

Sunderland City Council

Farmborough Court Intermediate Care Service

Inspection report

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13 August 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 6 and 8 August 2018 and telephoned relatives on 13 August 2018. The inspection was unannounced which meant the provider and staff did not know we were coming.

Farmborough Court Intermediate Care Service 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 is registered to support up to 56 people.

This service offers short term rehabilitation usually for up to six weeks, to people who have been discharged from hospital or whose needs have changed.

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 July 2017 we rated the service Requires Improvement. People's care records did not accurately reflect their needs or were incomplete. The service did not always follow their own medication safety policy and the provider did not have effective quality assurance processes to monitor the quality and safety of the service.

At this inspection we found the service had made great improvements and addressed the issues identified at the last inspection. Care records were personalised, medicines were managed safely and quality assurance processes were well established and effective.

The registered manager had implemented a number of new initiatives to drive improvement including the creation of a family forum group, leading consultation regarding the development of the pre- assessment tool, the introduction of 'huddles' meetings and restructuring of team leader's roles.

Risks to people were identified and guidance was in place to support staff to minimise these risks. The provider had systems to safeguard people from abuse. Staff were extremely knowledgeable about the potential signs of abuse and the actions to take to ensure people remained safe.

The provider had a robust recruitment process. Sufficient staff were deployed to meet people's needs. Safeguarding concerns and accidents or incidents were fully investigated and lessons learned were cascaded all the provider's services.

The provider ensured people had a safe clean environment. Health and safety checks were carried out regularly.

The service was compliant with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People and relatives were involved in all areas of people's care and support.

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.

Staff were attentive to people's needs and treated people with dignity and respect. People and relatives, we spoke with were complimentary about the caring nature of staff. People were supported to maintain their interests. The service provided information to support people when they returned to the community.

Care records were concise and captured how people wished to be supported. All people who used the service and their relatives knew how to raise concerns. The service worked with people to achieve positive outcomes. The service had developed good working relationships with health care professionals and other organisations within the community.

The registered manager regularly sought feedback from people using the service, relatives and health care professionals. Staff were well trained and supported by the provider and a strong management team. The registered manager ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Good.

People's medicines were managed safely.

Staff were knowledgeable in recognising the signs of potential abuse.

Enough staff were deployed to ensure people's needs were met.

Is the service effective?

Good ●

The service was Good.

People told us they enjoyed the meals.

The provider was following the requirements of the Mental Capacity Act 2005 (MCA).

Training was up to date.

Is the service caring?

Good ●

The service was Good.

People were treated with dignity and respect.

The provider was aware of their role in protecting people's confidential information.

Staff constantly gave people encouragement and support.

Is the service responsive?

Good ●

The service was Good.

Care records were written in a personalised manner.

The provider had an established complaints procedure. People and relatives, we spoke with did not raise any concerns.

People were supported to make their own choices and to be as

independent as possible.

Is the service well-led?

Good 

The service was Good.

A strong management team was in place.

The registered manager ensured people had access to community links.

The provider had an established quality assurance framework.

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.

We visited the service on 6 and 8 August 2018 and telephoned relatives on 13 August 2018. The inspection was unannounced which meant the provider and staff did not know we were coming.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is someone who has experienced the type of service we are inspecting.

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.

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.

During the inspection we spoke with 11 people who used the service and eight relatives. We spoke with the registered manager, the operations manager, two team leaders, a cook and five care staff. We looked at five

people's care records and four 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.

Is the service safe?

Our findings

At the last inspection we found the service did not have PRN (as required medicines) protocols in place as their policy directed. 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.

At this inspection we found PRN protocols were clearly in place where necessary. The service encouraged people to be as independent as possible with their medicines. People were assessed to identify the level of support with medicines that they needed. Medicines records we viewed were up to date and accurate. Regular audits were conducted, and any shortfalls were identified and actions put in place. Staff who administered medicines had completed safe handling of medicines training and their competency was regularly reviewed.

People and relatives we spoke with were happy with the staffing levels. One person said, "There are definitely enough staff, they try to keep me independent by helping me walk as much as possible." Another person told us, "I just press my buzzer, like I did this morning, and they come straight away, there is plenty of staff."

