

Care UK Community Partnerships Ltd

Farm Lane

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Farm Lane is a residential care home providing personal and nursing care to people over the age of 65. The service can accommodate up to 66 people across three separate units. Twenty-one beds on the ground and first floor are allocated to people discharged from hospital requiring further assessment, care and support for a period of up to 28 days. The remaining 45 beds are used to provide nursing care for older people some of whom are living with dementia. At the time of the inspection 29 people were living in the home.

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

We identified shortfalls during our inspection in relation to the accurate and consistent completion of people's care documentation. People's turning charts, fluid and elimination records contained gaps and omissions of information. This meant that tasks were either not being completed as directed and/or that outcomes were not being recorded accurately.

Despite the above concerns, people told us they felt safe with the staff supporting them and spoke positively about the service.

People were protected from the transmission of infectious diseases including COVID-19.

Medicines were managed, stored and administered safely.

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 July 2019). The service remains rated requires improvement.

At our last inspection we found a breach of the regulations in relation to good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulation 17 (good governance). We made a recommendation in relation to monitoring and recording people's health conditions and the care and treatment they receive.

Why we inspected

We received notification of an incident of concern in relation to the care and treatment provided to people with pressure wounds. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

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 coronavirus and other infection outbreaks effectively.

We have judged that the provider needs to make improvements in the key areas of safe and well-led. Based on our findings at this inspection, and in conjunction with the ratings from our previous comprehensive inspection for the key questions of effective, caring and responsive, the overall rating for this service has remained requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Farm Lane on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to governance at this inspection. We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will contact the provider in due course to monitor progress. We will 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 well-led findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Farm Lane

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

This inspection was carried out 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

Farm Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service since the last inspection. This included notifications from the provider, which is information about important events which the provider is required by law to send to us. Our planning also took account of the information provided by the previous registered manager

during an Emergency Support Framework (ESF) call on 2 June 2020. ESF calls helped us to give targeted local advice, guidance and support to providers and care staff using a structured framework to guide conversations and help them to respond to emerging issues, and to deliver safe care which protects people's human rights. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with eight people using the service and two relatives about their experience of the care and support provided. We also spoke with three nurses, a healthcare assistant, an activities co-ordinator, a deputy manager, the registered manager and a visiting GP. We reviewed a range of documents which included people's care planning and risk assessment documentation, medicines records, audits, accidents and incidents logs, safeguarding and complaints records.

After the inspection

We asked the registered manager to send us a range of information to review off-site. This included working policies and procedures, staff training data, audits and other quality assurance records. We contacted three local authority representatives familiar with the service and two representatives from the NHS for feedback. We received feedback from one representative from Hammersmith and Fulham local authority safeguarding team. We used this information to help us make our judgements about the operation of service and standards of care.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated good. At this inspection, the rating for this key question has deteriorated to requires improvement. We could not be assured that people were always being cared for safely.

Assessing and managing risks; Learning lessons when things go wrong

- Staff completed risk assessments and risk management plans in relation to people's health and welfare and these were reviewed on a regular basis. The management plans provided guidance on how to reduce and mitigate risks in a range of areas including in relation to falls, nutrition, choking, hydration, continence and skin integrity.
- Where people were at risk of developing pressure wounds, risk management plans indicated that staff were required to regularly reposition people who were unable to do this for themselves and to complete repositioning charts. We noted that repositioning charts were not always being completed consistently and contained obvious gaps and omissions. We could therefore, not be certain that people were being safely repositioned according to the prescribed guidelines and time requirements.
- Hydration and elimination charts were in place where risks to people's health and well-being had been identified. However, these were not always being completed in full. For example; one person's care record identified them as being at high risk of constipation. Corresponding elimination charts (paper form and electronic) recorded different information, showed significant gaps of up to 13 days and no information beyond a certain date. We could find no evidence the person's elimination patterns were being monitored consistently so that any remedial action could be taken promptly and the matter discussed with the person or raised with the GP. We also found issues with fluid charts where target amounts were not recorded or were left un-totaled. Following the inspection, the registered manager assured us that these issues were being addressed with staff via supervision and training sessions.

We recommend the provider seek and implement national guidance on monitoring and recording people's conditions and the care they receive.

- The provider made referrals via the GP to tissue viability services, dietitians, occupational therapists and physiotherapists for further advice and recommendations.
- Pressure relieving equipment was in place where needed and staff maintained records of wound care and recommended treatment plans.
- Staff received training in safe moving and positioning techniques and people were provided with appropriate walking aids and adaptations. One person told us, "[Staff] encourage me to move around the home" and another person commented, "[Staff] help me move around with my frame." We observed staff assisting people with their mobility needs in a supportive and safe manner.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and commented as follows, "Yes, I feel safe", "I would speak to the

management if I did not feel safe", "I'm safe, there is nothing to be afraid of" and "[Staff] look after me very well. I have no problems."

- Appropriate measures were in place to protect people from the risk of abuse, harm and neglect. Staff completed safeguarding training and understood the provider's safeguarding and whistleblowing policies and procedures.
- The provider responded appropriately when concerns were brought to their attention and people and staff were confident that appropriate action would be taken to investigate and mitigate any potential risk of harm.

