

Care UK Community Partnerships Ltd

Farm Lane

Inspection report

25 Farm Lane
Fulham
London
SW6 1PX

Tel: 02073864180
Website: www.farmlanefulham.co.uk

Date of inspection visit:
29 July 2022
03 August 2022

Date of publication:
05 October 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Farm Lane is a residential care home providing personal care to up to 66 people. The service provides support to older people and those living with dementia. At the time of our inspection there were 49 people using the service.

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

People and their relatives gave positive feedback about the staff and told us they felt safe with them.

People's care plans and risk assessments included clear risk management guidelines for staff and daily records such as repositioning charts were filled in consistently.

We were assured that this service met good infection prevention and control guidelines. The provider facilitated safe visiting arrangements, had systems in place to ensure the building was clean and had systems in place to prevent the spread of infection.

The provider managed people's medicines safely. Staff had completed medicines administration training and were clear about their responsibilities.

The provider conducted appropriate pre-employment checks before hiring staff. There were enough staff employed to meet people's needs.

People were supported to eat and drink enough and their health needs were met. The home was in a good state of decoration.

The provider assessed people's needs and choices and delivered care in line with these.

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.

Managers and staff were clear about their roles. Staff gave good feedback about their colleagues and the registered manager.

The provider conducted a number of audits and held various staff, residents and relatives meetings to improve the quality of the service.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (Requires Improvement, August 2021).

At our last inspection we found a breach of the regulation in relation to good governance. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

Why we inspected

We received concerns in relation to infection control and people's safety. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well- led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Farm Lane on our website at www.cqc.org.uk

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Farm Lane

Detailed findings

Background to this inspection

Inspection team

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 one inspector and a specialist professional advisor. The specialist professional advisor worked as a nurse in older people's care.

Service and service type

Farm Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

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 annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 29 July 2022 and ended on 4 August 2022. We visited the service location on 29 July 2022 and 3 August 2022. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection

We spoke with four people using the service about their experience of the care and support provided. We also spoke with the Area Manager, the Quality Development Manager, the Registered Manager, the deputy manager, a nurse, two team leaders, two senior care workers, two care workers, an activities co-ordinator, the business administrator and the GP. We reviewed a range of documents which included ten people's care plans and risk assessments, safeguarding, complaints, audits and incidents logs.

After the inspection

We asked the registered manager to send us a range of information to review off-site. This included policies and procedures. We received feedback from two health and social care professionals after our inspection. We used this information to help us make our judgements about the operation of service and standards of care.

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 requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's health and safety and had clear risk management guidelines in place to manage these. The provider conducted a range of general risk assessments in areas such as skin integrity, moving and handling and people's risk of falling among others. Where people were at particular risk in other areas, specific risk assessments were devised to consider these. For example, we saw some people had risk assessments relating to their use of emollient creams as well as their awareness of their call bell. We saw clear guidelines were in place in respect of these risks, for example people who potentially lacked awareness of their call bell had hourly checks conducted to ensure they were safe among other measures.
- At our previous inspection, we found the provider was not always completing daily records for people consistently and made a recommendation they seek and implement national guidance on monitoring and recording people's conditions and the care they receive. At this inspection, we found all daily records which included hourly welfare checks for people, food and fluid charts and repositioning charts were being completed accurately and on time. Where people at risk of pressure sores needed to be turned, we saw their care plans specified how often this was required during the day and night and their turning charts indicated this was being done.
- Staff had a good awareness about risks to people's care. Care workers gave us examples of people they cared for and the specific risks to their health and safety. For example, one care worker told us about one person's risk of falling. They told us this person sometimes did not wear appropriate footwear and they had to remind them about this.

