

Mills Family Limited

Fallowfield

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Fallowfield is a 25 bed care home with nursing care home for older people. There were 22 people using the service at the time of our inspection.

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

Since the last inspection, the service had made considerable improvements in relation to risk assessments, maintaining care documentation and ensuring people were treated with dignity and respect. However at this inspection, we found improvement was needed in relation to some areas of medicines management.

There were enough staff available to meet people's care and support needs. The provider had appropriate arrangements to help prevent the spread of Covid 19. There were procedures in place to prevent visitors to the home from spreading infection at the entrance and on entering the premises. The provider had accessed regular testing for people using the service and staff and shielding and social distancing rules were compiled with. All staff had received training on infection control and specific training relating to COVID 19.

The service worked in partnership with healthcare professionals to embed improvements and deliver an effective service. Positive feedback was received about the service from relatives and staff.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 9 June 2020).

Why we inspected

We received concerns in relation to infection control and staffing. As a result, we undertook a focused inspection to review the key questions of safe, caring responsive and well-led only.

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.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below

Good ●

Fallowfield

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.

This was a focused inspection to check on specific concerns about people's care.

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 team on site consisted of an inspector, medicines inspector and a nurse specialist. One inspector was involved in the planning of the inspection. After the inspection, an expert by experience made telephone calls to people and relatives. 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

Fallowfield 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 CQC. 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

This inspection was unannounced.

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 healthcare 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 two staff members, five nurses, the clinical lead, area manager and the provider.

We reviewed a range of records. This included six people's care records and a variety of records relating to the quality of the service provided.

After the inspection

We spoke with six relatives to gain their views about the service.



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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At our last inspection, we found concerns in relation to the checking of expiry dates of medicines used and different people's medicines stored adjacently on the same shelf so there was a risk of people receiving the wrong medicines.
- During this inspection, we found some improvements had been made, medicines used were within their expiry dates and medicines were stored in separate containers, labelled with people's names and room number.
- However, we found one person's container was labelled with the wrong person's name and injectable medicines devices for two other people were not labelled. This meant there was a risk that medicines could be given to the wrong person or that staff would not know who they belonged to.
- We brought this to the attention of staff on the day of the inspection and action was taken straight away to label people's medicines correctly.
- Staff administered medicines to people with care and completed medicines records appropriately. However, people receiving time-specific medicines were not always prioritised and medicines were administered to people in room order rather than in accordance to people's needs. This meant some medicines were given late to people. For example, one person was given their medicines for managing diabetes at 13.30pm, but should have been given at 12.00pm. We found no evidence that people had been harmed however, improvement was needed to ensure medicines were prioritised appropriately.

We recommend systems are reviewed to ensure medicines are prioritised to help manage people's conditions safely.

- After the inspection, the area manager told us they had actioned this immediately. The area manager contacted the local commissioning pharmacist to arrange extra training and guidance for staff in relation to this issue. We will review this at our next inspection.
- Management staff carried out audits of medicines and made improvements where identified. Staff understood the process to follow if an error occurred.
- People receiving their medicines covertly was done safely. Decisions were made within people's best interest and involved people's families/advocates where necessary.
- Records showed staff were trained in the safe administration of medicines and had their competency to administer medicines assessed to ensure safe practice.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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.

- During this inspection, we found supplementary charts had been completed correctly and dietary guidance was followed up by staff.
- Risks to people were identified and managed to maintain people's safety. Risk assessments and risk management plans were in place which detailed guidance for staff to mitigate risks to people covering areas such as skin integrity, moving and handling, continence and mobility. When speaking with staff, we found they had a good understanding of people's needs and understood what they should do to keep people safe.
- Health and safety checks including fire tests, water temperature checks and electrical and gas safety checks were carried out to ensure the environment and equipment was safe for use. Fire safety and equipment checks were completed. Staff received fire training and took part in regular fire drills.
- Relatives were able to tell us of examples of safe care being provided. A relative told us, "[Person] is hoisted from their bed into their chair. There are two staff, they are very careful and are well trained for their job."

Staffing and recruitment

- There were adequate numbers of staff on the day of the inspection. The service had a staff rota which reflected the staff on duty and shifts were being covered adequately. Regular agency staff were used to provide cover where needed to ensure consistency of care to people. A dependency tool was used to assess staffing levels in the home which was based on people's needs.
- During the inspection staff did not appear to be rushed and were available to support people when needed. Staff told us there was enough staff to meet people's needs. A staff member told us "Staffing level is good. We usually have 4-5 staff in the day, and we manage well. We don't rush."
- Relatives also told us there was enough staff. A relative told us "Always plenty of staff around. They never rush [person]. They know [person] by name and always have a little conversation with [person]."

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Safeguarding and whistleblowing policies were in place.
- Staff were aware of the different types of neglect and abuse that could occur. They knew the reporting procedures to follow if they had any concerns.
- Records showed safeguarding concerns were logged and monitored which included working with relevant healthcare and social care professionals such as the local authority and safeguarding teams.
- Relatives told us they felt people were safe using the service. A relative told us "I feel "[person] is very safe in the home. The staff are so supportive, they phone me every week and update me with everything." Another relative told us "The staff are very good. I feel [person] is very safe and well cared for."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before staff were employed.

Learning lessons when things go wrong

- The service had a system in place to record and respond to accidents and incidents. Records showed lessons learnt were used to improve the quality of service and relayed to staff to promote good practice. For example, one person was found to be positioned wrongly in their bed. Their risk assessment was updated,

and measures were put in place to minimise further risk such as a crash mat put in place in case they had a fall. A monthly falls analysis was also done to help identify any trends to reduce the likelihood of reoccurrence.

