Coverage Care Services Limited

Farcroft

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Farcroft is a care home that provides accommodation, care and support for up to 41 older people some of who may be living with dementia. Accommodation is arranged on the ground and first floor with stairs and a passenger lift linking each floor.

This inspection was carried out on 23 October 2018 and was unannounced. On the day of the inspection there were 37 people living at the home. The home had a registered manager who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of the service 3 and 4 August 2017 we rated the service as requires improvement as we found that improvements to safe, effective and well led were necessary. At this inspection the provider demonstrated to us that improvements had been made.

People felt safe at the home and there were enough staff on duty. People received the medicines they needed safely and staff understood their responsibilities about keeping people safe. Staff were using technology effectively to ensure that people's medicine needs were met in a timely and safe way. Risks were identified and managed well and any incidents and accidents were monitored to inform practice and make improvements to the service. We found one incidence of unexplained bruising on a person that had not been thoroughly explored. We have made a recommendation about this.

Staff had received the training and support they needed to carry out their roles effectively. People had confidence in the staff and were content with the care they received. People had enough to eat and drink and they enjoyed the food on offer. People were offered choices and their preferences were respected. Risks associated with nutritional needs were identified and managed and people received the support they needed to have a healthy diet.

People were supported to access health care services when they needed to. Staff described positive working relationships with health care professionals. People's needs had been assessed using formats in line with current good practice. Staff understood their responsibilities about the Mental Capacity Act 2005 (MCA). Staff always asked people for their consent before providing care or support.

People and relatives spoke highly of the caring nature of the staff. Staff treated people kindly. Staff knew people well and treated them with respect. People were included in decisions about their care and support as much as possible. Where appropriate, their family or representatives were also included. Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept securely.

Staff understood how to provide care in a personalised way and people's choices and preferences were considered. Staff had time to spend with people, supporting them to follow their interests and faith and to maintain contact with people who were important to them. People were supported to plan for care at the end of their life.

The home was clean and hygienic. Staff understood their responsibilities regarding prevention of the spread of infection.

People knew how to complain and felt confident that any issues would be addressed. There was a complaint system in place to record any concerns and the actions that were taken. The registered manager used complaints and suggestions to drive improvements at the service.

There was a clear management structure at the home and staff understood their roles and responsibilities. Staff had a firm understanding of the ethos of the home to provide care and support in line with the values of the provider. Staff understood the provider's equality policy and supported people with their diverse needs. Governance arrangements were embedded within practice and regular audits identified any shortfalls in standards of care. Action plans showed how learning from incidents and accidents was also used to drive improvements at the home. People, their relatives and staff were included in planning any developments at the home.

The registered manager had informed the CQC of significant events in a timely way. They were committed to keeping up to date with best practice and updates in health and social care.

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.

Risks to people were identified and managed, staff understood their responsibilities about safeguarding people from harm and abuse.

There were enough suitable staff to care for people safely. Incidents and accidents were monitored to keep people safe.

The home was hygienic and people were protected from risks of infection.

People were supported to have their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

People were included in the assessment and review of their needs and choices.

The adaptation and design of the building met people's individual needs.

Staff were supported and received the training they needed to carry out their roles.

Staff understood their responsibilities about the MCA.

People received the food and drink they needed and were supported to access health care services.

Staff worked effectively and communicated well with staff from other organisations.

Is the service caring?

Good

The service was caring.

Staff were kind and treated people with respect.

Staff knew people well and supported them to remain independent and promoted their dignity.

People's privacy was respected and staff kept their personal information confidential.

People were supported to express their views and to be actively involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care. Staff were proactive in identifying changes in people's needs and adjusting their care plans accordingly.

People told us they had enough to do and their social and cultural needs were supported.

Complaints were listened to and acted upon.

People were supported to make plans for the end of their life and their wishes and choices were supported. Staff supported people and their families in a compassionate way.

Is the service well-led?

Good

The service was well- led

There was clear leadership and staff understood their roles and responsibilities and felt well supported.

Governance systems were effective in identifying shortfalls and managing risks.

The service worked effectively with other agencies, and staff and people were involved in developments.

Farcroft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 October 2018 and was unannounced. The inspection team consisted of one inspector, and inspection manager and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke to eight people who use the service and five relatives. We spoke with three members of staff and the registered manager. We looked at a range of documents including care records for five people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training as well as various meeting minutes. We used the Short Observational Framework for Inspection (SOFI) on three units. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our previous inspection in August 2017 we found that the service was not consistently safe and we had rated this domain as requires improvement. At this inspection we found that the provider had made improvements and this domain is now rated as good.

People and their relatives told us that they felt safe at the home. One person said, "I am safe because I know the staff and trust them." Another person said, "I feel quite safe. I know how to use the alarm. I had a bad fall, I used the call bell and the staff came really quickly." Staff understood how to keep people safe. One staff member said, "We follow the care plan and that reduces risk and helps us to keep people safe."

