Care UK Community Partnerships Ltd

Farm Lane

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
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 people over the age of 65. At the time of the inspection, 57 people were living in the home.

Farm Lane can accommodate up to 66 people on three separate units. 21 beds across the ground and first floor are used as interim beds for people discharged from hospital requiring further assessment, care and support for a period of up to 28 days. The remaining 45 beds are used to provide nursing care for older people some of whom are living with dementia.

People's experience of using this service and what we found
Care planning documentation and related records were not always complete, accurate and contemporaneous.

Quality monitoring systems were not always providing a sufficient level of detail to evidence that events, incidents, accidents and complaints were analysed in a meaningful way and led to service improvements where required.

Staff completed a range of mandatory training. However, refresher training was behind schedule in key subjects such as fire safety and first aid.

Complaints were investigated but records did not always document the action taken when complaints were related to staff performance.

Some areas of the home were cluttered and being used to store items inappropriately.

People were supported to have choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's risk assessments provided sufficient guidance to staff as to how to manage risks associated with people's care and support. Staff understood how to recognise and respond to safeguarding concerns to keep people safe

Staff responsible for administering medicines were trained and assessed as competent to do so.

Staff made appropriate referrals to other healthcare professionals when needed.

People were cared for in a way that respected their privacy and dignity and promoted their independence. We saw examples of kind and compassionate care.

People had enough to eat and drink and staff provided appropriate support where this was required.

Lifestyle co-ordinators provided opportunities for people to participate in a range of activities.

We made a recommendation in relation to the safety, adaptation and design of the home.

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 13 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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.

Follow up
We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? Not all aspects of the service were 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 Care Act 2014.

Inspection team
This inspection was carried out by one inspector, a medicines inspector, a nurse specialist advisor and two Experts 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.

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
The first day of the inspection was unannounced. We informed the management team that we would be returning for a second day to continue the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people living at Farm Lane, two relatives and a friend of a person using the service about their experience of the care provided. We spoke with three nurses, a team leader, two care workers, the registered manager, a quality and development manager, a regional director, a chef, three members of the domestic team, an activities coordinator and two administrative staff members.

We used 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.

We reviewed a range of records including 12 people's care records and 15 medicines administration records, eight staff recruitment files, supervision and training data. We also looked at a range of records relating to the management of the service, including policies and procedures, meeting minutes, audits and quality monitoring records.

After the inspection
We contacted the registered manager to seek clarification in relation to the evidence we gathered during the inspection process. We made contact with local authority quality monitoring representatives who regularly visit the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Surplus medicines were not always being stored safely. We spoke with staff and the registered manager about this issue. On the second day of our inspection we noted that where required, people's medicines had been disposed of appropriately and other surplus stock was arranged tidily and awaiting collection by the dispensing pharmacy.
- Controlled drugs (CDs) were stored safely. Medicines rooms were kept locked. Fridge and room temperatures were recorded appropriately. Acceptable temperature levels were being maintained.
- Staff responsible for administering medicines were trained and assessed as competent to do so.
- People were receiving their medicines as prescribed. Medicines administration records (MAR) were being completed appropriately with no gaps or omissions. Appropriate protocols were in place for people receiving pain relieving medicines as required (PRN).

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were monitored through the implementation of robust risk assessment processes.
- Risk assessments were completed for each person using the service. These contained sufficient guidance about how to manage risks in relation to mobility, moving and positioning, falls, nutrition, skin integrity and continence.
- Staff sought support and advice from healthcare professionals to manage behaviours that challenged to ensure risks to people's health and safety were monitored and minimised.
- People's weight and body mass index was recorded monthly or more regularly if clinically indicated. Fluid charts were completed throughout the day. Night staff were responsible for completing daily fluid totals and communicated any concerns via morning handover meetings.
- Elimination charts were in place. A member of staff explained that gaps sometimes appeared in charts where people were independent with personal care and sometimes unable to recall details when asked. However, these omissions were not fully explained on people's monitoring charts.
- Repositioning charts were in place for people at risk of developing pressure ulcers. Documentation reviewed demonstrated that staff were following appropriate advice and guidelines in relation to identifying, monitoring and preventing pressure ulcers.
- Staff made relevant referrals to tissue viability nurses, dietitian and GPs if they noted any concerns or deterioration in people's health and well-being.
- The provider carried out regular maintenance checks including testing call bells and monitoring the safety of hoists, lifts, fire doors and electrical equipment. Personal emergency evacuation plans (PEEPs) were in place to ensure people received the right support in the event of a fire.

● Staff responsible for fire warden duties were able to provide an account of their role and responsibilities in the event of an emergency evacuation scenario.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe and well cared for. Comments included, "It's lovely here and staff check up on me during the day and night", "Everything around here feels safe" and "[Staff] make me feel safe. I feel secure and don't worry about anything."

● Staff received training and guidance on how to recognise abuse. Staff were clear about the need to report any concerns they may have about people's welfare to managers and other relevant agencies.

● Staff were familiar with the provider's whistleblowing procedures. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

Staffing and recruitment

● On the days we visited, there were enough staff to ensure people were cared for and supported safely. People told us, "Staff keep coming around and asking what you would like", "I have fallen down twice so have used my call button and staff come quickly to help me get up", "Someone always walks by regularly during the day so I have not had to use my call button" and "Everything is fine and we can ask staff for anything."

● The provider operated safer recruitment systems. Staff records included evidence that pre-employment checks were carried out before new staff were appointed and commenced employment. This included requests for written references, Disclosure and Barring Service (DBS) checks and confirmation of identity. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands helping employers reduce the risk of employing a person who may be unsuitable to work in the care industry.

