

Care UK Community Partnerships Ltd

Farm Lane

Inspection report

25 Farm Lane
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Date of inspection visit:

20 February 2023

24 February 2023

Date of publication:

09 May 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Farm Lane is a residential care home providing personal and nursing care to up to 66 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 55 people using the service.

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

People and their families felt this was a safe service. Relatives told us the provider was good at keeping them updated. The service engaged effectively with people and their relatives to identify how the service could improve and to address any concerns that people may have.

The service operated effective systems for auditing care and ensuring robust governance. However, we identified a serious record system as night staff were completing important records such as welfare checks in advance, which meant that we could not be sure that these had actually taken place. The provider advised us of the steps they were taking to address this issue.

The service had appropriate measures to safeguard people from abuse and ill treatment. Staff understood their responsibilities to report safeguarding concerns and managers took appropriate steps to ensure these were acted on. However, we identified that people sometimes received support from care workers of the opposite gender without robust procedures for ensuring that this was what people wanted. We made a recommendation to the provider to review their procedures to ensure people were consenting to care from male carers.

Staff reported feeling well supported by managers and processes worked effectively to ensure information was shared with staff.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 5 October 2022).

Why we inspected

We received concerns in relation to how the provider managed safeguarding concerns. As a result, we undertook a targeted inspection to assess these concerns. As a result of our findings, we decided to widen the inspection to review the key question of well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

Enforcement

We have found a breach of regulation in relation to good governance. We served a warning notice to the provider.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Farm Lane

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Farm Lane is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Farm Lane is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service. This included records of serious incidents the provider is required to tell us about. We spoke with a safeguarding lead and 2 contracts managers with the local authority.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 20 February and ended on 24 February 2023. We visited the service on 20 February and returned for an unannounced out of hours visit on 24 February.

We spoke with the registered manager, deputy manager, business manager, regional director, the clinical lead, 2 nurses, a healthcare assistant and 3 team leaders. We spoke with 12 people and 1 relative and made phone calls to a further 6 relatives after the inspection.

We reviewed records relating to the management of the service, including audits, clinical meetings and records of engagement with people and their families.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. We have not changed the rating as we have not looked at all of the Safe key question at this inspection.

The purpose of this inspection was to check a specific concern we had about safeguarding. We will assess the whole key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk from abuse

- The provider had appropriate systems to safeguard people from the risk of abuse. Staff had received training in safeguarding adults and understood their responsibilities to report concerns. Comments included, "I can speak to the nurse in charge" and "If I'm worried, I know I can escalate things."
- Senior staff were confident in encouraging healthcare assistants to speak up if they felt people were not safe. A staff member told us, "Every time we do the handover, we all go around and see what is happening; if there are any safeguarding issues it is addressed by the manager."
- People using the service and their families felt safe using the service. Comments from family members included, "I feel my [family member] is safe", "Security is excellent" and "I have no concerns." Comments from people using the service included, "It's wonderful here" and "I feel safe with the staff here, they know what they're doing."
- There were clear processes for reporting suspected abuse to the local authority and investigating concerns where appropriate. The registered manager had reflected on how previous concerns had been responded to and how their practice could improve. Representatives from the local authority told us the service had engaged well with their support and were confident that concerns were being reported appropriately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting at this time. The home was fully open to visitors. There was clear information for visitors to follow infection control procedures. The provider had installed a pod in the garden for safer visiting but this was not in use at this time and the home was not in outbreak.

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 our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Important checks were not always carried out as planned. We found that night staff had completed records of welfare checks and turning charts in advance across the entire building. The presence of these falsified records meant we could not be sure that these records accurately reflected the support that people received at night or that staff understood the importance of recording they had completed welfare checks. The registered manager carried out unannounced inspections at night, however these were carried out every 6 months, which was not sufficient to identify the issues we found.

This constituted a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit to the service the provider told us they would implement additional night-time checks and appoint a night time manager to ensure that care was carried out appropriately.
- In other respects the service had suitable systems of oversight. This included regular clinical governance meetings which monitored the needs of people using the service in key areas such as diabetes and skin integrity. Clinical meetings were also used to discuss any concerns that had been raised about the service and findings from audits.
- Managers carried out regular audits of people's risk assessments and care plans and overarching themes such as infection control, malnutrition and complaints. Where actions were identified managers ensured that these were completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's preferences for their care were not always assessed. We observed 2 female residents who were receiving support with personal care from male staff. Some staff were unclear how people's personal preferences were recorded.

We recommend the provider review their procedures to ensure people have consented to receiving personal care from male carers.

- There were suitable systems for ensuring staff had the right information to work effectively together. This included the use of daily briefings for senior staff. Nurses and team leaders conducted detailed daily

handovers to ensure key information on people's needs and wellbeing was communicated effectively. Comments from staff included, "We don't miss any information" and "It gives us an opportunity to reflect."

- Staff members told us they felt well supported by their managers and were confident approaching their managers for support. A staff member said, "If something makes you uncomfortable, I prefer to speak to the manager directly."
- The service engaged effectively with people and their families. The service held a quarterly relative meeting to update people on changes to the service and to allow relatives to raise any concerns they may have. The provider carried out a satisfaction survey with families which was included individual phone calls, and as a result of this had taken actions such as improvements to catering and an improved activity planner.
- The registered manager conducted an audit of engagement with people and families and identified actions to be taken as a result. Comments included, "They are very good at keeping in touch with me if there is any problem" and "There is nothing worrying us and small things get resolved."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. This formed part of the providers policies and procedures. The registered manager understood the need to be open and honest when things had gone wrong, and we saw examples of this in how the provider had responded to complaints and incidents and taken action to address these.

Continuous learning and improving care

- The provider worked to ensuring continuous improvements. The registered manager used feedback from people and their families and from clinical governance systems to make changes to improve the service.
- There were suitable systems for learning from incidents. The provider carried out regular reviews of incidents, including tracking people's falls. This was used to highlight trends and account for the reasons why these had taken place, and to identify actions taken to address these. Comments from staff included, "We discuss them among the staff team and we learn what to look out for" and "We bring real world scenarios into the session so they follow [what happened]."

Working in partnership with others

- The service worked in partnership with other organisations. This included working with local specialist health teams and GPs to ensure people had access to services as required.
- The provider worked with the local authority. This included meeting with monitoring officers to review current issues in the home such as complaints and safeguarding concerns and ensuring the provider knew what support was available.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to monitor the quality and safety of services, monitor and mitigate the risks to health and safety of service users or to maintain and accurate and contemporaneous record of the care and treatment of each service user. 17(1)(2)(a)(b)(c)

The enforcement action we took:

A warning notice was upheld