Assessments were in place to identify risks to people. For example, some people had been assessed as being at risk of falls. The information advised staff of how to assist the person to move around safely. This included use of specific equipment to help prevent falls. We observed that staff were following the guidance in care plans when supporting people.

Staff assessed risks to people's skin integrity. One person's care plan noted some unexplained bruising. However, the details to establish how these had occurred had not been fully implemented or recorded. We recommended that the registered manager refers to current safeguarding guidance.

Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in the home. A fire risk assessment had been completed. Records showed that staff undertook regular checks to ensure that systems such as fire alarms and emergency lighting were maintained. Fire drills were regularly practiced and recorded. People's ability to evacuate the building in the event of a fire had been considered and practiced. Each person had a personal emergency evacuation plan (PEEP) in place. This ensured that specific risks were known about and could be managed in the event of an emergency.

The provider employed staff who were responsible for maintenance in the home. Health and safety records were completed and up to date. Arrangements were in place for servicing equipment and regular audits ensured that issues were identified and managed appropriately. People and staff told us that maintenance issues were attended to swiftly. One person said, "The place is very well maintained and it's always clean and fresh." All areas of the home that we observed were clean and hygienic. Staff had received training in the prevention and control of infection. We observed staff were using appropriate protective equipment such as hair nets, gloves and aprons when dealing with food and drink.

Staff had received training in how to safeguard people from abuse and staff members were able to describe their responsibilities about this. One staff member spoke knowledgeably about signs that might indicate abuse and their responsibility to report any concerns. People told us that they would tell someone if they did not feel safe. The provider had a safeguarding policy that included local authority arrangements and records showed that referrals had been in line with this policy.

Staff were consistently recruited through a thorough recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children or adults. This helps employers make safer recruiting decisions.

People and their relatives told us that there were enough staff to care for them safely. One person said, "I always see staff around." Another person said, "There are plenty of staff and I do not have to wait too long for any help."

We saw that there were enough staff to care for people and to respond to their needs in a timely way. Most staff told us that there were enough staff on duty. The registered manager confirmed that staffing levels were determined according to people's needs and that this was regularly reviewed to ensure there were enough staff on duty. Records showed that staffing levels were consistently maintained with some use of agency staff to cover vacancies on nights.

People received their medicines safely. One person told us, "I get my medicines from the staff and I've had no problems." Systems for ordering and receiving medicines into the home were safe. Medicines were stored securely. Records showed that temperatures were consistently monitored to ensure that medicines were stored within the required temperature range to protect their efficacy. Medication Administration Record (MAR) charts were completed to provide accurate records. Some people were receiving PRN (as required) medicines. There were PRN protocols in place to guide staff in when these medicines should be given. Only those staff who had been trained in administering medicines were able to support people with their medicines. Records confirmed that assessments had been completed regularly to ensure staff remained competent to administer medicines.

Staff could describe the process they would follow to ensure that decisions about administering medicines covertly (without the person's knowledge) were in the person's best interest in line with the MCA. However, there was no use of covert medicines at the time of the inspection.

One person managed their own medicines and we saw that appropriate assessments were in place to support the individual. Staff were also able to describe the process they followed when a person wished to manage their medicines independently. This showed that staff had a good awareness of the provider's policy and knew how to manage medicines safely.

Incidents and accidents were recorded and monitored. A staff member told us that team meetings included discussions about practice and how learning from mistakes could lead to improved care. They explained, "We have team meetings regularly and they are focussed on how we can improve."

Good

Is the service effective?

Our findings

At our previous inspection in August 2017 we found that the service was not consistently effective and we had rated this domain as requires improvement. At this inspection we found that the provider had made improvements and this domain is now rated as good.

People received care from staff who had the skills and knowledge to support them effectively. Staff told us that they received the training they needed for their roles. They described their training in subjects such as dementia awareness, pressure care, manual handling and how to support people with behaviour that could be challenging to others.

Staff described the induction that they received when they first came to work at the home. One staff member said, "I had a mixture of on-line and face to face training." They described shadowing experienced staff to enable them to build their confidence. Staff were supported to undertake the Care Certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. There were systems in place to identify when staff were due to refresh their knowledge.

Staff reported being well supported in their roles and described having supervision meetings. Staff we spoke with confirmed that they felt confident that they could access the support they needed. We saw records that supported this. One staff member said, "The manager and the seniors are very approachable for anything."

People's needs and choices were assessed prior to coming to live at the home. The registered manager told us, "We involve people, and where appropriate, their relatives in the assessment before they come here to be sure we can meet their needs." Staff continued to assess people upon admission and involved them in regular reviews.

