

CareTech Community Services Limited

Faycroft

Inspection report

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Tel: 01952616515

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Faycroft is a residential care home providing personal care to six people with a learning disability at the time of the inspection. The service can support up to seven people.

The home is split over two levels with most of the bedrooms and bathrooms on the first floor. Downstairs there is an open plan lounge, kitchen and dining room with a separate lounge for people wanting some personal space. The home is located close to local amenities.

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

The overall governance of the home had improved. The manager and the provider completed monitoring checks to ensure people's care was in line with the standard required.

People and the staff were able to communicate more openly which had improved the culture within the home.

People's care plans had been updated and a standardised format was being used. Best practice guidance was reflected in the updated care plans. Daily record and incident reports were being monitored and action was taken to address any concerns.

Improvements were needed to the environment to improve the homes ability to mitigate the risk of infection spreading. The provider also needed to ensure all staff were confident donning and doffing personal protective equipment (PPE) and ensure staff documented their Covid-19 test results at the time the test was taken.

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 07 May 2020).

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 reviewed the action plan and improvements had been made but the service remained in breach as the improvements were yet to be embedded.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 COVID-19 and other infection outbreaks effectively.

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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Faycroft

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

This inspection was carried out by one inspector.

Service and service type

Faycroft is a 'care home'. People in care homes receive accommodation and 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. At present the registered manager is not in work and the home is being supported by a peripatetic manager.

Notice of inspection

This inspection was unannounced.

What we did before 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.

During the inspection

We spoke with four people who used the service and observed the care of all the people living at Faycroft. We spoke with four members of staff including the provider, manager, and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We also looked at 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 policies and quality assurance records.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. This was because identified repairs had not been carried out leading to further deterioration in some areas. For example the sealant used in bathrooms had worn away and several doors needed painting. We were advised there was a plan in place to refurbish parts of the home but there were not clear time scales of when this would be completed by.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff were all observed wearing PPE appropriately. However, the provider could only evidence some staff had been deemed competent in the donning and doffing of PPE. The provider told us they would ensure they reviewed this area with all staff.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. This was because we found gaps in the records so could not be sure if all had taken a test. The manager has taken action to remind all to complete the necessary records.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- After we had issued the warning notice the provider made further changes to the management of Faycroft. A peripatetic manager was recruited to focus solely on Faycroft and make the improvements needed. They also ensured senior managers had an increased presence in the home to offer additional support and guidance. We observed the peripatetic manager updating care plans, liaising with staff and speaking with senior managers about the refurbishment of the home.
- At the last inspection we found evidence of a closed culture. At this inspection we found the culture had improved. Communication systems were being utilised such as team meetings and staff supervisions. Staff were also given frequent opportunities to discuss any concerns directly with the provider and ensure relevant information was escalated within the organisation. People told us they were happy at Faycroft and we observed people having the opportunity to make plans and speak to staff about subjects which were important to them.
- Record keeping in relation to the people living in the home had improved. People's care plans had all been reviewed and a standardised format had been introduced. This meant it was easier for staff to access information about people's support requirements. Daily record audits were carried out to ensure a consistent standard of care was being reached.
- People's care plans had been revised in line with nationally recognised guidance. Personal safety plans had been developed for each person which were tailored to them and reflected the Restraint Reduction Network Standards. These ensured staff were able to be consistent and proportionate with their response to incidents and managers could monitor staff against the guidance set out.
- The overall governance of the home had increased since our last visit and there was documented evidence of provider visits. This meant there was greater oversight of the standard of care people received and the support staff required. Actions created for the manager were clearly defined and reviewed on each subsequent visit to ensure the progress was being adequately monitored.

Although the provider has achieved compliance in the areas, we identified in the warning notice, they

remain in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the provider needs to embed and sustain the improvements to demonstrate consistent good practice over time.