

Sunderland City Council

Farmborough Court Intermediate Care Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Farmborough Court Intermediate Care Service is registered to provide accommodation and personal care for up to 54 people. On the first day of our inspection there were 35 people being supported.

The Intermediate Care Centre offers intensive rehabilitation for people recovering from a physical illness or trauma, rehabilitation for people suffering from a cognitive impairment such as memory problems and re-ablement/convalescence for people who need a shorter term intervention to recover their abilities. People used the service for a short period of time with six weeks being the usual maximum term.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 last inspection in October 2014, the service was rated Good. During this inspection we found the service had breached a number of regulations. People's care records did not accurately reflect their needs or were incomplete. The service did not always follow their own medication safety policy. We also found that the provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support.

You can see what action we told the provider to take at the back of the full version of the report.

People were protected from abuse and harm. Staff had completed safeguarding training and were confident in identifying the signs of abuse and what action to take to keep people safe.

Sufficient, appropriately trained staff were employed to meet people's need. Staff demonstrated a general knowledge about the people they supported and their families.

Accidents and incidents were recorded, collated and analysed to identify any patterns or trends. Where risks were identified they were assessed and managed to minimise the risk to people who used the service and others.

People were provided with a choice of healthy food and drinks to help ensure that their nutritional needs were met. The service ensured people received care and support from healthcare professionals including community psychiatric nurses, occupational therapists and GPs.

Where people had no family or personal representative we saw the home provided information about advocacy services.

Staff told us they enjoyed working at Farmborough Court Intermediate Care Service and they felt supported

by the registered manager.

Feedback was encouraged from people who used the service, relations and staff. We observed positive interactions between staff and people who used the service. Staff promoted people's privacy and dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives we spoke with told us they had no complaints about the care provided at the home. The provider had developed a clear vision and values which staff repeatedly demonstrated. Systems were in place to monitor, identify and manage the quality of care provided.

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 ●

The service was not always safe.

The service did not always follow the provider's medication safety policy.

Staff demonstrated a good awareness of safeguarding and the process of reporting concerns.

A robust recruitment and selection process was in place.

Is the service effective?

Good ●

The service was effective.

Training and development was up to date. Staff told us they regularly attended supervisions and appraisals.

The service ensured people received care and support from healthcare professionals including social workers, community psychiatric nurses, occupational therapists, and GPs.

Is the service caring?

Good ●

The service was caring.

Relatives told us the staff were kind, considerate and caring.

Staff were respectful when providing care and support to people.

People were encouraged to be as independent as possible.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Care plans were not personalised and did not detail the support staff were to provide.

The service had good links with external healthcare professionals to ensure people had a safe transition back into the community.

People and relatives told us they had no complaints about the service.

Is the service well-led?

The service was not always well led.

Systems were in place to monitor, identify and manage the quality of care. However these did not identify the concerns raised during our inspection.

The manager was approachable and provided strong leadership and direction for staff.

People, relatives and staff were encouraged to express their views and opinions about the services.

Requires Improvement 

Farmborough Court Intermediate Care Service

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 is 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.

This inspection took place over two days. The first visit on 20 July 2017 was unannounced which meant the provider and staff did not know we were coming. Another visit was made on 27 July 2017 which was also unannounced.

The inspection was carried out by an adult social care inspector, an expert by experience and a specialist advisor in nursing care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During this inspection we spoke to nine people using the service, four relatives, the registered manager, two support coordinators, administrator, four support workers, maintenance person and two kitchen staff.

We looked at seven people's care records and five staff files including recruitment information. We reviewed medicine records and supervision and training logs as well as records relating to the management of the service.

We carried out an observation using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We undertook general observations of how staff interacted with people as they went about their work. We looked around the service, visited people's rooms with their permission and spent time with people in the communal areas.

Is the service safe?

Our findings

People were encouraged to manage their own medicines. One staff member told us, "We try to assist customers to be independent and do things for themselves. We're with them to make sure they are safe, but try not to do things for customers all the time."

The medicines administration records (MARs) we viewed showed no gaps or discrepancies. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. Drug fridge temperatures were checked and found to be regularly monitored and within the required range.

PRN (as required medicines) protocols were not in place. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of how often people require additional medicines such as pain relief medicines.

