

Abbey Healthcare (Farnworth) Limited

Farnworth Care Home

Inspection report

Church Street
Farnworth
Bolton
Lancashire
BL4 8AG

Tel: 01204578555

Date of inspection visit:
15 October 2019
16 October 2019

Date of publication:
26 November 2019

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Farnworth Care Home is a care home providing personal and nursing care to 104 people at the time of the inspection. The service accommodates up to 120 people in one building split over three units.

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

The service had made improvements to the medicine's issues raised at the last inspection. However, we found other areas of concerns in relation to medicines.

People's pressure care was managed well, and no-one had developed a pressure ulcer whilst living in service. However, airflow mattress settings were not checked on a daily basis and we have made a recommendation about the provider seeking best practice guidance on pressure care.

People with modified diets had assessments from speech and language therapist (SALT) to specify the type of diet they needed to consume. However, some people on modified diets did not have any documentation to evidence what foods they had consumed. Training was not directly provided to the chef or the kitchen assistants who had the responsibility of modifying people's foods. We have made a recommendation about the provider seeking best practice guidance on modified diets.

Governance systems had improved however we still noted room for further improvement. We have made a recommendation about the provider reviewing their approach to quality assurance processes.

People told us they felt safe and staff had a good understanding of how to safeguard people from abuse.

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

Person-centred assessments and care plans had been completed which reflected people's needs, wishes and preferences and staff knew people well. People told us staff were kind and sensitive. One visiting relative told us, "I feel very satisfied with all the staff who are kind and caring. They always show compassion and are wonderful when moving and handling [name of person]. Staff treat me like family and I feel part of a family here, I couldn't be happier with the place."

Staff said they were happy working at the service and spoke positively about the management team. Staff told us they would recommend the service to their own relatives.

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 5 February 2019) and there were two breaches of regulation. 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 sustained and the provider was in continued breach of one of these regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one continuing breach in relation to regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was no proper and safe management of medicines in particular in the Firwood unit.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority 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 safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Farnworth Care Home

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.

Inspection team

Three inspectors, one assistant inspector, a specialist advisor in nursing and an Expert by Experience carried out the site inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors and an assistant inspector continued with the inspection on day two.

Service and service type

Farnworth Care Home 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 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and seven relatives about their experience of the care provided. We spoke with 19 members of staff including the registered manager, deputy manager, care home advanced practitioner, registered nurses, activity co-ordinator, kitchen assistants, senior care workers, care workers, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting professional who worked with the service on a regular basis. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 14 people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. 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 the medicines policy and training 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. 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 the provider had failed to ensure medicines were given as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had made improvements to the medicine's issues raised at the last inspection. On Burnden and Belmont units, medicines were managed safely, records were complete and medicines stocks were correct. We saw oxygen was stored safely and the management of prescribed creams and information to help staff when administering medicines had improved. However, the issues we found on the Firwood unit meant a further breach under regulation 12 as medicines were not managed safely.

- During the inspection we observed the medicines round and found on the Firwood unit morning medicines were being administered until 11.45am. This meant some people may have waited longer than necessary on the day of inspection for their pain relief and there was a risk people could receive medicines too close together, as times of time sensitive medicines were not consistently recorded.
- We found two administration errors during the inspection and other medicine stocks did not always match records, so we could not be sure people always received their medicines as prescribed.
- Staff were unaware of the correct process to monitor fridge minimum and maximum temperatures. One fridge had been above the recommended range and staff had recorded this for several months and not reported it to managers as the medicines policy stated.
- Appropriate staff had completed annual medicines administration competency tests. However, the tests had been checked by peers and we found some discrepancies in the results.

We found no evidence that people had been harmed, however, systems were either not in place or robust to demonstrate medicines were managed safely. This placed people at risk of harm. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They submitted an action plan in response to the issues found which contained details of how they intended to improve quality and safety.

