Sunderland City Council

Farmborough Court Intermediate Care Service

Inspection report

Farmborough Court,
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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

Overall summary

The inspection took place on the 29 October 2014 and was unannounced. We visited again on 30 October 2014 and the provider knew we would re-visit on that date.

Farmborough Court is a large modern, 2-storey purpose built care home, which provides a range of intermediate care services for older people who need convalescence or a rehabilitative stay.

The provider is registered to provide accommodation for persons who require nursing or personal care at

Summary of findings

Farmborough Court Intermediate Care Centre. The intermediate service is provided in partnership with Sunderland Teaching Primary Care Trust, the Mental Health NHS Trust and the City Hospitals NHS Trust

There is a registered manager in post. 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 home does provide care that is safe. There are procedures in place in relation to protecting vulnerable adults and all staff are trained in what to do if they suspect abuse. The home makes careful assessments of the risks associated with peoples care. Staff work proactively to ensure people's rights are protected and they are supported to take risks in developing abilities to enable people to live as independently as possible.

The home is careful to protect peoples freedom and applies the Deprivation of Liberty Safeguards well (these are set of requirements to ensure homes do not restrict peoples liberty unless there has been a thorough assessment of the absolute need for that and it is agreed by the local authority.

The home is well staffed. Staff are well trained to their jobs. People spoke well of the care they received and how it helped them with their future plans.

Medicines were well managed with good systems in place to ensure they were administered as they should be. The home was clean and the registered manager had systems in place to ensure that staff know how to reduce the chance of infection and how to ensure the home is kept hygienically clean.

People's needs were assessed very well with good clear records. The home had effective multi-disciplinary meetings every day where people's needs and progress was discussed and plans changed accordingly. Records of training showed that staff had the necessary skills to do their work well. The staff felt they were suitably trained for their work.

We noticed that people participated in their plans for care and the goals they wanted to achieve. We saw people's signatures on relevant documents and were told by people who lived there and their relatives that they felt involved in all of the decisions about their needs and progress.

There were good records that showed what peoples dietary needs were and how the home would support people. There were assessments about people's ability to swallow safely. Many people told us the food was very good. Meal times were social occasions with the right amount of staff support around. Staff were careful to monitor people's fluid intakes to ensure they did not become dehydrated.

The home worked very closely and well with other services There was a community nurse based at the home to help with onward planning of peoples care when they left. There were many multi-disciplinary meetings that involved care staff, nurses occupational therapist, speech and language therapists, GPs, social workers, and other relevant professionals needed to ensure a person's care was right in the home and continued when they left.

Staff were seen to be very caring and people we spoke with said they were. People commented, "The staff are great," "The staff are wonderful," "The staff have really helped me." We saw staff were attentive to people's needs and polite and courteous whilst friendly. There was a very jovial mood and lots of laughter during meal times. It was clear the staff were skilled at quickly forming friendly caring relationships with people who lived there for a relatively short time whilst being rehabilitated.

During all of the interactions between people and staff we saw staff were careful to seek people's opinions, or to ask if they needed anything else. For example we saw that when staff were giving out mid-morning drinks they asked if everyone had sufficient or if they had their choice of drink right.

We saw staff treated people with dignity and were respectful to them. One person told us "It's better than a hotel here."

We examined eight sets of care records and saw they were personalised to individuals needs and when people's needs changed plans were altered accordingly. Staff responded on a personal level too. We saw one

Summary of findings

person wasn't keen on either of the puddings on offer so at their request a member of staff went to the kitchen and got them an ice cream in their favourite flavour (the person saying "oo vanilla my favourite".

We saw evidence in the care plans that people participated in their plans and signed them. We saw that the home had regular meetings with people living there and their relatives to gain their opinions about how the home was run. The registered manager explained that as they were under a new provider they were changing their annual surveys and these would go out in the summer of 2015.

The registered manager kept a record of all of the complaints they received. These recorded what the issues were and how they had all been resolved.