We discussed this with the registered manager who advised that medicine administration process had recently been changed in an effort to reduce errors and care plans were currently being reviewed including the recording of PRN information. We reviewed the provider's medication safety policy, it gave clear guidance on the administration of PRN medicines with an attached template for services to use. Whilst the registered manager had identified the lack of PRN protocols they had failed to follow the provider's policy or the National Institute of Clinical Evidence (NICE) guidelines around safe management of medication.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulations 2014.

Throughout our two day inspection we observed a calm atmosphere. Staff clearly had time to spend with the people they cared for and did not seem rushed or over-stretched. One person told us "I feel very safe here."

There were sufficient numbers of staff to support people safely. People told us there were enough staff available to meet their needs. One person said, "There are plenty of staff around. I'm well looked after and safe." Another person told us, "There are lots of staff here, they are very good to me". A support co-ordinator told us staffing levels were monitored and assessed by the registered manager on an on-going basis according to people's individual needs.

The registered manager told us, "If I have a customer with a high level of caring need, requiring more staffing, I try not to keep the units up to the maximum capacity. This allows staff to spend more time with the customer with a high care need."

Staff demonstrated a good knowledge of how to recognise and report safeguarding concerns. Staff we spoke with told us they were confident that concerns raised to the registered manager would be dealt with immediately. We saw the registered manager investigated safeguarding concerns and monitored for trends. The provider held safeguarding governance meetings bi monthly where safeguarding referrals were

monitored and lessons learnt cascaded to all the provider's services.

Where risks were identified, a risk plan was introduced into people's care plans. The risk plan outlined the risk and described the actions care staff should take to minimise the risk. The risk assessments included: mobility, nutrition, risk of skin damage, medicines and falls. The provider also had premises management risk assessments which covered such areas as, bedrails, windows and oxygen.

The service was clean and well maintained. The provider carried out monthly health and safety checks to ensure people lived in a safe environment. All records relating to the maintenance and safety of the building were up to date and monitored. A business continuity plan was in place to ensure people would continue to receive care following an emergency. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated in an emergency.

Records showed accidents and incidents were recorded and appropriate, immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents.

A thorough recruitment and selection process was in place. Full employment checks were conducted prior to applicants starting work these included obtaining references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

At our inspection in October 2014 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Relatives and people we spoke with told us staff had the appropriate skills and training to care and support the people living at Farmborough Court Intermediate Care Service. One relative told us, "They seem to know what they are doing."

Staff completed mandatory training which included subjects such as safeguarding, moving and handling, food hygiene, health and safety, fire training and mental capacity act. Mandatory training is training the provider has deemed essential that staff must have to enable them to meet people's needs. This was monitored and staff completed refresher training when required. One staff member told us, "I have completed an induction and lots of training." Another staff member said, "The training is pretty good here."

Supervision and appraisals were up to date. Staff received group and one to one supervisions, observations and an annual appraisal. Supervisions give staff the opportunity to discuss working practises and their own development.

People were supported to maintain a healthy diet. We saw, when required, people's food and fluid intake and weight was closely monitored to help ensure their nutritional health. Kitchen staff had sound knowledge of people's nutrition requirements and their preferences. One staff member told us, "We can offer a different option of a salad or omelette or sandwiches for anyone who does not like what is on the menu."

People we spoke with told us they enjoyed the meals. One person said, "The meals are lovely I think they are trying to fatten me up." Another person told us, "It is all home cooked, really nice."

People were able to take their meal either in the dining room or in their own room. We observed a couple of staff had their own meal with people. Rather than the person eat alone staff chose to take their lunch with the person. The atmosphere was friendly and staff were readily available to support people if needed.

External healthcare professionals we spoke to were highly complementary about staff member's knowledge and their desire to support people. One healthcare professional told us, "They recognise early changes in people's behaviours and come and have a chat with me. They are very knowledgeable and so caring." Another healthcare professional said, "I'm impressed with their [staff] attitude."

We saw Multidisciplinary Team Meetings (MDT) involving a range of healthcare professionals were held regularly, bringing experts together from many disciplines ensuring people received the best treatment.

