

Coventry City Council







Farmcote Lodge

Inspection report

Loach Road,
Alderman's Green,
Coventry,
CV2 1SD
Tel: 02476786708
Website: www.coventry.gov.uk

Date of inspection visit: 1 July 2015
Date of publication: 31/07/2015

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	

Overall summary

We undertook an announced inspection of Farmcote Lodge on 1 July 2015. We told the provider before our visit that we would be coming. This was so people could give consent for us to visit them in their flats to talk with them.

Farmcote Lodge provides housing with care. People live in their own home and have a tenancy agreement with Whitefriars Housing. People receive personal care and support from staff at pre-arranged times and in emergencies. The unit consists of 30 flats; at the time of our visit 24 people used the service.

The service had a registered manager. 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.

People felt safe living at Farmcote Lodge. Staff understood their responsibility to keep people safe and knew what to do if they thought people were at risk of

Summary of findings

harm. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines.

The manager and staff understood the principles of the Mental Capacity Act (MCA) and gained people's consent before they provided personal care. People were supported to maintain their independence and to live their lives as they chose. People were happy with the care they received and said staff treated them with respect and maintained their privacy when providing care.

Staff received regular training and there were enough suitably trained staff to meet people's individual support needs. People received consistent support from staff who knew them well. The service was based on people's personal needs and preferences.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required. People were involved in making decisions about their care and were able to share their views and opinions about the service they received.

Staff said they worked well as a team and received good support from the registered manager. Staff were confident they could raise any concerns or issues with the registered manager and they would be listened to and acted on.

There were processes to monitor quality and understand the experiences of people who used the service. This was through direct feedback from people, returned surveys, tenant and staff meetings and a programme of checks and audits.

Summary of findings

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 safe.

People felt safe living at Farmcote Lodge. Staff understood their responsibility to keep people safe and there were procedures to protect people from risk of harm. Risks associated with people's care were managed safely and people received their medicines as prescribed. Staff had the knowledge, skills and time to meet people's care needs.

Good



Is the service effective?

The service was effective.

Staff were trained and supervised to support people effectively. People's consent was requested before care was provided and staff respected decisions people had made about their daily lives. People who required support had enough to eat and drink during the day and were assisted to manage their healthcare needs.

Good



Is the service caring?

The service was caring.

Staff knew people well and understood their likes and preferences for how they wanted to be supported. People told us staff respected their privacy and promoted their independence. People received care and support from a consistent staff team that understood their needs.

Good



Is the service responsive?

The service was responsive.

People said the service was based on their personal preferences and that care and support was available when they needed it. Staff received daily updates about people's care and the care people required was regularly reviewed. People were able to share their views about the service and had no complaints about the service they received.

Good



Is the service well-led?

The service was well-led.

People told us they liked living at Farmcote Lodge and that the service was well managed. The registered manager and care staff had clear understanding of their roles and responsibilities and staff had no hesitation raising concerns with the registered manager. There were systems in place to monitor the quality of service people received.

Good



Farmcote Lodge

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.

The inspection of Farmcote Lodge took place on 1 July 2015 and was announced. We told the provider we would be coming so people who used the service could give agreement for us to visit and talk with them. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important

events which the provider is required to send to us by law. We contacted the local authority contracts team and asked for their views about Farmcote Lodge. They had no concerns about the service.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated.

During our visit we spoke with the registered manager, two senior support workers and two support workers. We spoke with seven people who used the service. We reviewed four people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated including, medication records, staff recruitment records, the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People said they felt safe at Farmcote Lodge and knew who to speak with if they did not feel safe. People said, “Yes I feel safe” and “Yes they’re very good care workers, I feel quite safe.”

We asked staff how they made sure people remained safe and were protected from abuse. Staff had completed training in safeguarding adults and had a good understanding of the signs of abuse and how to keep people safe. Staff knew what action they would take if they had any concerns about people. For example, one senior staff member told us, “If a member of staff reported an allegation I would ask them to record what they had been told or seen. I would check out the facts and I would talk to the person concerned. I would explain to them I was referring this to the safeguarding team for investigation. I would then report this to the registered manager and make a referral to the local authority.” There was a policy and procedure for safeguarding people and the registered manager understood their responsibility, and the procedure, for reporting allegations of abuse to the local authority and CQC.