The service was well led by an experienced registered manager who monitored the way care was provided in the home. People and staff we spoke with told us they were approachable. They also commented that they were often seen out talking with staff and people rather than spending all of their time in the office.

Staff told us they received good support and guidance from the registered manager, the deputy and the seniors. We saw records that showed staff had good training to do their roles and that they received regular one to one guidance.

We saw that the registered manager regularly audited care records and other records to ensure there was a consistent high quality in assessments, the plans and that systems within the home were checked as they should be.

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?

Good

The service was safe. Staff had been trained and knew what to do to keep people safe.

The home ensured good risk assessments of people's needs were completed and they were reviewed each week according to people's needs and progress.

We saw that peoples rights to take risks were supported and people were encouraged to achieve things.

Is the service effective?

Good

The home was effective. Two people told us that as a result of the care they received they were able to go and live at home and felt confident to do that with the support that was put in place prior to them leaving.

There were good records that showed the home was careful to ensure people ate nutritious meals that they enjoyed. The meals were described by people as "good" or "very good".

We saw that the home was careful to make sure people drank sufficiently and they monitored people's intake to ensure they did not become dehydrated.

The home worked closely with external services to ensure people's health needs were met whilst in the home and that suitable support was set up for when they left.

Is the service caring?

Good

The home was caring. People commented about how caring the staff were and two said that because of the care they received they could go to live at home independently.

We saw staff deal with people in a respectful way that showed they cared. They were careful to respect people's dignity, and make sure their wishes were heard and acted upon.

We saw good relationships. There was a lot of humour and laughter amongst people and the staff that cared for them.

Is the service responsive?

Good

The service was responsive. People's needs were met in a timely way. We saw that care was delivered in accordance with the care plans which were adjusted as peoples abilities changed.

The service engaged with Age UK who came into the home to listen to people and make people aware of what extra support they could give when they left the home.

The registered manager kept careful records about complaints and about how issues were resolved.

Is the service well-led?

Good

The home was well led with an experienced registered manager who showed strong leadership. Staff and people told us the registered manager was accessible and would always listen to what people wanted.

Summary of findings

The home had very clear aims that were about supporting people when they had left hospital to find the best place for them to live safely taking their wishes into account.

There were systems to check staff were producing good assessments and plans and that records were kept up to date

The home had very effective handover meetings each day. Care staff, nurses, occupational therapists and other health care professionals attended to discuss people's progress and help make plans with them.

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.

The inspection took place on the 29 October 2014 and was unannounced. We visited again on 30 October 2014 and the provider knew we would re-visit on that date.

The inspection was carried out by one adult social care inspector and a specialist advisor who had a nursing background.

During this inspection we carried out observations using 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the home, including any notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

We contacted the local authority safeguarding team, commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG).

Healthwatch is a statutory body set up to champion the views and experiences of local people about their health and social care services. For each local authority with social services responsibility there is one Healthwatch. We also reviewed information from the local authority safeguarding and commissioning teams.

During the inspection we spoke with nine people who lived at the home, two of their relatives, six staff and the registered manager of the home. We spoke to a community nurse who was based at the home as part of the integrated service they provided.

We reviewed eight sets of records relating to peoples care. This included their care plans, any associated risk assessments, review documentation and the daily records taken that reflected the care they received.

We examined other records within the home such as staff files relating to their support, training and recruitment, and other records held by the registered manager relating to the management and monitoring of the work done in the home.

Good

Is the service safe?

Our findings

The home had good systems in place to make sure people were cared for in a safe way.

This included careful pre admission assessments and post admission assessments. This ensured the home could meet people's initial needs and manage the risks associated with caring for them.

The homes key role was in helping people re-habilitate, and help inform the plans for their future whether that was a move back to their own home with support if needed or a move into long term or short term residential care.

There were policies and procedures in place that provided guidance for staff about what to look for and what to do if they suspected abuse. When we spoke to staff they told us, "I have had training in adult protection," and they "knew what to do if they suspected abuse." One person said, "I would make sure the person was safe and go straight to the manager or most senior person on duty and report it to them."

