Shaw Healthcare (Group) Limited

Figbury Lodge

Inspection report

2 Mitchell Road
Poole
Dorset
BH17 8US

Date of inspection visit:
22 September 2020

Date of publication:
08 October 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Figbury Lodge is a purpose-built residential care home providing personal and nursing care to up to 80 older people, some of whom are living with dementia. The home had 20 transitional beds, this meant that people were admitted into the home temporarily following discharge from hospital. People living on the transitional unit had access to rehabilitation and therapists. There were 59 people living at the home at the time of inspection.

People's experience of using this service and what we found
Improvements had been made in the management of medicines and risk assessments for people living at Figbury Lodge. Staff had undergone training and new processes had been introduced to ensure people were kept safe. Staff told us there had been a lot of improvement and changes since the last inspection. Systems to monitor the service had been introduced and the registered manager told us this made sure they could have an overview of the home. Staffing levels were adequate. However, staff told us there was not enough staff in some areas. The registered manager used a dependency tool completed by senior staff within the home which confirmed there was enough staff for the home. They told us they kept this under continual review.

Improvements had been made to documentation relating to care activities such as fluid and food charts. Staff had received additional training to ensure records were detailed and accurate. The home was clean and tidy and there were robust procedures in place for infection prevention and control, which followed government guidance in light of the coronavirus pandemic.

People felt safe. Their relatives were complimentary of how the staff had worked throughout such a difficult period and were supportive of the measures taken by the home to keep their loved ones safe from Coronavirus. Staff told us they worked well as a team and enjoyed their job. There was a team atmosphere within the home and staff told us they had worked hard to keep everyone upbeat. There were visiting restrictions in place and relatives told us that although it was very upsetting and difficult, they were grateful to the home.

Staff told us the registered manager was approachable and visible. The registered manager told us the whole staff team had worked so hard throughout the year and were "amazing". People and their relatives had been asked for their feedback and this has been positive. Professionals who work with the service were positive about the improvements made at the home.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 18 March 2020) and there were multiple breaches of regulation. We served a warning notice for one regulation, which told the provider the date they

had to be compliant by. The provider sent us an action plan after the last inspection to show what they would do and by when to meet the other regulations. At this inspection we found improvements had been made and they were no longer in breach of the regulations we looked at.

The rating remains requires improvement. The service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
This inspection was carried out to follow up on the action we told the provider to take at the last inspection.

We carried out an unannounced comprehensive inspection of this service on 31 January 2020, 3 February 2020 and 4 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements in relation to safe care and treatment and good governance. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings 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 coronavirus and other infection outbreaks effectively.

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

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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Figbury Lodge

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 two inspectors 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.

Service and service type
Figbury Lodge 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
We gave 24 hours' notice of this inspection. This was to ensure safety measures could be considered and risk assessments reviewed in respect of Covid-19.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, deputy manager and the regional operations director. We made observations throughout the day but limited our contact and time on site due to Covid-19 restrictions. We spoke with six members of staff on the telephone. We spoke with three people who use the service and nine relatives on the telephone for their feedback on the care provided at Figbury Lodge.

We reviewed a range of records. This included eight people's care records and multiple medication records. We reviewed recruitment procedures and infection prevention and control. A variety of records relating to the management of the service, including policies and procedures, 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. We sought feedback from three health and social care professionals who regularly visit or have contact with the service.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

● Improvements had been made to the management of medicines and they were managed safely. The home had arrangements for the ordering, storage and disposal of medicines. The registered manager told us that they had good communication with the pharmacist. Staff told us medicines management within the home had improved.
● Staff responsible for the administration of medicines had received training and had their competency assessed.
● Medicine Administration Records (MAR) had information about when a person took their medicines and were legible. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly, audited and actions taken when discrepancies were found.
● Prescribed creams had a date of opening and details of where to apply and how often.
● Where people were prescribed medicines they only needed to take occasionally, improved guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
● Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess robustly the risks relating to people's health safety and welfare. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

● Risk assessments were in place for all aspects of people's care and support. Risk assessments were

reviewed monthly and changes made where necessary.
● Risk assessments gave clear instructions for staff. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work to reduce or eliminate risks.
● Behaviour support plans were detailed and supported staff to give person centred support to people at times of distress or upset.
● Staff had a good knowledge of people's risks. Records showed that care was delivered in line with people's individual risk plans, this meant the risks to people were reduced.