Assessments were used to develop care plans that were person centred and took account of people's diverse needs, including their religion, ethnicity, sexuality, disabilities and aspects of their life that were important to them. Staff had attended a LGBT awareness course and displayed information on a notice board for people to view. Information was also provided about people with protected characteristics.

People were supported to have enough to eat and drink. They were mostly complimentary of the food provided at the home. People were involved in surveys about mealtimes. Their views were taken on board by staff. A notice board in the entrance hall informed people of the action taken to improve the choice of food.

We observed the lunch time meal. People were assisted to sit where they wanted to and staff were on hand to ensure people had the help they needed. Staff were aware of people's preferences. People had chosen their meal during the morning. Staff were heard reminding people of what they had chosen and checked that they were still happy with their choice. Some people had sensory loss affecting their sight. Staff were

heard describing the meal and explained where food was positioned on their plate. People were offered alternatives if they did not want the food that was on offer. Staff told us that people could have snacks and drinks whenever they felt hungry. Throughout the day we observed staff offering people drinks. We saw that people had hot and cold drinks within their reach in their bedrooms.

Care plans included guidance for staff in how to support the people with eating and drinking. Speech and Language Therapist (SALT) advice for a person included the need for thickened fluids and pureed food and we observed that staff were aware of this and followed the care plan. The person's weight was regularly monitored. This showed that staff were following the person's eating and drinking care plan and risks were being effectively managed.

One person told us, "They treat me lovely. They make sure I have my teeth cleaned before going to bed." Staff had participated in the 'care to smile' initiative for oral health. The local dentist had visited the service to train staff in good oral health and hygiene. The registered manager said they had learnt new care practices because of this and one of the staff was to be an oral health champion. This showed the service was proactive in developing personal care for individuals.

People had access to the health care services that they needed. One person said, "If I needed the doctor the staff would arrange it." During the inspection a district nurse was visiting people. Records showed that people were supported to attend regular health care appointments. A range of health care professionals were involved including, SALT, chiropodist, dentist and community psychiatric nurse.

The MCA provides a legal framework for making 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 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

Staff had received training in the MCA. They could demonstrate their understanding of the legislation and their responsibilities. People told us that staff checked with them before providing care or support. One person said, "They always ask before they do anything." Records showed that staff had considered people's capacity to make specific decisions and where appropriate had included relatives in making decisions in their best interest. Where relatives had the legal authority to make decisions on behalf of people this was recorded within their care plans and copies of the legal documents were checked. Mental capacity assessments had been undertaken and where appropriate applications had been made to the local authority for DoLS. A system was in place to ensure that DoLS authorisations remained within date.

Staff told us that people could bring some of their own furniture and decorate their rooms as they wanted. We observed that people had personalised their rooms. Some people, living with dementia, had memory boxes by their doors to help them to recognise their rooms. People could access all areas of the home with the use of a passenger lift. One person told us that they enjoyed using the garden when the weather was nice and said that they could access it independently. Staff told us that some people needed support to go out in the garden and staff could go with them when they wanted to. People had access to adapted bathrooms and equipment was available to help people to move around including electronic hoists. Grip rails were located around the home to support people to maintain their independence when moving around.

Good

Is the service caring?

Our findings

At our previous inspection we had found no concerns and rated it as good. At this inspection we found this domain remained good.

People and their relatives spoke highly of the caring nature of the staff. One person commented in a thank you card, "No words could ever say how much we appreciate every one of you. (Person) was so happy in your care and loved you all so much. Everyone plays a part in caring for your residents and you do it so well." Another person said, "From the moment (person) was welcomed at your home, they were put at ease, given food and drink which was very welcome."

People told us that their visitors were welcomed at the home and their relatives confirmed this. One person said, "The staff always offer people a drink, we can have visitors at any time apart from meal times." A relative told us that staff were always welcoming and helpful.

Staff had developed positive relationships with people and knew them well. People told us that staff were respectful and polite. We heard a staff member saying, "Excuse me interrupting your breakfast but will you have your tablets for me." Throughout the inspection we observed positive interactions between staff and people. When people were distressed staff were quick to offer comfort and support. People appeared comfortable in the company of staff and there was a relaxed atmosphere. The registered manager told us that a person who was at the end of their life had become quite agitated. They explained that they bought the person's pet dog in to spend time with them. This had helped to calm the person and they became more at peace.

Staff understood their responsibilities about maintaining people's confidential information. People's personal papers and care plans were kept securely. Medicine records were kept electronically and access to information was limited to those staff who needed to see it.

Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. A relative told us, "The staff keep us informed and answer any questions we have."

Good

Is the service responsive?

Our findings

At our previous inspection we had found no concerns in the responsiveness of the service and rated it as good. At this inspection we found this domain remained good.

