

The Wilson Crawford Partnership

Forde Park Care

Inspection report

6-7 Forde Park
Newton Abbot
Devon
TQ12 1DE

Tel: 01626354037

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Summary of findings

Overall summary

Forde Park Care provides accommodation and nursing care for up to 34 people. The home provides care for older people living with dementia and people who have nursing needs. At the time of the inspection in October 2016, 28 people were living at the home.

We carried out an unannounced comprehensive inspection of this home on 25 January 2016 to see if the provider had taken action to address concerns from a previous inspection in May 2015. We found actions had been taken to respond to the previous concerns identified. However, we identified concerns relating to staff not always taking sufficient action to obtain prescribed medicines and not always identifying potential risks. We also identified a repeated concern relating to people not always being treated with dignity and respect. We served warning notices on the provider and then registered manager for breaches of Regulations 12 and 10 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. We gave the provider until 16 May 2016 to meet the legal requirements of the regulations.

Following the inspection the provider told us what changes they intended to make. The provider sent us an action plan telling us what actions they had taken to improve, and worked with the local authority's quality teams to improve standards at the home.

We carried out this focused inspection on 5 October 2016. This report only covers the findings in relation to the warning notices. You can read the report from our last comprehensive inspection in January 2016, by selecting the 'all reports' link for Forde Park Care on our website at www.cqc.org.uk.

There was not a registered manager in post at the time of this inspection, however a new manager had been employed and they had made application to CQC to be registered. A registered manager is a person who has registered with the Care Quality Commission 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 this inspection in October 2016 we found the manager and the provider had worked hard to improve the service. A lot of improvements had been made and the issues previously identified had been rectified. We found sufficient action had been taken to meet the requirements of the warning notices, although improvements were required in relation medicine recording systems such as paper medicines administration records (MAR). With this in mind the rating for the key question, is the service safe, remains unchanged. The manager took immediate action in response to our feedback to ensure systems for managing medicines were completely safe.

We have made a recommendation about the management of medicines.

At our previous inspection in January 2016, the key question, is the service caring, was rated as 'Requires Improvement' as we identified the provider was not meeting the regulations in relation to people being

treated with dignity and respect. Improvements had been made and the issues previously identified had been rectified. We found sufficient action had been taken to meet the requirements of the warning notice and with this in mind we have changed the rating of this domain to 'Good'.

The manager had taken action to ensure staff spoke with people in a respectful manner and to tackle poor interactions. Since the inspection in January 2016 the manager and provider had worked with staff to change a negative culture to a more positive culture. The home had promoted staff from within to take on roles as team leaders to ensure that people were cared for well.

People who were able to, told us they felt well cared for, staff were kind and they were treated with dignity and respect. We saw staff had a good rapport with people and knew people well. There was laughter and fun. We heard staff communicating clearly and effectively.

The rating for key question, is the service caring, identified during the inspection of 25 January 2016 has changed as a result of this inspection. The rating for key question, is the service safe, remains unchanged. A comprehensive inspection will take place to inspect all five questions relating to this service. These questions ask if a service is safe, effective, caring, responsive and well led. At the next inspection we will also check to ensure improvements made for this inspection have been sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

We found that action had been taken to improve safety.

There had been improvements made to the way medicines were managed in the service since our previous inspection. However, further improvements were required.

We could not improve the rating for Safe from the existing rating because to do so requires consistent good practice over time. We will check this during our next comprehensive inspection.

Is the service caring?

Good ●

We found that improvements had been made and staff treated people with dignity and respect.

Staff displayed caring attitudes towards people. We observed positive interactions between staff and people that demonstrated respect.

The manager and provider had taken action to promote positive staff interactions with people and to tackle poor interactions but these changes were not yet fully embedded.

Forde Park Care

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Forde Park Care on 5 October. This inspection was done to check that improvements to meet legal requirements planned by the provider after our January 2016 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe? and is the service caring? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one adult social care inspector. We looked at the information we held about the home before the inspection visit, including the inspection history, previous reports, action plan sent to us by the provider and information sent to us by the local authority quality improvement team.

During the inspection we met with the registered provider, the manager in day to day control of the home and the compliance manager. We spoke with four staff members and four people living at the home that were able to talk with us. To help us understand the experience of people who could not talk with us due to living with dementia, we spent time carrying out a Short Observational Framework for Inspections (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care. We spent time observing the care and support people received, including staff supporting people with their moving and transferring, eating meals and taking medicines.

