

Place Farm House Residential Home Ltd

Place Farm House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Place Farm House is a residential care home providing the regulated activity of accommodation with personal care for up to 20 people. People had a range of care needs including frailty of age and people living with dementia and Parkinson's disease. Accommodation was over 2 floors in one adapted building.

Since 1 May 2022 Place Farm House has been undergoing significant building work. This has led to some parts of the care home being inaccessible. Whilst the building work is taking place the provider has reduced the number of people they can support. At the time of our inspection there were 13 people using the service.

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

Staffing levels at night were not always sufficient to ensure people's safety. Risks associated with mealtimes were not managed well. Some people and visitors described the building work as noisy and disruptive and did not feel the provider had considered the comfort of people during this time.

Systems were in place to protect people from the risk of abuse and improper treatment. People told us they received safe care. Relatives had no concerns about their loved one's personal safety. People received their medicine safely. Infection prevention and control processes protected people from the risk of infection.

The culture of the service was positive, and people and staff were complimentary of the registered manager and provider. Systems and process were in place to monitor the quality of the service being delivered. Staff told us it was a good place to work.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care was personalised to meet people's needs. People said they received good care from kind, caring and compassionate staff. A person said, "I wouldn't want to be anywhere else".

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 9 November 2017).

Why we inspected

This inspection was prompted by the length of time since the last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

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

Follow up

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Place Farm House

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 undertaken by 1 inspector.

Service and service type

Place Farm House 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. Place Farm House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). 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 sought feedback from health and social care professionals who have regular involvement with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and sought feedback from 5 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks at meal times were not well managed. Most people ate alone in their bedrooms. This was due to personal choice and the lack of dining facilities during the building work. This included people who were known to have swallowing difficulties and people who had experienced significant choking episodes.
- At inspection we observed guidelines to mitigate people's risk of choking were not always followed. The registered manager told us this was due to people having the capacity to choose not to follow professional advice or guidance. Advice to mitigate risks around meal times was not clear within people's care plans and there was no record of people's decision not to follow advice. This meant we were not assured all reasonable steps were being taken to keep people safe at meal times. Following the inspection care plans were updated and processes were implemented to record and review people's decisions not to take advice.
- There was a robust process for monitoring and managing falls. People had falls prevention care plans, and these had been effective in reducing the number of falls people had. A person told us their falls had reduced since moving to Place Farm House. They said, "I am so much more confident moving around than I was, less worry for me and my family".
- A range of assessment tools was used to ensure people received care and support appropriate to their needs. This included assessing the risk of malnutrition or developing pressure ulcers. Care plans provided guidance to safely manage health conditions such as diabetes and how to fortify meals to prevent weight loss. Relatives said they were involved in planning and reviewing their loved one's safety and care.
- Staff undertook regular safety checks of equipment and the premises to ensure these were safe. People had personal evacuation plans which guided staff to support them safely in case of emergency. Risk assessments were in place to mitigate risks to people, staff and visitors caused by the building work.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were not always adequate staffing levels at night to keep people safe and meet their needs. The rota showed once or twice a week there was 1 night staff on duty instead of 2. This was not in line with assessments and protocols in the care home designed to keep people safe. We discussed this with the provider and registered manager who provided assurances 2 staff would be on duty at night with immediate effect.
- The provider used a staffing dependency tool to assess the number of staff required to meet people's needs. At inspection there were enough staff on duty. Call bells were answered promptly, and people said this was usually the case. People received care and support in a timely way, and we saw staff taking the time to sit and talk with people.
- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was a comprehensive range of training and development opportunities to ensure staff had the skills and knowledge to carry out their role. There was a robust induction programme for new staff and staff new to care undertook the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Staff were aware of their individual responsibilities to prevent, identify and report abuse. Staff received safeguarding training during their induction and undertook regular updates. This ensured their knowledge was up to date and they knew how to report concerns.
- People told us they felt safe and were supported to keep themselves and their belongings safe. A person told us, "You won't find anything wrong here, I am really safe, and the staff are very good". Relatives told us they had no concerns about their loved one's safety. A relative said, "I have no concerns about safety, [name] is looked after really well".
- Action was taken following accidents or incidents to help keep people safe. There was an effective system in place to record and monitor accidents and incidents. Information was used to identify trends and mitigate further occurrences. Outcomes from investigations were shared. This ensured lessons were learnt and action taken to drive service improvements.