People and their relatives told us that staff were responsive to their needs. We saw one person who was wearing makeup as noted as their preference in their care plan. One person said, "I couldn't ask for more, the staff do whatever is needed." A relative told us how staff had helped their relation to settle at the home and said, "I'm so pleased they are happy here now."

A staff member told us about how they delivered care in a person-centred way, describing what was important to people. They told us, "Families help us to know about people and their previous lives. It's important to know what people did before living here." We saw information called, 'This is me' which showed staff were interested in knowing the background and history of a person.

Where people were not able to use a call bell and were assessed as being at risk of falls, other technology was in place to support them. For example, pressure mats were being used in a range of ways to alert staff when people were moving around and needed support from staff to keep them safe.

People told us that they had enough to do at the home. An activity co-ordinator was employed to develop and organise activities at the service. They described about people's interests and how organised activities were arranged according to people's needs and preferences. We observed that people were being encouraged to pursue their interests. A list of planned activities and religious services was provided for people so they could refer to the list to check what was happening each day. Activities included; baking, shopping, nail care, hairdressing and gardening club. One person said, "There are always things to join in with if you want to."

The registered manager was aware of the Accessible Information Standard and told us that staff were given awareness of this topic and it was discussed at team meetings. People who had visual impairment could be given information in braille or large print. We saw that one person had been helped in this way and enjoyed their quiet time to read braille books. Since August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify, record, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively.

The provider had a complaints system in place and any complaint was recorded with information about what actions were taken to resolve the concern. People and their relatives told us that they would feel comfortable to complain. One person said, "I would complain to the staff and I know they would listen." Records showed that complaints were dealt with in a timely way and the registered manager told us that all concerns were taken seriously and addressed as quickly as possible.

People were being supported to make plans for the end of their life. People were offered the opportunity to make advanced care plans to express their preferences and wishes for their care. One relative commented in a thank you card, "Your kindness, compassion and care was outstanding. Thanks for enabling (person's) wishes to be carried out. (Person) died as they wished, in your care. Thanks for the understanding, guidance and support you gave me. Your professionalism, kindness and care shone out throughout." Staff told us that they had developed good working relationships with the hospice outreach nurse and GP to ensure that they could access support for people with end of life care. One healthcare professional commented; "I am so glad (person) was able to stay at Farcroft. Well done to you and all the team for supporting (person's) wishes and caring for them so well." We saw that anticipatory medicines were in place for one individual. This ensured that people could access the medicines they needed even if there was a rapid change in their condition.

Good

Is the service well-led?

Our findings

At our previous inspection in August 2017 we found that the service was not consistently well led and we had rated this domain as requires improvement. At this inspection we found that the provider had made improvements and this domain is now rated as good.

Various audits had improved to check standards of care, for example, the procedures for administering medicines. This had resulted in a tightening of procedures to ensure the safe administration and storage of medicines. People also received more frequent medicine reviews and as a result medicines for people were kept to a minimum to ensure good health. Incidents and accidents were being monitored using an electronic system which enabled data to be collated easily for analysis of trends and patterns. Individual records were updated by care staff as soon as changes happened.

People and their relatives spoke highly of the management of the home. They described the registered manager as having a visible presence in the home and said they were approachable. One person said, "The manager is always around and very easy to talk to." Staff also spoke highly of the management at the home. One staff member said, "All the seniors and the manager are supportive of the staff here."

There were systems in place to monitor the quality of care and to use this information to drive improvements at the home. For example, quality assurance questionnaires were sent to people, their relatives and staff. This enabled the provider to receive feedback about the quality of the service and people's experience of care provided. The registered manager used this information to develop an action plan to address any identified shortfalls and to make improvements. People's comments and complaints were also used for improvement at the home. For example, the meal options had changed in response to requests from people who wanted different foods. Unit meetings took place that included people and their families. We saw from minutes of these meetings that areas discussed included; meals, care plans, fundraising and activities.

There was a clear management structure and staff were clear about their roles and responsibilities. Staff were well motivated and spoke with pride about their roles. One staff member said, "It's a lovely atmosphere here," another said, "We have time to spend with people." The provider had clear equality policies and staff had received training in how to support people's diverse needs.

Staff told us that they could contribute to the development of the service and their ideas were welcomed. Notes from staff meetings showed that staff had made suggestions about improvements that could be made and contributed to discussions about planned developments at the home. Notes from residents' meetings also showed that staff sought people's views about the home, for example, people had identified places in the local community that they would like to visit for an outing. The registered manager said that staff had had helped people go out into the local community. For example, people enjoyed going to their local supermarket and enjoying social time in the local café.

Services that provide health and social care to people are required to inform the Care Quality Commission

(CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

We saw that the previous inspection rating was on display in the home and on the provider website which is a legal requirement.