Assessing risk, safety monitoring and management

- Care plans included risk assessments in relation to people's specific care needs. The risk assessments

were person centred and covered areas such as, moving and handling, falls, nutrition and hydration, pressure care and infection control. People's ongoing risk assessments were reviewed on a regular basis or when people's needs changed.

- People's pressure care was managed well and no-one had developed a pressure ulcer. Air flow mattress settings were recorded on the turning charts and people were turned as needed. Monthly checks were carried out on pressure relieving equipment, however airflow mattress checks were not done daily to ensure the mattress settings were accurate on a day to day basis.

We recommend the provider seeks advice from a reputable source to ensure best practice guidance on pressure care is implemented.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal protective equipment (PPE) safely.
- Records showed environmental audits took place regularly which meant the service had processes in place to prevent and control infection. Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People told us, "I have lived here for a year now. I feel safe and happy" and "I feel that this home is very safe." A relative added, "I couldn't wish for a safer place for [name of person] to be."
- Staff received appropriate safeguarding training and had a good understanding of how to safeguard people. One member of staff told us, "I have had safeguarding training. I would report any concerns of abuse to the manager. I would also go to the regional management if needed. I also learnt about whistleblowing in my induction and I know who the contacts are."

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored for patterns and trends. Evidence was available to show when the manager was aware something had gone wrong the registered manager responded appropriately and learning was shared at team meetings.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- During the inspection we observed appropriate levels of staffing to support the people who used the service. The provider had systems in place to monitor staffing levels. One person told us, "The staff are brilliant in responding to the buzzer." A staff member said, "There is enough of us [staff] on. If staff are off we pick up extra shifts. At times when we are understaffed, cover is provided and it is dealt with."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were provided with an induction when they began working at the home and completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One staff member told us, "The induction was really good. I shadowed for one and a half weeks and was told I could continue shadowing until I was ready to be hands on."
- Staff received appropriate training and regular competency checks were carried out to ensure staff were competent. People and their relatives told us staff had the right skills to meet people's needs. One person told us, "They seem to have regular training here, sometimes staff are away for two days and up to a week for refresher courses. There is also in-house training, for example in moving and handling. What was really good about the last moving and handling course was that the staff asked us [people] what it felt like to be moved in a hoist in order to support those with no communication in a better way."
- The management team conducted regular supervision and appraisals with staff which included checking their competence and identifying any further learning and development needs.

Adapting service, design, decoration to meet people's needs

- The premises were homely and there was sufficient space inside and outside for people to make use of. We observed a relaxed atmosphere throughout the service.
- The environment, although tired in places and undergoing some refurbishment at the time of our inspection, met the needs of those that lived there. For example, signage was in place to assist people to find their way around the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service through pre-admission assessments. The information gathered during the assessment was used to develop care plans and risk assessments. People's care plans were detailed and described the support required. Regular monthly reviews were undertaken.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences and preferences with daily routines. A person told us, "They [staff] are all used to my routines."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met, they received enough to eat and drink. They were offered choice in both where and when they ate and what they had to eat and drink.

- The people we spoke with told us they enjoyed the food that was served. One person said, "The food is good and is home cooked. We get regular drinks." Another person told us, "The food is very good. It is homemade with fresh vegetables and fruit."
- People with modified diets had assessments from speech and language therapist (SALT) to specify the type of diet they needed to consume. Food charts were in place for those people who were at risk of malnutrition which showed the foods they consumed. However, those people on modified diets who were not at risk of malnutrition did not have any documentation to evidence what foods they had consumed.
- International Dysphagia Diet Standardisation Initiative (IDDSI) training had been provided to the catering manager who cascaded information to the chef and kitchen assistants. IDDSI is a global standard with terminology and definitions to describe texture modified foods and thickened liquids. This training was not directly provided to the chef or the kitchen assistants who had the direct responsibility of modifying people's foods.