Using medicines safely

- Medicines were stored and administered safely. This included medicines that required additional control measures to ensure they were managed safely. Medicine administration records (MARs) were completed in line with best practice. Pharmacy audits were undertaken to ensure medicines were being stored safely.
- Medicines were administered by trained staff. People were supported to be as independent as possible with taking their medicines. This was underpinned by care planning which provided details on what aspects people could manage for themselves.
- Staff had a good awareness of medicines. This included side effects and those which could cause excessive bleeding. Accident records showed that appropriate medical advice and monitoring had been implemented when people receiving these medicines had experienced falls or injury.

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

- People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There had been an oversight by the provider to robustly consider risks associated with meal times and staffing at night. The provider and registered manager were open and transparent in discussions about this and took immediate action to address the issues we raised and ensure people's safety.
- There was strong, clear leadership of the service. The registered manager and provider spoke openly and honestly during the inspection and were responsive to any discussions regarding regulation and best practice topics. There were provider led systems and processes for quality monitoring and auditing and the registered manager had day to day oversight of these.
- People's views were sought about the care they received. Feedback was sought from relatives, professionals, and staff. Actions arising from these were followed up and shared. People, relatives, and staff were encouraged to make suggestions for improving the care offered and told us they were listened to.

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

- The culture of the service focused on providing person-centred care and support to people. The care home had a positive and welcoming atmosphere and was led by an open and transparent registered manager. Staff told us the registered manager was approachable and they felt very supported. Throughout the inspection we observed positive communication and supportive interaction between the whole team.
- Staff understood the vision and values of the service. They described working in a person-centred way and putting people's needs and wishes first. Staff demonstrated passion and a commitment to providing people with compassionate care and improving the quality of their lives. We observed some very responsive and compassionate support and saw people were treated with respect and dignity. A person said, "Staff are lovely, very kind and respectful". A relative said, "The staff have always been excellent; they are very friendly, caring and devoted and so hardworking".
- People spoke highly of the service they received. A person told us, "I am very well looked after here, I couldn't ask for more". Relatives told us the registered manager and staff provided their loved ones with person-centred care which respected their wishes and preferences. A relative said, "All the staff are very caring; they take pride in what they do. I am happy and my relative thrives there".

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 registered manager understood their responsibility to be open in the event of anything going wrong. Relatives told us they were informed of incidents affecting the health and wellbeing of their loved ones and were kept up to date with outcomes arising from these. The local authority had been notified of concerns in line with safeguarding guidance. CQC had been informed of significant events in a timely way. This meant we could check that appropriate action had been taken.
- The provider had oversight of accidents and incidents. Systems and processes ensured these were monitored and analysed to identify key issues and learning. Outcomes were shared with people and staff to ensure lessons were learnt and the service would continue to develop.
- The registered manager promoted transparency and honesty. They had an open door policy and staff confirmed they always felt able to speak to any of the management team. Staff knew how to whistle-blow and knew how to raise concerns. Information was shared appropriately.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with other agencies. These included healthcare services as well as local community resources such as the local hospice, medical centre, and community groups. People were supported to make local community connections, keep in touch with friends and access local resources.
- We received positive feedback from healthcare professionals about the leadership of the service. We were told that the registered manager was diligent and responsive and ensured people's needs were met in a holistic way. A medical professional told us the registered manager had, "Embraced education for her staff and support for her residents with a best practice approach". We were also told that the implementation of dementia and medication champions had promoted best practice across the whole care team. Our observations at inspection supported this.