

Franklin Homes Limited

Fairways

Inspection report

119 Cardigan Road
Bridlington
YO15 3LP
Tel: 01262 676804
Website: N/A

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 October 2014 and two breaches of legal requirements were found. These were regarding staffing levels and quality assurance systems. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 13 May 2015, to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fairways on our website at www.cqc.org.uk

Fairways provide care and support for twelve people with a learning disability, some of whom have complex needs. It is situated on the outskirts of Bridlington and consists

of a large house with accommodation provided on two floors. There are two lounge areas on the ground floor, one of which also serves as a dining room. People living in the service have access to a large garden area.

At the time of the visit, there was a registered manager in post. 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 our focused inspection we found that the provider had followed their plan of actions. Although some work had been undertaken and the service now met legal requirements some improvement was still required.

Summary of findings

We received mixed responses from staff about the staffing levels in the service, not everyone felt the service always had the correct number of staff on duty. Although staff told us there were no staff meetings they did feel consulted and supported.

The manager had taken actions to increase the staffing numbers in the service; this included the use of agency, temporary staff and the recruitment of new staff.

However, records regarding staffing levels in the service required improvement.

Changes had been made to people's care files and there was evidence these were now reviewed. This meant staff had more up to date information available to them when supporting people with their care.

The quality assurance systems had been used to help develop and improve the service, although some of the record keeping for this continued to require improvement. People that used the service had been provided with questionnaires about the care delivery, but their responses had not been reviewed and used to help plan developments for the service. However, meetings were held with people who used the service to obtain their views.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

Staffing levels had been improved and actions had been taken to help ensure enough staff were employed in the service.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve how the service was led.

Actions had been taken to improve the systems in the service, which included care planning, staff training, staffing levels and the environment.

Improvements were still required with the quality assurance systems.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well led at the next comprehensive inspection

Requires improvement



Fairways

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 was 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.

We undertook an unannounced focused inspection of Fairways on 13 May 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 21 October 2014 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector who was accompanied by a newly recruited inspector who 'shadowed' the visit. During our inspection, we spoke with

one person who lived in the service, the registered manager, the service psychologist and three staff members. The majority of people who lived in the service had gone out for an activity and only three people remained in the service.

Prior to this visit, we reviewed the information we held about the service. This included a review of any notifications about the service. We also reviewed the plans the provider had sent that described how they were going to take action to meet the previously identified breaches of legislation.

We also contacted the local authority commissioning and safeguarding teams to ask for their feedback about this service.

Whilst at the service we spent time sat in the main lounge observing daily life. We spoke with people and reviewed records in relation to staffing and quality assurance. This included four duty rotas and signing in sheets, three care files for people who used the service, the infection control audit file, the health and safety audit file and other quality assurance documents.

Is the service safe?

Our findings

At the last visit to the service, we found that there was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the numbers of staff available to support people. The service had provided an action plan describing how they would meet this breach. This included the employment of new permanent staff and the interim use of agency staff. The registered manager confirmed to us these actions would be completed by 10 February 2015.

When we spoke with one person that used the service they confirmed to us they felt safe living at Fairways and that they did not have any concerns in relation to the staffing levels.

On the day of our visit the majority of people were out on activities in their local community and we spoke only with one person.

When we spoke with staff they told us the changes that had been made in relation to staffing had benefitted people living in the service. However, we did receive mixed responses.

One staff member told us staffing had improved a lot “Because of the staff being brought in.” However, that they continued to work long shifts. They told us the service was short staffed, “At times.” Although they felt people remained safe, they did feel people’s activities were affected by this. Another member of staff told us the service was short staffed only occasionally and this was not a regular occurrence, they said the hours they worked had “Improved.” The staff member felt the occasionally short staffing did not impact on people living in the service. They were able to tell us about people’s different activities, which included, going out in the community and people’s relatives visiting. Another member of staff told us the home had been short of staff the day before our visit. Also that there were more staff and “This had helped.” They also said the service was “Like a family.” We were told that the manager worked shifts to help cover any absences.