We looked around the home looking at the environment for people, cleanliness and adaptation to meet people's needs in relation to privacy and dignity. We viewed the changes to the medicines ordering systems that had been made since the last inspection and sampled records including five people's care plans and other records in relation to their care, including records of medicines administered. We also looked at risk assessments related to people's medicines. We discussed the home's action plans and progress being made on the issues found during previous inspections.

Is the service safe?

Our findings

At the last inspection on 25 January 2016 we found concerns. The home had not ensured that there were sufficient quantities of medicines to ensure people received their prescribed medicines. On this inspection we looked to see what changes had been made. We found the provider had made a number of improvements. However, we found further improvements were required in relation medicine recording systems and medicine tracking. With this in mind the rating for this domain remains unchanged.

At this inspection we found the provider and manager had systems in place to ensure that people's medicines were re-ordered. The manager told us that when they had taken over their position in August they had returned everyone's medicines to the pharmacy and started from a zero stock position. This had enabled them to keep medicines stock at acceptable levels. A new form, 'Medication Tracking', had been introduced for staff to document the action they had taken to re-order medicines. This form recorded details of the medication and when it had been ordered. Staff were required to track the progress of the order, contacting the GP to request the prescription and alerting the pharmacy to expect the prescription. Staff were to record on the form when the medicine had arrived and chase delays. However, we found that staff were not recording that the medicine had been delivered, although they had been. We discussed this with the manager who took immediate action. Since the inspection the manager spoke with all staff and implemented a system to check that medicines re-ordered had been received and signed for. This was overseen by the manager.

At the time of the inspection in January 2016 the home was in the process of introducing an electronic system in relation to medicines. This new system was being used alongside a paper system whilst staff were being trained. This meant some records were being duplicated and others were not being appropriately recorded.

At this inspection in October 2016 we found that the home were still using paper medicine administration records (MAR) alongside electronic records for nurses who were not trained in the electronic MAR. This was continuing to be problematic. We saw that some medicines administered were not being appropriately recorded. The electronic system had been introduced in order to minimise the risks of medicine errors occurring and enable close monitoring and accuracy. It also alerted staff of when a medicine had not been given or was late and enabled the registered manager to pull off detailed reports relating to medicines. Staff told us that the system was working well. They said the system would not let them miss administering a medicine as they could not move onto another record without recording an action. However, there was no system in place to monitor late or missed dosages on the paper MAR. We checked five MAR records and found that there were some missing signatures on the paper MAR sheets. Medicine stock levels were checked, we found that these were correct and medicines had been given as prescribed. This indicated that staff were giving people their medicines but, in some cases, not signing the MAR charts. We discussed this with the manager who immediately responded and systems were put in place to monitor paper MAR sheets. We were assured by the manager all missed signatures would be fully investigated and the relevant nurses and agencies informed. The manager told us they try to have agency nurses that have worked at the home before and had received training on the electronic system.

At the inspection in January 2016 we identified some concerns around the lack of some records relating to the application of medicated creams. At the time of the inspection medicated creams were included in the new computerised system for recording medicines. However, only nurses and senior carers had access to this system. This meant that when care staff applied creams to people, they were unable to access the system to record this. Since this inspection the provider sent us an action plan of how this was being dealt with. All medicated creams were being recorded on paper records and kept in people's care files in their rooms for all staff to access and record when they had applied creams. We sampled a number of care files to see if this was being implemented and found topical medicines application records and body maps completed by staff.

We recommend that the service continues to make the planned changes to ensure that current guidance on managing medicines in care homes is implemented, and safe practices become fully embedded.

During our inspection we observed a medicine round. We saw that medicines were administered safely. Staff asked people if they were ready for their medicines. They explained to people what their medicines were for and stayed with them until they had swallowed their medicines. We saw medicines given to people through a percutaneous endoscopic gastrostomy (PEG), a tube that goes into a person's stomach through the abdominal wall, most commonly used to provide a means of feeding when oral intake is not adequate or possible. Throughout the procedure the nurse explained what they were doing and constantly offered reassurance. Following the procedure we discussed the process with the registered nurse. They told us in detail about the daily and weekly care of the PEG and the associated risks. We saw that staff had followed the risk assessment plan in the person's care records.

Some people at living at Forde Park had diabetes. Nurses managed this well ensuring people received their medicines as prescribed and blood sugars were checked and recorded.