The registered manager told us the service used National Early Warning Score (NEWS). NEWS is a

standardised system for recording routine clinical data such as blood pressure, heart rate and temperature, with certain scores requiring a response from staff. We saw staff used a computer tablet to record the information. One staff member told us, "This has helped me realise its more than just writing numbers down."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager ensured appropriate assessments were made prior to applying for DoLS authorisations. We saw when required assessments of people's mental capacity had been undertaken as part of the overall assessment prior to people coming to stay at Farmborough.

Is the service caring?

Our findings

At our inspection in October 2014 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People told us staff were caring. One person said, "The staff are fabulous I can't fault them in anyway." Another person told us, "My family are over the moon I'm here its peace of mind for them and me."

Staff were supportive and encouraged people to maintain their independence. We observed one staff member preparing a kitchen for a person to take part in therapy. Throughout our inspection we saw every inch of the premises was used to prepare people to return to their own homes. One staff member told us, "Sometimes people lose confidence; we are there to help them get it back."

One person told us, "Staff help me to be independent. I have crutches to help me walk. Staff help me to do it myself but it's good to have someone with me when I walk, to make sure I don't fall." A staff member told us, "We encourage customers to use their aids to walk with, whilst we are with them to prevent falls. Those who have difficulty walking have physio, they also have OT assessments in the kitchen to make sure they can use kitchen equipment safely before they go home."

On our first day we spoke with one person who had recently arrived at Farmborough. They were reluctant to leave their own room and expressed nervousness about their lack of mobility and chances of getting home. On our second day we observed the person happily interacting with other people and staff. They were keen to tell us about their improvement and the success of their therapy and the change in equipment which increased their mobility.

We noted a number of people chose to stay in their rooms. Staff were attentive but not obtrusive, occasionally knocking and enquiring if people were okay or if they wished to have a drink.

We observed interactions between staff and people who used the service. Although people lived at Farmborough for a relatively short time staff were knowledgeable about people's needs and preferences. When we asked staff about people they were able to outline people's therapy programmes, the person's goal and the equipment they required at that time.

The provider recognised the importance of ensuring people's equality and diversity, a major section of the 'customer satisfaction questionnaire' questioned if staff respected people's sexuality, cultural, religious and ethnic needs. We saw people responded with a positive indication.

People told us they were treated with dignity and respect. One person told us, "Staff are very thoughtful, they think about my dignity. They are patient with me, things are taking a little longer at the moment." Another person said, "Staff help me to shower and shave. They make sure I can't be seen by others and respect my dignity."

We observed staff sitting with people in the lounge area, interacting and including all in the conversations. Staff were genuinely interested and pleased in people's improvements in their well-being.

The support co-ordinator told us that they had supported people to access advocacy services in the past, but during our inspection no one currently required the support.

Is the service responsive?

Our findings

Care plans were reviewed monthly; however they were not consistently reflective of people's changing needs and of the care being given. There was a 'tick box approach' to identifying people's needs and preferences, followed by a 'goal/risk record' section. This did not detail the person's specific care needs to ensure personalised care was provided to all people. For example, for the question 'Do you have difficulties with vision it recorded significant visual impairment. However to the follow up question, 'What support do you require to make your needs known, ' no answer was recorded. We saw in another person's care records within 'Basic life story' it reported, 'Mobilises with stick' however there was no further mention of use of the mobility aid in any part of the person's care records including mobility.

The care planning process included the completion of risk assessments which included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people. A wide range of 'tick box' risk assessments were completed for slips/trips/falls, oral hygiene, diabetes, food intake, sleep, respiration, pain management, swallowing issues, cognitive impairment and religious/cultural needs. However, the risk assessments were not individualised and blank copies of risk assessments were also included in care records, which could lead to confusion in identifying and responding to people's main risks.

We did not see personalised and specific care plans in relation to people's behaviour management. Care plans did not detail the exact support staff were to provide, how they should monitor after the incident and who they should contact for additional support if needed. Triggers for the behaviour were not documented so staff could recognise them and offer intervention before the person became increasingly anxious and distressed. For example we noted in one person's mental health and wellbeing plan it reported, 'I can get upset due to memory problems', the corresponding review stated 'continue to maintain healthy wellbeing.'

The registered manager told us they were aware of the short falls within the care records and were working towards introducing a new format of recording that better suited the needs of the people using the services at Farmborough.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager, support co coordinators, physiotherapists and occupational therapists met regularly to discuss the support people needed and how they were improving or if there had been any change in their needs. We saw with people's records 'goals' were set, this enabled people to work towards each goal and have measure of their progress. Each plan was unique and individual led for the person. People and relatives told us they were involved with the development and reviews of care records.