We recommend the provider seeks advice from a reputable source to ensure best practice guidance on modified diets is implemented and direct training is provided to staff responsible for modifying foods.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager, nurses and senior staff worked with other agencies and professionals to ensure people received the appropriate care. We saw information was shared with other agencies where needed.
- Where people required support from other professionals, this was arranged. One person told us, "Appropriate referrals have been made to district nurses and also to the podiatrist for my swollen legs and feet."

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw staff worked in accordance to people's best interest decisions. Staff described their understanding of MCA and DoLS and were able to identify their responsibilities to comply with the legislation. One staff member told us, "MCA is about people being able to make their own decisions and what they want. If they appear to lack capacity, they can have an assessment and a decision can be made in their best interest."
- Appropriate DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed.

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.

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

- People and their relatives, where appropriate, were involved with planning and review of their care. People's care records showed that they had provided detailed information about their needs, preferences and background. One staff member told us, "We always ask people questions [to give them choices]. We ask what people what to eat, what they want to wear and where they want to sit."
- People and their relatives told us they were involved in making decisions about their day to day care. A person told us, "I am in total control of my care plan and I can tell the staff when I am ready to do things on my own". A second person said, "I enjoy having a bath and I get one whenever I ask. The other day I had a foot spa in my room which was lovely, I soaked my feet for a while and then staff came in and dried them for me, they put lavender oil in the water which was nice."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a caring approach to their work and they demonstrated kindness and respect when supporting and speaking with people. People told us staff were kind, courteous and sensitive. People told us, "Members of staff here are very good and nothing is rushed" and "The staff are nice."
- We saw staff taking time to sit with people and provide companionship. It was clear people and staff knew each other well and enjoyed each other's company. There was a relaxed and inclusive atmosphere with people and staff getting on well together.
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. One staff member told us, "We go off their [people's] needs, read their care plans and see what they need. Everyone is offered the same opportunities."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy. During the inspection, we saw staff knocked on people's bedroom doors and waited for a response before entering. Staff supported people with their personal care in a manner that maintained their privacy and dignity. One person told us, "Staff are kind to me and treat me with respect. For example, they always knock at the door before coming in. They [staff] respect my privacy and dignity by closing doors when I'm on the toilet or getting changed." Another person said, "They [staff] respect my privacy and dignity, for example they wait for my visitors to leave before providing any care."
- The service promoted people to live as independently as possible. A staff member said, "We encourage people to be independent. For example, we give them [people] their tops to put on themselves."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and included detailed information about their individual needs, abilities and preferences. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people. These showed staff were meeting people's individual needs as recorded in their care plans.
- It was evident people and their relatives had been involved in the development of people's care plans and their reviews. One person said, "I was involved in the original care planning and my care plan has been reviewed to incorporate ongoing changes." Another person told us, "I would describe the care here as flexible. They [service] adapt to whatever my needs are."

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.

- The service was aware of the AIS and each person's specific communication needs were detailed in their care records. At the time of the inspection, there was no-one using the service who required their information in an alternative way.
- Information about people's communication needs was included in their care plans. People and their relatives told us they knew about their care plans. The registered manager told us that they would ensure accessible care plans were provided to people should they require these.

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

- People told us relatives and friends were welcome to visit them at the service. A visiting relative told us, "Staff treat me like family and I feel part of a family here, I couldn't be happier with the place."
- People had access to a range of activities. The service employed three activity coordinators and provided people with a choice of person-centred activities and social opportunities. There were monthly trips out into the community and one to one or group activities took place to avoid social isolation.
- We found people had a say in the type of activities and trips planned, and observed people engaging in the activities they enjoyed. One person told us, "I enjoy many of the activities here. I will be going to the art session this afternoon. The good thing is that you are not pressurised to take part in any activity. You can go if you want to go. It's up to you."