The majority of staff we spoke with told us enough staff were available to support people. One staff member felt that more staff would benefit people but did not express any concerns about people's safety. The registered manager told us staffing levels were determined by people's needs. The service was fast moving with people arriving and leaving throughout the day and staff levels were regularly reviewed.

Health and safety checks were regularly carried out to help maintain a safe environment. Records were completed and up to date, including regular assessments for fire safety, electrical safety, electrical appliances, window restrictors, water temperatures and gas safety.

The provider had suitable plans to keep people safe in an emergency. The service ensured people had a personal emergency evacuation plan (PEEP) in place on their admission to the service. This detailed the barriers faced by the person but did not have the solutions to ensure a safe evacuation. We spoke to the team leader who immediately addressed the matter before the end of the inspection. A business continuity plan had been developed to ensure people would continue to receive care following an emergency.

The provider had systems in place to safeguard people from the risk of harm and abuse. Staff we spoke with were knowledgeable about the signs of abuse to watch out for and what they would do if they had any concerns. Accident and incidents and safeguarding concerns were fully investigated and information was analysed to identify trends and patterns by the provider. The provider held safeguarding group meetings with information from all its services discussed and lessons learnt were cascaded back to service to drive improve.

Identified risks were assessed and managed. Premises management risk assessments were in place which

covered areas such as cleaning, kitchen and windows. Due to the recent warm weather we saw a heatwave assessment had been introduced.

The provider operated a safe and effective recruitment process. All pre-recruitment checks were carried out by the provider's head office before staff were allowed to commence work at the service. Checks included a Disclosure and Barring Service check (DBS), obtaining references and a review of the applicant's employment history. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

The premises were clean and tidy. Staff had completed training in infection control and personal protective equipment (PPE) was readily available when required to reduce risks of cross contamination. An infection control audit was completed regularly and health and safety matters were discussed at the provider's group meeting.

Is the service effective?

Our findings

People and relatives we spoke with told us staff were well trained. One person said, "Yes, I think they are well trained." Another told us, "They know the best way to do things. They have helped me get moving."

Team leaders were responsible for monitoring and maintaining their staff members' recruitment, training and supervisions. The registered manager had oversight of this information as it formed part of a monthly audit. Essential training was up to date and was designed to ensure staff had appropriate skills to meet the needs of the people using the service. Training included safeguarding, moving and handling, health and safety and mental capacity act.

Staff we spoke with told us they received appropriate training, appraisal, supervision and support to enable them to support people who used the service. One staff member said, "The training is good here. They keep you up to date on things."

The service had worked in partnership with the local hospital and the provider's hub (central office) and developed a new referral assessment tool which captured all the required information about a person's possible admission. A further face to face assessment was then carried out by a team leader to ensure the service could meet the person's needs and the role of the service was explained to people as some people were apprehensive when first admitted. The service had also introduced a welcome phone call to people which set out the role of the service. One person told us, "I would recommend it, there is nothing to be frightened of."

The registered manager had introduced 'huddles' three times a week when health care professionals including physiotherapist, occupational therapists, community psychiatric nurse (CPN) and staff got together to discuss people's progress. The frequency of the meeting meant the service reacted quickly to people's changing needs. The meetings had a holistic approach with discussions around the person's well-being being an important part of the meeting. Staff recognised the loss of independence and confidence and its impact on people's mental health. Staff were reminded to "keep an eye on and try to raise people's spirits".

Staff advised the meeting that one person wished to attend a family wedding. The meeting discussed the possibility of this happening, although it was thought the person might not be able to walk unsupported at that time as they wished. Other options were discussed with the aim of ensuring the person achieved their goal.

The service liaised with health care professionals and ensured people had the correct equipment and support in place before people returned to the community. If necessary, the service would ensure people had had an extension of their stay until all was in place.

People had detailed physiotherapy activity plans with an exercise programme in place. Many times throughout our inspection we heard staff encouraging people to get up and exercise and gently remind

them to use the equipment provided.