Only specific members of staff were able to administer medicines. These were the nurses and senior care staff. These staff members had completed a medicines course and had their competencies checked. Medicines were stored safely. Medicines that required additional security measures were well managed.

Since the last inspection in January 2016 the provider had sent us details of medicines audits that the home was now undertaking to ensure that medicines processes and administration were maintained. Audits include; MARs monitored and alerts checked daily, random spot checks of people's medicines and staff compliance with topical medicine charts. However, after our findings with the paper MAR, it was evident that their audit processes did not look at paper medicine records. The manager told us they would look into how these could be audited in the future. The home underwent an audit by a local dispensing pharmacy in September 2016 and were working closely with them to improve processes.

Is the service caring?

Our findings

At the inspection on 25 January 2016 we observed some interactions between staff and people living in Forde Park Care which were not caring or respectful. Some staff did not display caring attitudes towards people. On this inspection in October 2016 we looked to see what changes had been made. We found sufficient action had been taken to meet the requirements of the warning notice and with this in mind we have changed the rating for this domain to 'Good'.

The manager had taken action to promote positive staff communication with people and to tackle poor interactions. Since the inspection in January 2016 the manager and provider had worked with staff to change a negative culture to a more positive culture. The home had promoted staff from within to take on role of team leaders to ensure that people were cared for well. All staff received training in dignity and respect. The management team carried out a series of unannounced spot checks and walk arounds within the home. These focused on the interaction between people and staff and specifically looked at the quality of care being provided. This helped to ensure standards were maintained. The manager supported staff with observational supervision and coached staff in treating people with dignity and respect. As part of the home's commitment to ensuring people living there were treated with dignity and respect we were told all staff would be enrolled on the 'The Dignity Champion Programme'. The home had recently nominated a member of staff as a Dignity Champion and they were working with their colleagues to improve care. The Dignity Champion Programme was launched in November 2006, and aims to put dignity and respect at the heart of UK care services.

People, who were able to, told us they felt well cared for and staff were kind. People told us they were treated with dignity and respect. One person said, "Staff treat me with dignity and my privacy is respected." Staff told us of the importance of respecting privacy and dignity. One staff member said, "I always cover people with a towel and close the doors and curtains to make it private." We observed people being treated respectfully and with dignity. Doors remained closed to people's rooms when they were being supported with personal care and staff knocked and waited for a response before entering. The provider had recently fitted privacy signs for each bedroom door that staff could change to, do not disturb, whilst providing personal care.

We heard staff talking to people behind closed bedroom doors whilst helping them with personal care. Staff were heard making pleasant conversation, taking an interest in people and there was lots of light hearted banter and laughter. One staff member enquired about the person's health and asked them if they were feeling better now. We heard staff in people's rooms ask how they liked the temperature of the water, what they would like to do for themselves and what clothes they would like to wear. People looked well cared for. People's skin and nails were clean, their hair was neat and tidy and they were dressed in fresh, clean clothes.

People were supported by kind and caring staff that showed patience and understanding when supporting them. For example, one person constantly asked the same questions. Staff always patiently answered them, using a gentle tone of voice, taking time to explain. When the person became distressed we saw staff distract them with questions about their work life and soon the person was smiling and laughing with them. When

staff went into any room where people were, they acknowledged people. We saw staff had a good rapport with people and were seen to be friendly. Staff appeared to know people well and were interested in them and their life experiences. There was laughter and fun. We heard staff communicating clearly and effectively. For example, staff sat with people, giving them time to remember stories, asking questions and showing an interest in what they had to say.

Staff were aware of how best to communicate with people. For example, they got down to the person's level in order to speak to them, rather than standing over them. This meant people could see staff faces which aided their understanding and were not intimidated by staff. We observed staff assisting people with their meals this was done in a kind and caring manner. Staff assisted them at their pace and constantly gave them encouragement and praise, asking them if they had eaten enough and if they enjoyed the food.

We saw staff help people with their mobility. One person was helped into a chair with the aid of a hoist. Staff explained the procedure and gave reassurance throughout. Another person received their medicines through their percutaneous endoscopic gastrostomy (PEG). This was done very discretely and every effort was made to maintain their privacy.

Staff explained how they maintained people's independence wherever possible. For example, by encouraging them to make choices about how they spent their time and always asking them for their consent before assisting with their personal care needs. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily lives.