We saw good records that showed detailed considerations about the risks associated with peoples care. The records showed that those risks were continuously monitored and changed as people progressed throughout their stay.

At the point of being admitted, the home assumed there were risks associated with people's needs and explored all possible areas. Depending on people's progress risks were eliminated if they did not continue to be relevant. This ensured all areas were covered from the start which helped to ensure peoples safety.

The home held multi-disciplinary meetings involving care staff, families if relevant, and community health services every Monday where each case was reviewed. Part of the process involved the continuous re-assessment of risk for each person. The areas that were considered were medicines, falls risks, mobility, wheelchair use, social interaction, use of kitchens, hygiene, diet, skin integrity, sleep, breathing, toileting, epilepsy, mental health, deprivation, religion, finance and valuables.

It was clear that the home managed risk appropriately. There were no risks expressed by the local authority, the local safeguarding teams or health watch during the period prior to or leading up to the inspection.

We examined all the medicine administration records (MAR) relating to people who lived at the home and found good consistent recordings were made. We found no errors in recording.

The registered manager kept records about checks of the systems and equipment within the home to ensure services such as electrics, water supplies, equipment that used gas, beds, wheelchairs and hoists were safe. Some of those checks were undertaken by staff from the home, some were undertaken by outside contract specialists. The records showed these were regularly checked to ensure they were safe. Records showed the handyman regularly checked the outlet temperatures of the water services to ensure the temperature restrictors were working to prevent people scalding themselves. We saw records in care files that showed staff tested the temperature of showers and baths prior to people using them. There were good fire safety checks in place where all fire alarm detectors and alert switches were checked on a rotational basis over four months. There were records that showed fire alarm checks and drills were undertaken as they should have been.

The registered manager had systems in place to ensure the home was kept clean and hygienic. The home looked and smelled clean and free from unacceptable odours. There were systems in place to guide the routine cleaning of the home and the registered manager undertook checks and audits to ensure hygiene was maintained. We saw staff using gloves and aprons when needed. The registered manager had systems in place to check the hygiene of the home every week.

People told us that there were sufficient suitably trained staff around to meet their needs. We observed staff spending time with people without rushing them when undertaking tasks. We observed a member of staff supporting a person in a calm and caring manner asking them to, "Take it easy, try not to over do it?" We examined rotas and saw there were sufficient staff on duty at all times. On the day of the inspection which was unannounced we saw that the registered manager and deputy were on duty, with one senior care worker and ten care workers. They were supported by two domestic staff and two cooks.

When we spoke to the registered manager they told us that over the past year there had been some staffing difficulties. This related to the change of provider from Sunderland city council to a limited company (still managed by Sunderland

Good

Is the service safe?

city council). This meant some long term staff had taken redundancies. Agency staff had been recruited on short term contracts to manage the situation. The registered manager mentioned and the records showed that they were recruited in exactly the same way as any permanent member of staff. The significance was that recruited staff had the necessary skills to fill any shortfalls and by offering short term contracts it ensured a stable staff team while full time recruitment was undertaken. This meant people living at the home still had stability and continuity of staff caring for them.

We observed one staff handover meeting. The handover we observed was both verbal and written, which meant people's risks and care were known by all the staff. Care staff met with the Registered Nurse and the care manager and shared information about people's health, moods, behaviour, appetites and the activities they had been engaged in. This meant staff knew and understood people's needs and their responsibilities and actions they should take.

Good

Is the service effective?

Our findings

We examined the training records for the staff who worked in the home. We saw that staff had undertaken training in accordance with their roles. This included Safeguarding, first aid, moving and assisting, health and safety, infection control, fire safety, eating and nutrition, food hygiene, safe handling of medicines, deprivation of liberty, mental capacity, equality and diversity, confidentiality, data protection, dementia, information security.