The registered manager told us that since the last inspection action had been taken to ensure the correct staffing levels in the service. This included the actions from the action plan they provided. There was now a member of staff from another service working in the service on a temporary basis. Additionally, one member of staff had been employed via a recruitment agency for a three month period also to help ensure staffing levels were sufficient. The manager told us that there had been difficulties recruiting staff as although they had selected and interviewed potential staff not all of them had been suitable to work in the service. However, there was now one new member of staff due to commence working in the service the day after our visit and two other new members of staff were currently completing pre-employment checks and would also start working in the service in the near future. This would ensure staffing vacancies were then all met.

The registered manager told us they worked four shifts a week as a member of staff supporting people and only had one shift per week for management and administration tasks. This was to assist with current staff shortages. They also confirmed that the additional hours staff had previously worked had now reduced and there were now only three staff who completed overtime.

The registered manager told us there were currently five staff on duty on the morning shift, three staff on the afternoon shift and two staff who slept over in the service at night time.

When we looked at duty rotas, we saw these recorded that there were five staff on the majority of the morning shifts and between two and three staff on the evening shift with identified sleeping in staff. However, on some occasions there were three or four staff on duty in the morning and two staff on duty in the evening.

We also saw that the staff on duty were recorded in each person’s daily notes and on signing in sheets. We noted that the staffing levels which we cross-referenced between these and the duty rotas did not always match.

Is the service well-led?

Our findings

At the last visit to the service, we found that there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the quality assurance systems in the service. The registered manager had provided an action plan describing how they would meet this breach. This included monthly checks of the service and audits of people's files.

We reviewed the quality assurance system in the service. At the last visit, staff had told us how they had not been consulted about the home and that the environment was poor. There were concerns with staffing levels and the quality of people's care plans, which had not been identified by the quality assurance systems.

When we consulted with the local authority they had some concerns, which included issues with care planning, staff support and training.

The registered manager told us about people's care plans and how all but one of these had been reviewed and amended. We looked at people's care files and saw these included up to date sections and documents to record when the information was reviewed and read by staff.

We saw that some action had been taken to improve the environment, for example, a new floor in the kitchen. Additionally the manager told us how people who lived in the service had been consulted about the planned redecoration of the lounge.

When we reviewed the quality assurance system we saw it included a monthly audit of infection control and health and safety. There was an operational monitoring tool for the service which was a tool used to review the service delivered to people, although this had not been completed since November 2014. Additionally there was a service improvement plan which had not been completed since July 2014.

We discussed this with the registered manager who told us the quality assurance was reviewed monthly with the organisation's area manager. The reports for this were not available on the day we visited and the registered manager forwarded a copy of the latest report to us the next day. This recorded some dates of quality assurance reviews that had been completed in March and April of this year.

The quality assurance system did not record that there had been a check of the duty rotas and signing in documents were we found there were discrepancies. **We recommend the provider review standards of record keeping in the service.**

We also discussed the use of surveys to gain the opinions of people who lived in the service or their representatives. This would help people to be involved in any development of service provision. The manager told us some questionnaires had been given to people in December 2014 and some in May 2015. She told us no analysis work had been completed with these surveys, as she had not had the time to do so. Consequently, no response had been undertaken with regard to people's opinions of the service. **We recommend the provider analyses people's responses and opinions of the service as part of their quality assurance system.**

We saw that there were meetings held for people who lived in the service and these offered an opportunity for people to be consulted about any planned changes and also asked if they required any changes. The minutes of the last meeting included people requesting changes to the menus in the service.

When we spoke with staff and the person who used the service, we were told people had been involved in choosing the new decorations planned for the main lounge.

We also looked at how staff were consulted and supported in the service. Staff told us they felt supported by the registered manager and that they had supervision sessions. They told us that due to staffing levels there were no regular staff meetings but that the registered manager ensured people were kept informed through the use of the communications book and notice board.

We saw minutes for the last staff meeting held in January 2015 and noted staff had both been given information about the service and asked their opinions.

The registered manager provided us with details of the staff training. We noted people still had some training gaps but that there had been training undertaken since the last inspection visit.