There was a procedure to identify and manage risks associated with people’s care. For example, people who needed assistance to move around or take their medicines had plans in place to manage or reduce these risks. Staff knew about the risks associated with people’s care and how these were to be managed.

There were enough staff to meet people’s individual needs. People told us staff arrived when they were expected and had time to talk with them. A typical comment was, “They come in at morning, dinner time and night time, and they come in when I call them.” All the staff we spoke with told us there was sufficient care staff. One staff member said,

“There is enough staff at the moment but it was a bit of a struggle when we were full.” The staff allocation sheets showed there were sufficient staff to cover the scheduled calls to people and to respond to people requests for assistance between calls and in emergencies.

The provider information return (PIR) which was completed by the registered manager told us the staff recruitment process included a DBS (Disclosure Barring Service) check, staff inductions and reference checks. We looked at two staff files and recruitment procedures ensured staff were safe to work with people who used the service. Staff told us they had to complete an induction procedure and wait until their DBS and reference checks had been completed before they started working in the service.

Some people we spoke with managed their own medicines, but other people needed support to do this. People who were assisted to manage their prescribed medicines said they always received their medicines when they should. One person told us, “I have loads of medication, the carers are very careful and they stand and watch me take them.”

There was a procedure for supporting people to take their medicines safely, and where people required assistance to do this, it was clearly recorded in their care plan. Care staff we spoke with told us they were confident giving medicines because they had received training that explained how to do this safely. There was a procedure to check medicine records regularly to make sure there were no mistakes.

Completed medication administration records (MAR) showed people had been given their medicines as prescribed. Checks were made by senior staff to ensure staff had administered medicines correctly. Records confirmed staff had completed training to administer medicines and had their competency checked by senior staff to ensure they were doing this safely.

Is the service effective?

Our findings

We asked people if staff were knowledgeable and competent when providing their care and support. Comments from people included, “Yes they are very good actually,” and “Yes, I think so, I’ve not had any complaints up till now.”

Staff said they had completed an induction when they started to work in the service. This included training and working alongside a more experienced worker before they worked on their own. There was a programme of training considered essential for care workers as well as an expectation for staff to complete a vocational qualification in social care. The registered manager told us that, while the assistant manager post was vacant, they had delegated the responsibility of organising and monitoring staff training to a senior care worker to make sure staff refresher training remained up to date. The registered manager told us, “The training matrix is up to date and refresher training has been booked.” The senior care worker responsible for staff training told us they had identified what training was due to be refreshed, “I have applied for updates a couple of months ahead of the date training expires to make sure we can get places.”

Staff we spoke with confirmed there was regular training and a supervision programme which supported them to provide effective care to people. The training record showed training staff had completed, the expiry dates and subjects delivered. These included Mental Capacity Act, moving and handling and safeguarding. Staff told us they felt confident and competent to support people who used the service. One staff member told us, “I enjoy training it keeps me up to date. We get lots of mandatory updates and training on other areas like tissue viability so we know how to manage people’s pressure areas to keep their skin in good condition.” Another told us, “We are well trained. I am willing to learn and develop in my role.”

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS) and to report what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to

make their own decisions. DoLS makes sure people who lack capacity to make certain decisions do not have their liberty restricted unless specific safeguards are in place. The registered manager was aware that DoLS legislation had been extended to include people living in extra care housing schemes like Farmcote Lodge. There was no one using the service that required their liberties restricted.

Staff had completed training and understood the requirements of the Mental Capacity Act (MCA). They knew they could only provide care and support to people who had given their consent. One staff member told us, “I enjoyed this training, it helped me understand capacity when working with people. I always ask for consent before I do anything.” A senior care worker told us “We support people with mental health conditions that affect their capacity at times. We treat everyone as though they have capacity until they have been assessed as not. They (tenants) have the right to make decisions and life choices even if we think this is risky. We would identify the risk and put measures in place to minimise any risk.” All the people we spoke with told us the service helped them to be as independent as they could, which included making their own decisions.