People were encouraged and supported to maintain their hobbies and interests. No formal activities were available however people we spoke with did not express an interest in such activities. People were focused on their own rehabilitation and the next part of their recovery either to return to their own home or another care setting. The service signposted people to use the local amenities including hairdressers, shops and

places of worship.

Age UK visited the service three times a week to discuss the services they offered, which people might decide to use once they return home. Relatives were able to visit anytime of the day although they were asked where possible to avoid mealtimes.

We saw the service liaised with external health care professionals to ensure the person had all the relevant support when they returned to live in the community. People were provided with the equipment they needed such as walking frames and raised toilet seats. The service aimed for people to lead as independent lives as possible.

The service had a dedicated team of specialist professionals including occupational therapists, physiotherapists, and trained re-enablement assistants. We saw the service also worked closely with the GP service which visited once a week. We noted from conversations we heard that the staff had strong working relationships with external healthcare professionals, for example securing equipment for a person at short notice or reorganising transport for a person so they got home earlier.

The service had a complaints procedure and process in place. People admitted to the service were given a handy leaflet which outlined who to speak to if they had a complaint. We saw records were held which included record of complaint, summary of concern, a full investigation with recommendations and a written response. These were analysed by the provider to consider areas for improvement.

Is the service well-led?

Our findings

We found the provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support.

The service carried out a number of quality assurance audits to monitor and improve standards. This included audits of housekeeping, the kitchen, medicines, and health and safety. However, throughout our inspection we identified areas of concern which had not been identified in the completed audits. For example: the lack of PRN protocols, the service did not introduce the provider's available template immediately once this requirement had been identified. Whilst the registered manager had identified the shortfall in care records, the service had not implemented an action plan detailing when improvements would be made with a set timeline for completion.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 Regulations 2014.

People and relatives we spoke with told us they felt the service was well-led. A relative said, "They do a great job, my mam is back on her feet and ready to go home." One person told us, "They have looked after me well."

The registered manager demonstrated strong leadership qualities and was passionate about ensuring people received the best care possible. In the short time they had been in place we saw they had recognised issues and immediately put solutions in place. For example we noted the service had a high number of medicine errors, a new system for administering was introduced and errors reduced.

Staff spoke positively about the registered manager. One staff member told us, "[The registered manager] has made changes, all for the best though." Another staff member said, "The Manager is always approachable. Her door is always open. She is a good leader - very knowledgeable, and has done many roles in this line of work so has a lot of experience." Another staff member told us, "The registered manager listens, if there is an issue they encourage us to come forward with an answer." They told us how they had been empowered to create a new format for the daily handover sheet which the registered manager had then introduced.

Staff told us morale was good. One staff member told us, "Everyone's singing from the same song sheet here. We all pull together." Another member said, "We all work as a team, from the manager to the cleaner." The registered manager told us about their desire to improve the service. We saw they had implemented changes in the administration of medicines.

The provider had a clear mission statement and core values, which staff were able to discuss with us. The provider's primary value was 'The needs of our customers come first'. Staff clearly embraced this value and demonstrated it with their actions and the manner they described their work. One staff member said, "Customers want to get home so we focus on that." Another staff member said, "It can be so rewarding, you see customers gain confidence, improve and go home."

The provider held 'vision' sessions to inform staff when there was any relevant changes within the company and regular news letters were produced for all staff to share good practice and report on activity through different services.

The registered manager had systems in place to seek feedback from people and their relatives on the quality of the care they received. The registered manager told us, "I have the manager's drop in sessions once every two weeks; it makes me accessible to everyone." People completed a 'customer satisfaction' questionnaire on their discharge. Comments were overwhelmingly positive and included, "I cannot praise everyone enough for the job that they do" and "Could not improve anything everything was perfect." Staff told us they had the opportunity to give feedback on the service via colleague feedback questionnaires.

The registered manager had notified the CQC of all other significant events which have occurred in line with their legal responsibilities.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care records did not always detail people's specific care needs to ensure personalised care was provided to all people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service failed to follow policies and procedures about managing medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure their audit and governance systems remained effective.