 2020. The nominated individual investigated this for us and, though some courses had not been completed, most had been however training records had not been updated. The nominated individual arranged for records to be updated with completed training.
- Most training courses had taken place during the pandemic. There had been some delays in staff attending training due to the lockdown. Face to face training was arranged as soon as possible, and training took place as usual. The provider made special arrangements for staff members who felt anxious about COVID-19, attending training courses and the possible impact on their family. Online training courses had replaced in-person training for those staff members ensuring they remained working to current best practice standards.
- One-to-one supervision with the registered manager had been less frequent than usual during the pandemic in 2020. We spoke with staff about the support they received during the pandemic, during the outbreak of COVID-19 at Fordingbridge Care Home and at the time of our inspection. Staff told us they felt supported by the registered manager, nominated individual and the managing director of Sentinel, all of whom made time for them when needed. One staff member told us, "I felt supported and could go to the

registered manager for a chat". A second staff member told us, "Yes, I feel supported by management. When you want to develop you get support on that journey, they are accommodating".

- The registered manager had received regular one-to-one supervision sessions with the nominated individual, and we saw records indicating they were coping well with the additional pressures of COVID-19 and they know they could look to the nominated individual for support should they need it.
- The nominated individual had set up a training schedule for 2021 and staff had commenced working on their mandatory training updates. Supervisions had also taken place with the nominated individual, these included learning sets and well-being discussions.
- Relatives were satisfied that staff had received training appropriate to their roles. One Relative said, "I have never doubted that they couldn't do it. They are always clean and tidy, and I have never doubted their qualifications, they are very capable." A second relative told us, "I do think that they have the training to help them physically, to move them and change them safely. They are very careful."

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.

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

- There had been a significant incident not reported by the registered manager to either the local authority safeguarding team or CQC within an appropriate timescale. When we inspected, the incidents were still being investigated.
- The incidents had been reported to the registered manager when they happened by care staff. However, no actions were taken for six weeks, at which point the registered manager advised the nominated individual they were dealing with the issues. Within 24 hours the nominated individual and managing director of Sentinel had safeguarded the situation and launched an investigation.
- The registered manager had not disclosed the allegations made in the above incident to relatives of those involved. Relatives had been informed about the incidents approximately seven weeks after they were alleged to have happened. There was an additional delay in informing them as confirmation was required from the investigating police officer what information could be shared. Non-disclosure of information to relatives meant they were unable to make informed choices about the ongoing care of their family members.
- The registered manager is no longer employed at Fordingbridge Care Home as a result of the concerns around safeguarding. Appropriate arrangements are in place to cover the absence of a registered manager. The nominated individual works at the service several days each week, and a senior registered nurse is covering the managers role.
- The provider had, until the above incident, dealt with safeguarding, accidents and incidents and their responsibilities under the duty of candour effectively and in line with current good practice guidelines.
- There were a range of checks and audits to ensure the service was running safely, and to inform improvements.
- Relatives were satisfied with the management of the service. "It is well managed, they managed COVID-19 very well and they locked down early. They have been very strict on the visits and they did WhatsApp video calls. I am not sure who the manager is, but I do think we've been listened to." "Yes, I do think it is well managed, it is clear that they have procedures and they look after the residents to the best of their ability. The home is clean and well maintained."

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

- People were the focus of the service and the staff team had worked together to provide an effective service

during the COVID-19 outbreak the service experienced. The registered manager, a registered nurse, had worked alongside team members providing hands on care and support to people.

- People were supported to live fulfilling lives by staff who knew them well. We saw kind interactions between people and staff, if people showed signs of distress, staff comforted them and there were fun exchanges also.
- Staff told us that there was good morale within the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- A quality assurance questionnaire was distributed to peoples and relatives and feedback received was acted upon to improve the service. In 2020, due to the pandemic, people were supported by staff to complete the surveys.
- Internal and external audits identified areas of potential concern so remedial actions could be taken to minimise the possibility of problems and make improvements to service provision.
- The provider had policies and procedures in place to ensure that people's needs under the Equality Act 2010.
- Mixed feedback was received from relatives about how included they felt in the home. One told us, "I don't think that I have any entitlement to have involvement in the running of the home because I live far away, however I have been invited to be involved. I feel happy to express my views and I am confident that my views would be acted on." Another was less positive, "I have never been asked to get involved in the running of the home. Yes, I can express my views, but I am not sure if they would be acted upon." Most relatives felt able to express their views to senior staff and be listened to.
- Relatives were very positive about the service telling us they trusted in it, they felt it was like a family and that their family members were well cared for.

Working in partnership with others

- The provider worked closely with other health and social care providers including local GP surgeries, the local authority and the clinical commissioning group.