Some of the people we spoke with prepared all their own food and drinks; others made their own breakfast and supper and bought a lunchtime meal from the unit’s dining room. One person relied on staff to prepare their food and drink. We were told staff visited people when expected to make them something to eat and drink and made sure they had a cold drink before they left. Comments included, “They always provide a drink at lunch time and I make myself tea in the mornings and whenever I like a drink.” “They ask me what I would like to eat at breakfast and at teatime.”

People told us their health care appointments were arranged by themselves, their relatives or staff. If requested, staff liaised with health care professionals on people’s behalf, for example the GP. They also arranged routine healthcare appointments with a dentist, optician or chiropodist who visited people in their flats if required. The district nurse visited some people to assist them manage health conditions such as diabetes. One person told us, “If I have to go to hospital the care staff arrange an ambulance, and I have had a couple of visits from the chiropodist.”

Is the service caring?

Our findings

People told us staff were caring and treated them with respect. Comments included, “Oh yes I must say that they are very good and treat me with the most respect,” and “Yes the carers are very good, we have a little exchange of banter and joke at times.”

Staff told us that ‘caring’ meant, “TLC, a little tender loving care and showing people respect.” Another said “Making sure we are respectful of people’s privacy and dignity and that they receive the care and support they need.”

People lived in their own flats so we were unable to observe care directly, but people said staff were kind and caring, and treated them with dignity and respect. People we spoke with confirmed staff knocked on the door and waited for a response before entering their homes. Comments included, “The carers always knock on the door and announce themselves when they come into the flat.”

People received care and support from a consistent staff team that understood their needs and who they were able to build relationships with. One staff member told us, “When you get time to sit and talk to people you don’t only

get to know what they like, but you build up trust and friendships. This helps when people are unwell or concerned about anything as they feel comfortable talking to you.”

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. One person told us, “Yes, up till a few months ago I used to do everything myself. The walker helps me to get around now and a step has been put in place so I can still get into bed myself.”

People told us they had been involved in planning their care. They said their views about their care had been taken into consideration and included in their care plans. We saw staff held regular review meetings with people. People told us they were asked if they wanted relatives involved with reviews.

Staff understood the importance of maintaining people’s confidentiality. One staff member said, “I think we are good about this, but it’s sometimes easy to forget to move to a more private area when people come up to you in the corridor or the dining room and start talking about a personal issue.”

Is the service responsive?

Our findings

People received consistent, personalised care and support. People had an assessment completed before moving to Farmcote Lodge that detailed the support they required. The service made sure it was able to meet the needs of people who lived there and were able to provide people with an individualised service. Everyone who used the service had a named key worker. A member of staff told us, “It is the key workers responsibility to make sure people are okay and to check any appointments that might be needed and do the three monthly summaries.”

Staff we spoke with had a good understanding of people’s care and support needs. Staff told us they had time to read care plans and sit and talk to people. “We have an ‘At a Glance’ document that tells you what people’s likes and preferences are. We also have work schedules that include what is required on the call and highlights any specific support needs, like medication, pressure area checks and moving and handling needs.” People confirmed that staff provided support in the way they liked. One person told us, “They do a good job, they ask me if there is anything I like or would not like; they are all pretty good.” Another said, “They do always ask me if there’s anything I’d like them to do, I’m sure there can’t be a better place than here.”

The provider information return (PIR) completed by the registered manager told us, “The housing with care support service at Farmcote Lodge is flexible and responsive to individual need. We do this in a number of ways by ensuring that when a person centred care package is being devised that tenants views, wishes and outcomes are discussed, reviewed and agreed.” We looked at the care files of four people who used the service and found the information provided in the PIR was accurate.

Care files contained information that enabled staff to meet people’s needs in a way they preferred. This included an ‘At a glance’ document for each person. This document was easily accessible to staff and provided an overview of the care people required, how they liked their care provided and any risks associated with the person’s care. Care plans were reviewed and updated regularly and people and their relatives, if requested, were involved in reviews of their care.

People told us they received their care at the times expected. We were told the service was flexible and care staff responded if people requested to change their care times. Staff told us they had call schedules which identified the people they would support during their shift and the time and duration of the calls. Call schedules and daily records of calls confirmed people received care as detailed in their care plans.