People we spoke with told us they enjoyed their meals. One person said, "Best mash potato ever." Another person told us, "The choice is fantastic, the meals are really good. There is plenty of choice - homemade soup and salads, no horrible stodge here. We order our meals the evening before."

The service had a four week planned menu that was available in picture format to help people make a choice. On one unit we observed staff take their own meal with people. People appeared to enjoy the company and staff engaged in conversations with people about their families, what was on television that night and general chat.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make 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. The application procedures for this in care homes and hospitals are 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 were being met.

We saw in records evidence of consent being sought in care records. Staff were heard seeking consent prior to supporting people. The registered manager had a good understanding of their responsibility in regard to MCA. DoLS applications were made in a timely manner and monitored.

The service comprised of four units. Three units were maintained by the provider and one unit by South Tyneside Foundation Trust. Each unit had a lounge and dining area and access to a kitchen. People had access to equipment to assist with their rehabilitation. Areas of the home were utilised to support people regain their confidence. One relative commented that their family member was supported to use stairs. They said, "The building is ideal and the flights of stairs are just right. With support and encouragement, they slowly gained confidence."

Is the service caring?

Our findings

People and relatives we spoke with were complimentary about the care and support received. One relative told us, "Socially staff were excellent with [my family member]. Staff would pass their door and enquire how they were." Another relative said, "I observed staff deal with a situation with kindness, gently guiding a person away. It gave me confidence."

One person said, "They are kind and caring, they make everything light and cheerful and they chat away." We observed many kind and friendly interactions between staff and people. When possible the majority of staff took time to engage with people whilst going about their duties. However, we did observe two occasions when we saw a staff member leaning against a wall chatting to another staff member. We discussed our observation with the team leader who advised that they had also observed the practice and this matter had been addressed.

A number of people chose to stay in their room. One person told us, "The staff are really good and pleasant. They pop in and have a cup of tea and a chat with me. I can't speak highly enough of them."

Relatives told us they were made welcome. One person told us, "As soon as I arrived staff would ask if I wanted a cup of tea." One relative told us how the service invited them to be part of the Family Forum. They said, "It's refreshing to see. They ask how can we improve. They are prepared to listen and take on board constructive feedback."

People were supported to be as independent as possible. The majority of people we spoke with had a goal of returning home. Staff were knowledgeable about the level of support people needed combined with the encouragement to complete exercise regimes. Throughout inspection we heard many kind words of encouragement and reassurance from staff.

People told us they were treated with dignity and respect. One person told us, "They keep my dignity and lock the door when I'm having a bath, but keep me independent by encouraging me to do what I can." Another person said, "I can do things myself now but they ask if I need help."

People's care plans were readily available within their rooms. A clear declaration was on the front of the file detailing the confidential nature of the content and informing people to seek permission from the person before reading. On reviewing one person's file we noted a DoLS application belonging to another person. This contained information of a sensitive nature. We noted an audit had been completed on the file and the DoLS section had just been ticked. We advised the team leader of our findings. We were advised later that day that the provider had referred the matter to the Information Commissioner's Office and, under duty of candour, advised both parties of the matter.

Information about local advocacy services were clearly displayed about the service. As were posters outlining support reporting hate crimes. The provider had a policy for promoting equality and diversity within the service, supporting both staff and people using the service.

Is the service responsive?

Our findings

At the last inspection the service's care records did not always ensure people received personalised care. During this inspection we found the service had made improvements.

The service had changed the design of their care plans. Whilst people were only at the service for a relatively short period the service had captured the basics of how people wished to be supported. For example, within the night routine section of one person's plan it was reported, "I like my bed against the wall and the lamp on overnight." And within the mental health section it stated in one person's plan, "Lots of assurance and prompts to do things for myself."

The service ensured it met people's cultural, gender and spiritual needs. People were involved in their rehabilitation and recovery programmes. Care records contained comprehensive physiotherapy activity planners and exercise programmes which gave clear detail to support staff as well as family members to encourage and support people with their rehabilitation.