End of life care and support

- The service provides people support with end of life care, however no one was receiving end of life care at the time of our inspection. Staff had received end of life training and the service worked closely with healthcare professionals to deliver end of life care. We saw people's end of life wishes incorporated in their care planning and advanced care plans were used to support people on end of life.
- The service had a relative's room in the building to allow people's relatives to have quiet time or hold meetings when they required to.
- We read many compliments regarding end of life care. The compliments read, "Many thanks to all the lovely staff who cared for and supported [name of person] during their stay here. You [staff] helped to make their last weeks enjoyable and as a family we have some lovely memories" and "Thank you for the dignity and care you gave to [name of person] on the last years of their life. [Name of person] was so well looked after by you all [staff]. We are so thankful that there are people like you who choose to do such as difficult job."

Improving care quality in response to complaints or concerns

- Processes, forms and policies were in place for recording and investigating complaints. There was a satisfactory complaints policy. We reviewed the complaints log and found the service had responded to formal complaints in line with the provider's policy.
- People and relatives we spoke with were aware of how to make a complaint. One person said, "I have never had to make a complaint, but I would know how to do it and my family would support me if needed." A visiting relative told us, "If I ever have any concerns I tell the manager and everything is always looked into. [Name of registered manager] has high standards and staff know this."

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 remained the same. This meant the service's management and leadership was inconsistent. Leaders did not always support the delivery of a high-quality service and care.

Continuous learning and improving care; 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 ensure quality monitoring checks and audits were in place. This was a breach of regulation 17 (Good Governance) 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 17. However, our findings during the inspection showed some of the quality assurance systems in place required further improvement. The registered manager and provider took immediate action in response to concerns raised at the inspection.

- The provider submitted an action plan to address the issues found on the last inspection. During this inspection we found the provider had made the necessary changes as detailed in their action plan.
- Although governance systems had improved and the service was no longer in breach of regulation 17 we still noted room for further improvement. Our findings during the inspection showed the medicine audits required improvement.
- As discussed in the 'safe' and 'effective' domains, best practice guidance was not being implemented in regard to pressure care and modified diets which was not flagged on the provider's quality processes prior to our inspection.

We recommend the provider reviews their approach to quality assurance processes.

- Maintenance checks and audits had been updated to ensure the premises was checked on a regular basis and people's bedroom were fit for purpose. All wardrobes in people's bedrooms had been secured to the wall and an audit tool had been devised regarding bedroom checks.
- The provider implemented daily walkarounds by management to support quality assurance checks, including checking if people had been supported with their personal care.

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

- At this inspection we saw the rating from our last inspection was displayed in the building and on the provider's website.

- We saw the service had let people and their relatives know if something went wrong under their duty of candour. Necessary statutory notifications were made to the CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's choices were respected, and they were supported to live in the way they wanted. A relative told us, "I got a good feeling about the place when I first came and I have peace of mind with [relative] being here which is good. I've been fully involved in care planning and staff are always updating me. [Person] had [name of condition], but this has got so much better since being here."
- Staff praised the management team as well as the registered manager and said they were approachable. Comments included, "Everyone who I work with are really supportive and the management are approachable. If I had any problems they would get resolved" and "The registered manager is approachable. We can have a laugh with them. I have been to them with a problem in the past and they acted upon it."

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

- Staff, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. We found people were pleased with the service and staff were happy in their role. The provider created a 'you said, we did' feedback sheet and it was evident the actions had been followed up.
- Regular resident's meetings took place which considered people's wishes and requests.
- Staff felt team meetings were useful, and they could openly discuss any issues or areas for improvement. Minutes of recent meetings showed staff were supported to reflect on best practice

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams and health and social care professionals.
- A visiting professional who regularly worked with the service told us, "Families are involved in reviews, and all families that I have spoken to are happy with the level of care received. Information is shared and any recommendations I make are followed [by staff]. They [staff] know the ins and outs of everybody [people living at service]. Any small gripes are resolved and dealt with. The home is responsive to residents and any issues."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	There was no proper and safe management of medicines in particular in the Firwood unit. We found two administration errors during the inspection, medicine stocks did not always match records and staff were unaware of the correct process to monitor fridge minimum and maximum temperatures.