Using medicines safely

- Medicines were ordered, stored and administered safely. Staff completed medicines training as part of their induction, and this was refreshed via self-assessment on an annual basis.
- We observed a member of staff administering medicines to people in a safe and helpful manner. Medicines were placed in a cup and assistance offered with drinks when necessary. Good hand hygiene practice was observed, and staff used hand sanitising gels frequently in and between people's rooms and clinical areas. People were spoken to respectfully and it was clear that this particular staff member had a good knowledge of the people they were supporting and the medicines they had been prescribed.
- People's medicines were ordered, checked in and recorded via an electronic monitoring system. No medicines errors were evident, and records were in good order and stored securely.
- Controlled drugs were stored and disposed of safely. Staff conducted regular stock checks and managers had appropriate oversight of the management of medicines via their internal auditing systems.
- Clinical rooms were clean and tidy, and fridge and storage area temperatures were within the specified limits.

Preventing and controlling infection including the cleanliness of premises; Ensuring equipment and premises are safe

- The provider implemented robust infection control measures to ensure people, staff and visitors were protected from infection, including risks relating to COVID-19.
- We were assured that the provider was admitting people safely to the service.
- The provider's infection control policies and procedures were up to date and in line with the latest government guidelines.
- We were assured that the provider was using protective personal equipment (PPE) effectively and safely. People told us staff used PPE appropriately, and we observed staff wearing masks at all times. Managers carried out regular audits of infection control measures.
- We were assured that the provider was preventing visitors from catching and spreading infections. There were clear procedures for visitors to follow when entering the home, including completing health declarations, use of PPE and undergoing temperature checks.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The premises appeared clean and tidy throughout.
- Checks were in place to monitor the safety of the environment. There were systems of regular checks on key areas of the building, including infection control and other aspects of health and safety.

Staffing and recruitment

- Staff were recruited safely. The provider carried out appropriate pre-employment checks to ensure staff were suitable for their roles. This included obtaining evidence of identification, people's right to work in the UK and checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's

backgrounds, including convictions, to help employers make safer recruitment decisions.

- Staffing levels were assessed to meet people's needs and there were enough staff deployed to meet people's care and support needs on the day we visited. People had access to call alarms, and these were observed to be in reach and responded to although some people told us this was not always done in a timely manner.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

At our last inspection the provider had failed to maintain accurate, complete and contemporaneous care records for each people using the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of the regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider undertook a range of audits and reviews of service provision. However, where concerns had been identified, the provider was failing to ensure staff were taking the necessary steps to improve their practice to ensure the delivery of safe care. The registered manager explained that issues such as incomplete and inaccurate completion of monitoring charts had been identified via their auditing process and had been discussed with staff at team meetings. Despite these measures, action was still not being taken to remedy unsafe care practices.
- Monitoring charts used to track the progress of people's welfare, care and treatment were not always completed correctly or in full. This meant that important documentation was not always reliable and key information was unavailable to GPs and other healthcare professionals responsible for important treatment decisions.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. The issues above relate to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regional managers conducted a monthly analysis of accidents and incidents. Any identified issues were addressed via clinical review and health and safety meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning, innovation and improving the quality of care

- People were supported by caring staff who respected them as individuals. People's comments about the service and staff included, "We are well looked after", "I am very happy here. This is a nice place with nice people. The surroundings are beautiful", "This is genuinely a nice home and I am grateful", "Staff treat me with dignity and respect" and "Everything about this place is super good."
- The registered manager was responsive, open and transparent with inspectors, local authority representatives and health and social care professionals. She operated an open-door policy and

demonstrated a friendly and helpful disposition.

- There were systems in place to ensure information was communicated to all key team members. Daily handovers and more in-depth clinical meetings were held to discuss and monitor people's clinical risks, health and welfare. The provider used a 'resident of the day' system to ensure people's care plans were kept up to date and relatives contacted about the welfare and progress of their loved ones.
- Staff were offered opportunities to complete training and develop their competence and confidence in caring and supporting the needs of people living with dementia. One member of staff told us they were a dementia lead for the service and provided training to other staff in this area. However, dementia training was not supported by the limitations of the service in terms of design, décor, features and adaptations which did little to support or enhance the lives of people living with dementia.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service described staff as, "my best friends", "lovely" and "very helpful."
- Some but not all care records documented people's individual preferences and included information about their likes, dislikes and social histories.
- People were offered choices at mealtimes, were informed about activities taking place and were free to organise and plan their time as they pleased. Where possible, the service attempted to promote activities which were culturally appropriate. There were plans to create an all faiths memorial for all the people who died as a direct result of the Covid-19 pandemic.
- Where people remained in their rooms, activities co-ordinators visited people on an individual basis for conversation and company. One person told us, "There is always something going on." Another person told us, "We are well looked after. I do not feel isolated. All in all, it's a very good life here."
- The service conducted an annual satisfaction survey. The results of the latest survey demonstrated that people were happy with the care they received.

Working in partnership with others

- The registered manager and her team worked in partnership with other professionals to maintain and improve people's health and well-being. This included collaborative working with health and social care professionals and with the local authority that commissioned the service. A visiting GP told us the standard of care within the home was good and described nursing staff as experienced and competent, "I know them and trust them."
- The service promoted people's relationships with family and friends. Due to COVID-19 there had been some restrictions on family visits. Despite this, relatives were consulted on a regular basis and people were supported to maintain contact with their family members via garden visits, room visits by appointment, skype, apps and other devices.

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

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. The provider acted in line with their duty of candour responsibilities and when needed shared information with the CQC in a prompt manner.
- The provider responded to people's complaints in a timely manner. One person told us, "The manager is very approachable. She takes concerns seriously and I would be confident that she would respond constructively and do something about it." Another person told us, "I have raised concerns; they were dealt with helpfully."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was failing to maintain accurate, complete and contemporaneous care records in respect of each person using the service.</p> <p>Regulation 17 (1)</p>