Systems and processes to safeguard people from the risk from abuse

- The provider had effective processes to safeguard people from abuse. People told us they felt safe with staff. One person said "I do feel safe with them" and another person said "I trust the staff here"
- Care staff had received annual training in safeguarding adults from abuse and demonstrated a good understanding about the signs of abuse and what they were supposed to do if they suspected someone was being abused. One care worker told us "If anyone was at risk of any kind of abuse we would report this and make sure action was taken."
- The provider had a clear safeguarding policy and procedure in place, which stipulated the actions they were supposed to take in the event of a safeguarding allegation. We saw evidence that the provider was making appropriate notifications to the local authority and was investigating any allegations as required.

Staffing and recruitment

- The provider conducted appropriate pre-employment checks before hiring staff. We reviewed four staff files and saw candidates were interviewed, asked for a complete employment history, as well as two references from their most recent employers. Candidates right to work in the UK was evidenced through passport checks.
- The provider also conducted DBS checks before hiring people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider safely managed people's medicines as required. Medicines were ordered, stored and administered safely in accordance with guidance and people's individual needs. The provider used an electronic recording system for people's medicines and the electronic alerts generated by this system helped safeguard against errors.
- We observed part of a medicines administration round and found people were administered their medicines safely and accurately. Medicines were stored in a separate room at the appropriate temperature and controlled drugs were stored safely in accordance with guidance.
- The provider had weekly pharmacist visits and they conducted their own separate checks to ensure people were being given their medicines safely.

Preventing and controlling infection including the cleanliness of premises

- 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.

The provider safely facilitated visiting to people using the service. People were required to conduct a lateral flow test prior to entry as well as temperature checks and mask wearing. The provider had lateral flow tests and masks available for visitors and had included this in their internal policy and communicated to relatives.

Learning lessons when things go wrong

- The provider was learning lessons when things went wrong. Accidents and incident were investigated and people's risk assessments were updated as a result. For example, we saw one person had experienced an unwitnessed fall approximately one week prior to our inspection. Records indicated their fall had been investigated, their risk assessment had been updated and care staff knew about the incident and what to be aware of.

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 requires improvement. At this inspection we have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our previous inspection we found areas were cluttered and some items were stored inappropriately. At this inspection we found all areas were clutter free and there were no items stored inappropriately.
- The building was a good state of decoration and there were pictures and other items such a post box to orient people around the home.

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

- The provider assessed people's needs and choices in the planning of their care. Before people moved into the service pre- admission assessments were conducted in order to identify their needs in various areas to ensure the provider was prepared in advance of their admission. This could include ensuring appropriate equipment was in place. Thereafter, a range of assessments were conducted within six, 24, 48 and 72 hours of their admission to ensure the provider was fully able to meet their ongoing needs.
- Care was delivered appropriately in line with standards, guidance and the law. This included the completion of nationally recognised assessments relating to people's risk of malnutrition or their risk of pressures sores.

Staff support, training, skills and experience

- The provider ensured staff had the required skills before providing people with care. People told us they thought staff were skilled. One person told us "They know what they're doing. I'm in good hands".
- New staff were required to complete an induction to the service which included a number of training modules in areas such as moving and handling and infection control. The training covered the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Thereafter, staff were required to complete annual training in various subjects to ensure they were aware of any updates and that their knowledge remained up to date. Some training, such as moving and handling was conducted face to face and some was online. Where staff were required to complete online training, they were given protected time in order to do so. We reviewed staff training records and saw most staff were up to date with their training unless there was a specific reason such as sickness or time off.
- Care staff told us they found the training useful to their roles and they felt they received enough training. One care worker told us "Our manager is on top of the training. We get enough for sure."