Staff had a handover meeting at the start of their shift which updated them with people’s care needs and any changes since they were last on shift. A record was kept of the meeting to remind staff of updated information and referred staff to more detailed information if needed. One member of staff told us, “The handover system works well, it’s for sharing information and concerns. We always share important things with each other. If you need to read the handover from a previous shift it will tell you who’s running records you need to read to find out what the changes are.” Staff said seniors updated them if there were any changes to people’s care during the shift. Staff told us this supported them to provide appropriate care for people.

People at Farmcote Lodge had access to a call system, and some people had personal alarms that staff responded to between scheduled call times. This meant people could get urgent assistance from staff if they needed. One person told us, “It was 4am in the morning, I fell as I was coming out of the bathroom, my buzzer was around my neck, they were pretty good at arriving, the carer rang the paramedics.”

People we spoke with told us they had never had cause to complain but knew who to complain to if needed. Comments included, “Oh yes, if I wasn’t happy I would make a complaint” and “It’s just generally very good I have no complaints.”

Staff spoken with said they would refer any concerns people raised to the registered manager or senior care workers and they were confident concerns would be dealt with effectively. The service had received many thank you cards complimenting staff on the care and support provided. We looked at records of complaints. Minor concerns had been recorded and responded to and there had been no formal complaints about the care people received in the past 12 months.

Is the service well-led?

Our findings

People told us they were satisfied with the service they received. “Very satisfied with the support I receive,” and, “I think it’s very good actually, I’ve had no reason to complain about anything or anybody, so it’s been good.”

The service had a clearly defined management structure in place. There was a registered manager in post who had responsibility for managing two housing with care units. The assistant manager post was vacant at the time of our visit. The assistant manager deputised when the registered manager was at the other unit. This post had been advertised and interviews arranged. In the interim, the responsibilities of the assistant manager were covered by the registered manager and the senior support workers. The registered manager told us, “It’s one of the challenges of the service not having an assistant manager. I recognise that staff do not have the additional support the assistant manager provided and they also have additional responsibilities until the post is filled.” Staff we spoke with understood their roles and responsibilities and what was expected of them.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The registered manager told us they had been working with staff to raise their awareness of our new methodology in relation to the new regulations and the five key areas that we inspect against. Staff we spoke with had an understanding about the five key areas, safe, effective, caring, responsive and well led. They said this had given them a better understanding of how the care and support they provided fitted into these areas.

We asked staff about the support within Farmcote Lodge and if they felt able to raise any concerns they had. Staff confirmed they had regular work supervision, team meetings and handovers on each shift where they could raise any issues. Staff told us the senior staff observed how they worked and gave feedback if they noticed areas that needed improvement. Staff we spoke with were aware of the providers whistle blowing procedure and were

confident to report any concerns or poor practice to the registered manager. They were certain any concerns they raised would be listened to and acted on. Staff said they received good support from the registered manager. One staff member told us how much they appreciated the support they received from the registered manager to follow their cultural practices.

We asked people if they had meetings where they could share their views and opinions of the service. Comments from people included, “Yes we do, I’ve not had a need to share my view and opinions there, I don’t have anything that I want to bring up at the meetings at the moment.” “No I don’t go, it’s held downstairs and I can’t stand the chairs, but they usually let me know what’s going on in the meetings.” People were also able to share their views during reviews of their care and people were sent an annual satisfaction questionnaire. People had been given information about the service and how it worked. This included a brochure about Farmcote Lodge and a tenant’s guide that told them about the services provided.

The provider’s quality assurance process included checking that people were satisfied with the quality of their care and support. The registered manager told us, “We review people’s care regularly and complete three monthly summaries of people’s care and hold formal reviews with family and social workers. We have monthly tenant’s meetings and send out an annual quality questionnaire. I have an open door policy and people can come and see me at any time to discuss anything, not just concerns.” Records confirmed these quality assurance processes were implemented regularly and consistently.

Additional quality assurance systems were in place to monitor the service people received. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. There were systems in place to monitor any accidents and incidents. Incident forms were completed and reviewed after each occurrence for trends and patterns. No patterns had been identified. There were regular health and safety checks carried out by the organisation and visits from the local authority contracts department to monitor the care and support provided. There had been no concerns identified at the last contracts monitoring visit to the service.