

Abbey Healthcare (Farnworth) Limited

Farnworth Care Home

Inspection report

Church Street
Farnworth
Bolton
Lancashire
BL4 8AG

Tel: 01204578555

Date of inspection visit:
04 November 2020
24 November 2020
25 November 2020

Date of publication:
21 December 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Farnworth Care Home is a care home registered to provide care to 120 people. At the time of the inspection 101 people were receiving care across three floors. The Firwood unit on the second floor provides support for people living with dementia. The Burnden unit on the first floor provides support for people with nursing needs and the Belmont unit on the ground floor provides support for people who need assistance with their care.

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

People were kept safe from the risk of abuse and safeguarding concerns were reported appropriately. Care plans were personalised, identified risks for people and how these should be managed. Medicines were managed safely and we were assured there were effective infection control practices in place. Staffing levels were sufficient to meet people's needs and regular analysis of staffing ratios was carried out.

Staff felt well supported and received ongoing training. The management team received praise from staff for the support they provided. One staff member said, "They're really supportive, they really want to help you progress. They are very hands on." Auditing systems were robust and transparent. The management team worked holistically with professionals from other agencies and bodies, ensuring people received the care and treatment they required.

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 27 November 2019) and there was one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, management of dietary needs, medication administration, staff support systems, reporting of incidents, pressure care support and infection control practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

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. The overall rating for the service

has changed from requires improvement to good. 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 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 Farnworth Care Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Farnworth 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 service was inspected by two inspectors, a medicines inspector 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

Farnworth 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.

The service had a manager registered with the Care Quality Commission. This means 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. Inspection activity started on 4 November and finished on 25 November 2020, at which point we had received all the additional information we had requested from the provider. We visited the home on the 4 and 24 November 2020.

What we did before the inspection

Prior to the inspection we reviewed information we already held about the home, which had been collected

via our ongoing monitoring of care services. We spoke with local authority safeguarding and quality assurance teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with 11 staff members including the regional manager, registered manager, deputy manager, unit managers, senior care and care staff, kitchen staff, domestic and maintenance workers. The regional manager is responsible for supervising the management of the service on behalf of the provider.

We observed staff providing care to help us understand the experience of people using the service.

We reviewed a range of records. Care plans and daily records were in the process of being transferred on to an electronic systems, meaning some records weren't organised into one plan. However, we reviewed seven peoples care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data, quality assurance records, medicines records, rotas and incident reports. We spoke again with the regional manager, registered manager and deputy manager.

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) Relations 2014.

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

- Medication was administered safely. Staff had a good understanding around the timely administration of medication and there were no gaps in medication records. Staff had received training and competencies were checked.
- Medicines were stored safely. Fridge's used for medicines that needed to be stored at specific temperatures were checked regularly.
- Stock checks were carried out for controlled drugs and refused medicines were disposed of and recorded appropriately.
- People received their medication in accordance with information recorded in care records, including any thickened fluids. Where people had their medication covertly, clear guidance had been provided by the pharmacist or GP.
- Clear guidance was in place for 'when required' medicines, such as paracetamol. These detailed when and why these medicines should be given.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. Comments included, "It's very safe, they really look after you."
- Safeguarding systems were robust and action was taken to protect people from harm.
- The provider worked in accordance with the local authorities safeguarding policies. Referrals had been logged, along with actions taken.
- Staff showed a good understanding of what safeguarding was and who to report this to. One staff member said, "If something goes wrong or the resident is at harm it's serious. We've had training and I'd report to my unit lead, manager or CQC, through your website."

Assessing risk, safety monitoring and management

- The home had effective systems in place to ensure the premises and equipment were fit for purpose. Safety certificates were in place and up to date for gas, electricity, hoists and the lift.

- Fire equipment had been checked and was in working order. People had evacuation plans that clearly identified the support they would need in the event of a fire.
- Care files provided staff with clear guidance on how to minimise risks to people and keep them safe.
- People who required a modified diet, such as pureed food or thickened fluid, received these in accordance with information recorded in their care records.

Staffing and recruitment

- Staff had been recruited safely with appropriate checks and a formal induction process completed.
- Staff levels were sufficient to meet people's needs. Regular analysis was completed to ensure staffing levels remained at an appropriate level.
- One staff member said, "We have enough people on and we have enough time to support the residents."

Preventing and controlling infection

- There were effective systems in place to manage the risks associated with infection.
- Staff used personal protective equipment (PPE) appropriately and supplies were good; staff had received training and guidance regarding the use of PPE.
- The service recognised the risk presented by COVID-19 and heightened infection control practice had been implemented.

Learning lessons when things go wrong

- Accidents and incidents were audited, analysis had been completed to identify any trends.
- The provider had responded to incidents which had occurred, by working with the local authority to identify improvements, which were then implemented.

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

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

At our last inspection we recommended the provider review their approach to quality assurance processes. The provider had made improvements.

- Auditing and analysis systems were in place and used to identify areas where improvements could be made and risks managed. Actions identified were consistently completed.
- The registered manager completed weekly and monthly quality assurance reports, increasing the providers oversight.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals and bodies in a timely manner.
- Staff were well supported by the management team. Training was up to date and staff were clear about their roles. One staff said, "They're really supportive. They've suggested to do (developmental) training, they want to help you progress."

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

- Person centred care was evident in care records, observations of care and discussion with people, relatives and staff.
- One person said, "They know what you like and don't like, they lift your spirits and know how you like things to be."

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

- People and relatives were informed if something went wrong. One relative said to us, "They always let us know. If they have a bad night, or have been unwell, they ring me immediately."
- Another relative said, "When they went into hospital, they let us know straightaway."

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

- People's rooms had been personalised with their own pictures, belongings and where appropriate dementia friendly aids.

- People had chosen a representative who had regular meetings with the registered manager to provide feedback and identify matters of importance to them.
- Staff demonstrated a good understanding of how to support people with specific cultural needs. One staff member said, "It's learning how to care for someone with that culture or those beliefs and then making sure that we follow them."
- Relatives praised the homes staff in maintaining contact with them throughout the coronavirus pandemic. One relative said, "They ask us for feedback regularly and feedback anything that's been happening. The communication is very good."
- People had received support to contact relatives via video calls. One person said, "They help me phone my family, we do the video calling."
- Local authority and health colleagues praised how proactive the management team had been in working with them since the beginning of the coronavirus pandemic.