People had access to WIFI throughout the premises, which allowed people to maintain communication with friends and family and use the internet for work or enjoyment. People were encouraged to maintain their interests and hobbies. We observed a number of people chose to remain in their room, reading or watching the television. Staff regularly enquired how people were and asked if they needed anything.

People received a 'service user' guide when they came to stay. It included information about the surrounding community and the facilities available. When required, the service organised pastoral visits to support people with their religious needs. People were focused on their rehabilitation and active with physiotherapists or staff with their exercise programmes. Plans were in place to support people to regain confidence and the physical ability to perform daily living tasks about the home and improve mobility.

The service was responsive to people's rapidly changing needs. Multidisciplinary review meetings were conducted three times a week where people's care, treatment and discharge arrangements were fully discussed. The changes were reflected immediately in people's care plans.

The provider had a complaints and concerns process in place. Information advising people how to complain was readily available in different formats, including and large print and audio. When people and relatives had raised concerns, records showed these were dealt with appropriately.

The service used technology to support people to receive timely care and support. Staff were trained in using equipment to obtain records of people's oxygen levels, heart rate, blood pressure, temperature and level of consciousness. This information provided a National Early Warning Score (NEWS) which was recorded on a computer tablet. Staff were able to use the information to aid in a safe handover to external health care professionals.

The provider had an Accessible Information Standard policy in place which outlined the requirements of the

act and how information was to be gathered to ensure the service supported people with a disability or sensory loss to access and understand information they were given. Records showed this had been implemented within care records.

At the time of this inspection, no one who used the service was receiving end of life care. Whilst the service was predominantly for rehabilitation, the service had established links with the Marie Curie service to support people returning into the community.

Is the service well-led?

Our findings

At the last inspection we found the provider did not have effective quality assurance processes to monitor the quality and safety of the service. During this inspection we found the service had addressed this matter and a sound governance framework was in place.

The provider had extensive quality assurance processes in place. The registered manager monitored the quality of the service provided to ensure people received safe care and support. A range of monthly audits were carried out including health and safety, infection control, medicines and care records.

The registered manager had made a number of improvements at the service since the last inspection. Whilst ensuring the concerns raised in the last report were addressed, they were proactive in implementing a number of initiatives to drive improvement. These included the creation of a family forum group, leading consultation regarding the development of the pre-assessment tool, the introduction of 'huddles' meetings and restructuring of team leader's roles.

A registered manager is a person who has registered with the Care Quality Commission 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.

The provider was committed to continuous learning. Manager meetings were held regularly where lessons learnt and best practise was discussed. Safeguarding concerns, accidents and incidents and health and safety matters were also discussed across the provider's services.

A strong management structure was in place. Team leaders were empowered and supported by the registered manager to manage their units. Team leaders were responsible for monitoring and maintaining their staff member's recruitment, training and supervisions. The registered manager had oversight of this information as it formed part of a monthly audit.

Staff were clearly driven to support people to achieve their goal of returning home. Staff we spoke with were enthusiastic about the changes that had been introduced. One staff member told us, "We get to know more." Another staff member said, "I feel more involved."

The service was proactive in seeking feedback from staff, people and relatives. People were asked to complete a questionnaire on their discharge. Feedback forms were readily available for visitors to complete. Feedback was positive. Staff completed an annual survey with results collated across all the provider's services. Monthly team meetings were regularly held where staff had an opportunity to give feedback on service delivery, policy, procedures and work practices.

The registered manager had introduced a family forum group which gathered together four times a year. One relative told us, "I was invited to contribute. They are willing to listen." A quarterly newsletter had been

introduced. This included information about discharges and admissions, creation of the family forum and success stories.

The registered manager and a team leader had recently completed 'React to Red' - a pressure ulcer prevention campaign which educates on the dangers of pressure ulcers and the simple steps that can be taken to avoid them. Both had been assessed as competent as tissue viability link champions and were able to deliver the training to all staff.

The service worked in partnership with external health care professionals to ensure people had effective outcomes. One relative told us about their family member's experience. They said, "Their story was successful." The service provided guidance for people returning to the community with links with the local fire service, carers' centre, Age UK and Marie Curie.