Safeguarding checks such as DBS checks and references were undertaken prior to work within the home. We saw records that showed staff received the one to one supervision guidance they needed regularly and had annual appraisals were appropriate.

As the home mainly provided very short term accommodation for people as part of rehabilitation or assessment for other residential provision we saw that the home applied the Deprivation of Liberty Safeguards effectively. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards exist to ensure people are only deprived of their rights if it is within their best interests. The registered manager understood the home's responsibilities under the Mental Capacity Act 2005 (MCA). An appropriate application had been made to the local authority for consideration under the deprivation of liberty safeguard requirements for care homes. We saw records in the care files that showed the home had received confirmation that it was appropriate for the one person who required those safeguards to be in place.

Care records showed that people participated in their assessments and the care plans that related to them. We saw that people had signed their records where they should to show they agreed to the plans. We saw that assessments of people's mental capacity had been undertaken as part of the overall assessment process with regard to their rehabilitation.

People's health needs were assessed prior to them going to live in the home and continuously reassessed during their stay. The home operated multi-disciplinary interventions where regular meetings were held with other service providers (such as health, social work, occupational therapists, speech and language therapists). The discussions influenced which services needed to be involved whilst at the home and when their rehabilitation was completed. Those meetings were held every week for each person who lived there. One of the local community nurses was based with the home to ensure smooth transitions occurred when people left.

Records showed that the home worked closely with specialists to ensure people's needs were met and would continue to be met when they left. We saw records in the care plans that showed the home assessed risks to the person's health and wellbeing. Where risks were identified the care plan described the actions staff should take to minimise the identified risk. For example we saw a person who was identified at risk of limited mobility. Staff kept daily records of how much the person was able to walk without becoming breathless, as described in their care plan. We saw what progress had been made and this information was used as part of their rehabilitation program. This meant staff could monitor the person and would know if their health improved or deteriorated. People received evidence-based, person-centred care which ensured their transition happened in a planned way.

People told us the food was good. One person told us, "The food is lovely," another said, "I get loads to eat and it's the sort of food I like." We observed two meal times and noted staff were attentive and polite ensuring that people had what they wanted to eat, had sufficient to eat and that the experience was pleasant for them. Staff asked if someone had finished prior to removing their plates.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person who was due to leave said, “The staff have been wonderful.” A relative told us, “[my relative] didn’t want to come in here but they have settled really well, the staff are great.” Another person told us, “It’s a wonderful place to come to if you’re not feeling well.” One person said, “It’s great here better than a hotel.”

We spoke with one person who was going home to live on the day of the inspection. They mentioned there was, “Great food” and the staff were “wonderful.” They went on to say that the care helped, they said, “I didn’t think I would ever be well enough to go home. I have now put on weight and steadier on my feet and am going home today with a little support set up for me when I am home.”

We saw staff in many interactions with people who lived there. They were courteous and caring. We saw that they were careful when communicating with people to ensure that they were understood and that they understood what people wanted.

During the meal time we undertook a SOFI observation. SOFI is a way of observing care to help us understand the experience of people. During that observation we saw 34 specific interactions which resulted in a positive outcome for the person being interacted with. This included where people asked for something and received it, or where a person needed a little assistance with their meal, or where staff were checking to see if people needs were being met. The staff were attentive to people’s needs for example we saw one person ask for another cup of tea and received it quickly.

We saw the appropriate use of touch during conversations, and there was a lot of pleasant chat amongst people who lived there and between people and staff. There was a lot of appropriate humour and laughter, everyone seemed relaxed and happy. One person said to us “that was a very enjoyable meal”. We spoke to another person who told us, “The food is good, the care is good, and as soon as I get a stair lift fitted I am going home.” We checked that persons care records and noted that the requirement for a stair lift had been passed to the relevant people to be acted upon.

During our inspection we did not hear many buzzers sounding. When we did it was clear that they were quickly attended to. We saw people’s rooms and although people were only at the home a short time we saw people had personalised their areas with photographs and personal affects. The rooms were clean and looked well decorated.