Preventing and controlling infection

- People were protected from the spread of infection. An infection control policy and monthly infection control audits were in place. Risk assessments were in place for COVID-19 and appropriate levels of cleanliness were maintained throughout the service.
- There were procedures in place to prevent visitors to the home from spreading infection at the entrance and on entering the premises. There were arrangements in place for relatives to book visits with their loved ones which included a designated visiting room with a screen to prevent the risk of infection. Visitors were temperature checked and they were required to wash their hands and wear face masks when entering the home. A relative told us "Staff always wear PPE when supporting [person], masks, aprons, everyone has their temperature taken before entering. They are very well organised. "Another relative told us "They have converted a room off the garden. We do not go into the home. You have your temperature taken and masks are worn. There is a glass partition and we use intercom speakers. It is not easy, but they do their best. They have done a very good job keeping people safe."
- The provider had accessed regular testing for people using the service and staff and social distancing rules were compiled with.
- All staff had received training on infection control and specific training relating to COVID 19. We observed staff wore PPE at all times during the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection there were instances where people were not treated with respect and their privacy was not ensured. This was a breach of Regulation 10 (Dignity and respect) 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 10.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- During this inspection, we observed staff were kind and caring towards people using the service. Staff addressed people by their names and routinely asked people how they were doing. We observed good interactions with people with staff taking the time to engage with people and gave people choice of what they wanted to do.
- Staff communicated to people what they were doing before they did it. For example, we observed when staff assisted a person with a transfer from their wheelchair and armchair, staff communicated and reassured the person. When the person got anxious, staff gave the person space to relax and reassured them before they continued.
- People's privacy and dignity was respected, and independence was promoted. A relative told us "The staff are very respectful. they know us by name, we are not just a number. They really care." Another relative told us "[Person] never has bed sores. I can't fault them. They [staff] have encouraged [person] a lot. [Person] can now feed themselves. They encourage [person] to go into the dining room and really improved since they have been here."

Supporting people to express their views and be involved in making decisions about their care

- Records showed people, relatives and healthcare professionals where required, were involved in decisions about their care. A relative told us "Yes I have been involved with [persons] care plan, we have had reviews and updates." Another relative told us "If there are any questions, they listen to you."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person-centred and provided staff with guidance on how their needs should be met. Care plans included details of people's preferences, cultural needs, health conditions and the level of support they required which covered areas such as diabetes, catheter care and falls.
- A relative told us "[Person] is supported with their food and drink. [Person] has Diabetes. They [staff] monitor their diet. [Person] is well cared for and they are very careful with their sugar levels." Another relative told us "The staff know [person] well and would know if there were any concerns. They are very supportive with [person's] daily care. [Person] has a catheter and they understand all [person's] needs"
- People's care records were reviewed and updated when people's needs changed.
- People and their relatives spoke positively about the service they received which met their needs and preferences. A relative told us "The service is very good. Very responsive and very supportive with everything." Another relative told us "It settles me knowing [person's] care is so good."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had activities and activity co-ordinators in place. During the inspection, we observed activities taking place in the morning and after lunch. Relatives spoke positively about the activities in the home. A relative told us "They made fruit cocktails in the summer with ice cream to encourage them. They [staff] encourage them into the garden. They are all very caring." Another relative told us "They [people] are encouraged to do craft also sensory activities. They have lots of activities going on to encourage people to join in."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information which showed how people communicated and how staff should communicate with them.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. Complaints were logged, and records showed the registered manager investigated and responded appropriately when complaints were received to help resolve these. A relative told us "I had a minor issue regarding [persons] nails not being very clean and long. They dealt with it immediately. Never had a problem since. That is the only complaint I had and very happy with the outcome."
- People and their relatives were aware of how to complain and had confidence that any issues they raised would be addressed. A relative told us "I have never complained. No need to. I have the telephone number if ever I would need to. I would speak to one of the senior staff."

End of life care and support

- People's end of life wishes were detailed in their care plans and worked with relevant healthcare professionals and organisations to help ensure these could be met.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, the service had made improvements in relation to assessing risk, ensuring people were treated with respect and their privacy maintained and maintaining records relating to people's care. Some improvement was needed in relation to time specific medicines not always prioritised. This was actioned immediately after the inspection.
- Audits had been conducted by the registered manager and the provider which covered various aspects of the service including infection control, health and safety and spot checks. These showed actions had been followed up and documented as completed. An action plan was also in place as result of an external audit which had been completed to ensure areas of improvement were monitored and actioned.
- We received positive feedback from relatives about staff and the way the service was being managed. A relative told us "The management are very approachable; all the staff are and never had any problem. I think the home is very well managed.... They listen to what you have to say." Another relative told us "There is a nurse's station where you can speak to someone if you have a concern over wellbeing. Excellent care and I'm very happy."
- Management staff understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong and notified relevant healthcare professionals and CQC of any significant events at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Records showed feedback from people and relatives were sought through resident and relative meetings. A relative told us "They have resident's meetings (before Covid) inviting the nurses, residents, carers and relatives. We would have tea and cakes. it is run very well."

- During the COVID-19 pandemic, relatives spoke positively about the way the service has managed the pandemic and kept them regularly informed of actions they were taking. A relative told us "Since Covid, the service has kept me updated with any change and everyone is tested. They are really on top there." Another relative told us "In lockdown they have encouraged [person] to speak on the phone to me. They are very considerate."
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care and make improvements to the service. A relative told us "They always organise a GP if [person] needs one. They look after [persons] needs "