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

- The provider ensured people ate and drank enough to maintain a balanced diet. People had nutritional care plans in place that specified whether they were at particular risk of malnutrition or dehydration. People had monthly risk assessments conducted to update on any risks in this area as well as choking risk assessments. If people needed any particular support with their nutrition, this was specified. For example, some people had their diets supplemented with the addition of cream or butter and other people had diets of different consistencies due to their established risk of choking.
- Where people had particular cultural or dietary preferences, these were accommodated. The provider sought people's feedback on the food and as a result, had made recent changes to the preparation of their food, which had been met with approval. People commented positively on the food. One person told us "The food is nice". People also confirmed that alternatives were made available if they did not like the food on offer.
- Kitchen staff were aware of people's needs. They had records of people's dietary requirements, which included their allergies. We sampled the food on the first day of our inspection and found it to be appetising and served at the right temperature.

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

- The provider worked with other agencies to provide consistent and timely care. Records indicated the provider worked with speech and language therapists, the tissue viability team and the GP services as required. The GP visited three times a week to support people in the service. We received positive feedback from one visiting healthcare professional who told us staff were knowledgeable about people and followed advice or instructions that were given.
- People's records included details of advice and treatment that was given and we found follow up information was incorporated into people's care plans, as needed.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- We found the provider was working within the principles of the MCA. Where people had fluctuating capacity, decision specific mental capacity assessments were conducted and decisions were made in their best interest as needed.
- Where people were subject to a DoLS, we saw their authorisations were in date and staff were following these as required.

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 requires improvement. At this inspection we have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found the provider had failed to identify concerns raised, despite having undertaken a range of audits. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

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

- At our previous focussed inspection we found where concerns had been identified, the provider was failing to ensure staff were taking the necessary steps to improve their practice to ensure the delivery of safe care. At this inspection we found the provider had detailed governance procedures and systems in place to ensure staff acted appropriately when failings were identified. For example, since the last inspection we found a new post had been created for a Quality Development Manager. Their role was created after the last CQC inspection when failings were identified in relation to the completion of contemporaneous notes. This person's role was around clinical auditing and as part of their role, they ensured staff were fully trained and completing these records.
- Staff were clear about their roles and responsibilities in relation to people using the service as well as their general responsibilities. Their general responsibilities were reflected in their job descriptions and we found staff understanding of their roles tallied with these.

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

- The provider promoted a positive culture that achieved good outcomes for people. Staff consistently said they enjoyed working at the service and saw one another as "family". One care worker told us, "Like any family, we have our ups and downs. But at the end of the day, we pull together. We don't say, this is your job or this is my job. At the end of the day we're here for the people and that's what matters". Another care worker told us, "Staff are very good. We all treat each other like family."
- People gave good feedback about the registered manager and told us he was approachable. One member of staff told us, "He is approachable. He always comes round and asks us if everything is ok and if we're alright" and another said he "is approachable and a good manager. We've been going up since he came here. I feel connected here. It's like a family."

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 understood their responsibility to act openly. Notifications of significant events were submitted to the CQC in line with their legal obligations when required.

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

- The provider engaged people in the running of the service. Residents and relatives meetings were held every two months and minutes were kept of these. We read minutes of meetings and saw discussions were held about how to improve the service.
- We noted the provider had recently acted on feedback relating to the food provided at the service as this was previously prepared off-site. The provider acted on feedback obtained, prepared food onsite and people's feedback improved.

Continuous learning and improving care

- The provider conducted a range of audits in order to improve the quality of care provided. These were in a number of areas including infection control, medication and health and safety among many others.
- The provider conducted a number of weekly checks in areas such as wounds, MUST scores, falls and accidents and incidents. Reports were made in each of these areas and then discussed at weekly clinical review meetings which included all team leads, nurses, the head house keeper, chef, deputy manager and manager in order to make comprehensive plans about how to provide people with the care they needed. Comprehensive notes were taken of these meetings and actions were followed up at daily meetings.

Working in partnership with others

- The provider worked effectively in partnership with others. We saw evidence of joint working in people's care records with multi- disciplinary professionals such as Speech and Language Therapists, the pharmacist or people's GP.
- We received feedback from three healthcare professionals who commented positively on the care provided at the service. Both told us staff were knowledgeable, acted on their advice and treated people with care.