Good

Is the service responsive?

Our findings

We discussed one person's care with them and their relative. They said, "The staff noticed I was becoming more breathless, they got in touch with my doctor, changed my medicine and I am much better now." Their relative said, "The staff have been really good, they have talked through the goals they have set [with my relative] so we know how to help them when they leave."

We saw six sets of care plans which showed people were involved in their care planning and they were as much about goal setting as risk. This was important because it meant people's rights to take risk in order to progress was noted, protected and included in the plans made with them. We saw records where those processes involved family and were aimed at moving people on to more permanent provision whether in a care home or at home.

We attended one handover where we observed the staff group talking in details about people's needs and progress. This covered a range of person-centred information such as mobility/exercises, equipment needs/use of, drug queries/ risk assessment, medicine needs, test results, mobility, nutrition/hydration and preferences, personal hygiene, health care professional appointments/visits (mental health team, dietician), relative visits, elimination assessment, communication and wound care. We saw the outcomes of those discussions were recorded and adjustments to people's plans were made and passed on to all staff.

The home engaged with Age UK who visited every week. This had two functions. It offered people an outlet external to the home if people had any issues that were not dealt with or complaints they needed to be heard. It also allowed people to form connections for when they left the home and could utilise the services of age UK.

We examined records relating to compliments and complaints. We saw records that showed complaints had been dealt with and what the outcome was for the person who lived at the home. All records examined showed a resolution.

We saw that the home had group meeting with people who lived there every three months, where suggestions were considered and resulted in some action being taken. For example we saw that some people wanted a fish option on a Friday and that was included in the menus. We saw that home took feedback about peoples hospital stays and fed that back to the hospitals concerned so they could improve services.

Good

Is the service well-led?

Our findings

The registered manager demonstrated clear understanding of their role, demonstrated strong leadership, was experienced and understood the needs of the service. We asked about successes and challenges. We were told the biggest success was a seamless transfer across to the new provider which did not impact upon the needs of people using the service.

The biggest challenge was during that time to ensure sufficient suitable and stable staffing was in place to replace those staff that chose to leave when offered redundancy. The registered manager stated they achieved this well by careful planning and recruitment of agency staff to fill the gap. They stressed the importance of engaging them on long term contracts so they were committed to the home for the duration of the recruitment for full time replacement staff.

Care staff we spoke with told us they felt supported by the registered manager and leadership team because they were always approachable. All the staff we spoke to at the home told us they liked working at the home because they enjoyed working with the people living at the home and working with their staff colleagues. They mentioned that the registered manager, “Was very approachable,” and “Gave guidance about what needed to be done.”

The service has a clear vision and set of values. Its role is the rehabilitation of people as a staging point between hospital and longer term placement either back at home or in another residential service. This vision permeated a lot of the work we saw through observation and the records we examined. It ranged from simple things we saw like staff assisting a person to walk and extend them a little in order to get over a hip operation, to plans for people going home and ensuring the right support was in place when they went home. We saw staff being polite and treated people in a dignified way.

The home used a range of safety aids such as pendants that would trigger an alarm if someone fell or they could activate in case of need, to special bed and chair monitors to ensure people did not stand unaided when they needed that sort of support. The significance of this was that the home used the same equipment that would be used in persons own home if they needed it when they left, thus familiarising them or their families with the equipment and how to get the best out of it.

There were good systems in place to ensure people’s needs were continuously assessed and re assessed. This included formal assessment when admitted to the home and continuous reassessments during multidisciplinary handover meetings everyday where people’s plans were adjusted in accordance with their changing needs or progress.

We saw that the registered manager had a comprehensive system to audit various aspects of the running of the home. These included checks of the medicine systems, infection control, health and safety checks, audits of care plans and risk assessments and equipment checks.

The registered manager ensured they shared the experience of people who lived there by sharing meal times with them and having an open door policy and being visible within the home. One relative told us, “We see the manager all of the time and speak to them about [my relatives] care.”