Learning lessons when things go wrong
● Accidents and incidents were recorded, and improvements had been made to the analysis of the records. This was used to reduce the likelihood of reoccurrence of the accident or incident.
● A falls tracker was in place which showed the time, location, type of fall and any injuries sustained. Referrals were made to the medical services and local authority as required.

Staffing and recruitment
● There were enough staff on duty. However, some staff told us that they felt at times there were not enough staff to provide the level of support they wanted to. We spoke to the registered manager about this and they told us they would speak with the staff team. A person told us, "I think there are enough staff, staff come in good time if I need them".
● The home completed a dependency tool, used to assess people's needs and determine how many staff were needed. All senior staff had input into the assessment. The registered manager told us staffing levels were continually being monitored.
● The home had a recruitment process and checks were in place. These demonstrated that staff had the skills, knowledge and character needed to care for people. Staff files contained records of appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.
● The provider supported the home to continue the recruitment procedures through the Coronavirus pandemic. They have used video calling to interview staff and to make all necessary checks.

Systems and processes to safeguard people from the risk of abuse
● The home was working with the local authority on ongoing safeguarding enquiries. All relevant information and alerts had been shared with the safeguarding team as necessary.
● People and their relatives told us they were happy with the care provided and they felt the home was safe. Comments we received were: "I have no reservations for the safety of my loved one [name]", "Prior to the pandemic there was not a single incident to make us worried about safety", "We know that our loved one [name] is safe", "I think that the staff have everything in place possible to keep residents safe", and, "Oh yes, I feel safe".
● Staff had received safeguarding training and felt confident they could keep people safe. They told us why, when and how they would report concerns.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections. A relative told us, "When we were able to visit our temperature was taken and we had to wear masks, aprons and gloves".
● 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.

Requires Improvement

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 now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure their systems were effectively operated to assess, monitor and mitigate health and safety risks and improve the service. 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 enough improvement had been made and the provider was no longer in breach of Regulation 17.

● Improvements had been made to monitoring and quality assurance and new processes had been introduced. However, these improvements had not yet been fully embedded within the home as there were some gaps in recording. The registered manager took immediate action to rectify this during the inspection by making a slight adjustment to the process.
● A range of audits on a live system had been introduced in July 2020, improving the registered manager's oversight of the home. These covered all aspects of the home such as medicines, mealtimes, infection control, finances and care plans. The regional operations director told us there were plans to develop this system further.
● Recording of care activities, food and fluids improved following a programme of staff training held in August 2020. The registered manager told us they continue to work on these areas.
● The home held a '10 at 10' meeting that involved all heads of department. The registered manager told us this was a valuable meeting and enabled them to communicate changes and to have a good overview of the home. Records of these meetings showed they covered a broad range of subjects such as updates on people's wellbeing, infection control in regard to Covid-19 and staffing issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff told us there had been many improvements at the home but felt that communication between management and staff still needed to be developed further. A member of staff said, "I sometimes feel like our voices are not heard." The registered manager told us they communicated with staff in a variety of ways but would continue to improve communications.
● There had been improvements to staff morale within the home. Staff worked as a team. They told us they

were committed to Figbury Lodge and to the people they supported. Some comments were: "I feel proud to work at Figbury Lodge", "We come to work to make sure people have an amazing day", and, "It's a lovely place, I love my job".

● Staff felt supported by the registered manager. Some comments we received were: "I feel the registered manager [name] is very approachable, available and makes time for me", "I find the registered manager [name] approachable. I can easily go and speak to them", And, "I think the registered manager [name] is a good leader, they are visible".

● The registered manager told us they were very proud of their team, who had worked so hard since the last inspection and during the coronavirus pandemic so far. They said, "My staff team are just amazing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The home had recently undertaken a survey with people and their relatives. These had showed mostly positive results and there were actions for improvement which the home was working on.

● The registered manager told us they had worked extremely hard to communicate with people and their relatives since the last inspection due to the visiting restrictions put into place due to the coronavirus pandemic. Working with government and local authority guidance, visits to the home had been restricted.

● The home has worked well with external professionals, for example, using videocall technology to have consultations with GPs and nurses. The registered manager told us this had worked well to get medical support. A health and social care professional told us the registered manager was approachable and accessible, and improvements continued with communication and working relationships.

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 the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. Records confirmed that the home had made all necessary referrals and notifications, for example, to the local authority and CQC.