Preventing and controlling infection

● Staff were not always following good practice principles when cleaning people's rooms. We observed domestic staff continuing to clean people's rooms during mealtimes. One person told us, "I am happy with the service; the washing and cleaning. But the spray in the bathroom is too much, it makes me feel sick. I told them to stop using it, but they don't listen. They don't take notice."

● Not all bathrooms were being maintained appropriately. We noted that pedal bin lids were left open, toilet seats were stained and toilet brushes were stored in open holders. The registered manager has since made arrangements to have these items replaced.

● Domestic staff told us they used a colour coded system for cloths, buckets, mops and gloves for different areas. We observed a member of staff using the incorrect cloth for a cleaning task and were told this was because they had run out of the right colour cloths.

● Sluice rooms and cupboards used for the storage of cleaning materials were kept locked when not in use. Staff had access to disposable gloves and aprons. We observed staff following handwashing procedures and using alcohol gels as required. The home was free from any offensive odours.

Learning lessons when things go wrong

● We saw some evidence of reflective practice taking place when medicines errors occurred.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The home was wheelchair accessible and lifts were in working order. However, communal spaces were not always being safely maintained.
- Some areas were cluttered and being used to store items inappropriately. For example, empty plastic containers used for storing medicines had been placed in a corridor area. An unused air mattress was being stored in a quiet room designed for people and their visitors. We also found a pruning saw with a large serrated blade and empty water bottles lying in an open box next to a dismantled chest of drawers. The registered manager removed the garden tool immediately and by the second day of our visit other items had been removed and/or disposed of appropriately.
- Two activity areas and a communal lounge were equipped with air conditioning. Staff had acquired fans for some of the other areas within the home. However, trailing wires leading from fans and cooling units to electrical sockets put people at risk of trips or falls.
- Although we saw items such as a post box, an old-style dial telephone, a bus stop and other signage incorporated into the design and decoration of the home, the registered manager acknowledged that these items were seldom used as a means of sharing people's life experiences, memories and stories from the past.

We recommend the provider seek appropriate guidance in relation to the safety, adaptation and design of the home to ensure people's needs are being appropriately met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home to ensure their care and support needs could be met appropriately.
- Protected characteristics under the Equality Act, such as ethnicity, sexuality and gender identity were considered as part of the assessment process.
- People and their relatives, relevant healthcare professionals and senior staff were involved in the assessment and review of people's care and treatment. One person told us, "I visited this place before coming in and was given enough information. I came and stayed one night. I was involved in my care plan. I am involved in the review which is done once a year."
- Information about people living in the home was recorded electronically and in paper form.

Staff support: induction, training, skills and experience

- People told us, "I think staff are well trained", "The way they do their job shows they are trained", "[Staff]

do a fantastic job" and "I am very well looked after."
● Newly appointed staff were required to complete an induction which followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
● Staff completed a range of essential training such as safeguarding, mental health legislation, moving and positioning, infection control and food hygiene. However, not all staff were completing refresher training. We noted that completion rates for training in subjects such as dementia awareness, fire safety and first aid were particularly low. The registered manager told us she would initiate disciplinary procedures if following a reminder; staff failed to complete the required refresher training. She also explained that first aid training was recommended but not mandatory, and that dementia training would be completed by the end of September 2019.
● Records we reviewed showed that staff were supported through supervision, appraisal and team meetings. A member of staff told us, "[The registered manager] completes handovers, holds meetings, is on the floor to talk to people, has an open-door policy, is approachable and makes [work] fun'.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The provider maintained systems to record and track the status of all DoLS applications. Some applications were awaiting a response from the local authority.
● People were asked for consent in relation to the use of their photographic image for the purposes of identification. Both consent and refusal were evidenced in people's care documentation.
● Staff had a good understanding of the MCA and the importance of supporting people to make their own decisions where possible. One member of staff told us, "MCA and DoLS is taken very seriously. The team always ask for help to make sure it is in the best interest of the resident."
● Where people were found to lack capacity in specific areas, guidance was available to staff through completed mental capacity assessments.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were being met. People's comments about the food included, "The food is good, I like it. It's well cooked and tasty", "Most of the time I'm happy with portion and variety", "I get enough to eat", "I get to choose what I want on the day" and "I get a menu choice, food is hot and I have no complaints."

● A range of meals including vegetarian options, halal dishes, Caribbean and Asian dishes and soft food diets were prepared off site and delivered frozen to the home. Food temperatures were checked before people were shown and served plated meal options.
● People were offered a choice of fruit drinks and water at mealtimes and throughout the day. A member if staff told us they were known as the 'Hydration Champion' because they promoted "fluids, fluids, fluids."
● People who required support to eat and drink were supported appropriately. Interaction between staff and people using the service was kind and considerate. People had access to napkins and bibs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Nursing staff and managers attended weekly clinical meetings to monitor the care provided and ensure people's support needs continued to be met appropriately.
● The provider worked closely with visiting GPs, the on-site care assessment team and specialist nursing teams to ensure people's health concerns were responded to in a timely way.
● People were supported to maintain good health and had access to dentist's, opticians, podiatrists, speech and language therapists, dietitians and physiotherapists when needed.
● Where appropriate, serious injuries were escalated to the emergency services.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were supported by kind and caring staff. Comments included, "Everything [staff] do, they respect me", "Staff are gentle and kind", "[Staff] know what I like and what I dislike" and "Staff are cheerful and kind."
- One person told us, "I go to Church together with a staff member. I also have time to pray on my own." Staff told us a vicar visited people living in the home, but it was unclear whether people of other faiths were similarly represented.
- A staff member told us they were 'companions' not just care providers to people using the service.

Supporting people to express their views and be involved in making decisions about their care

- Staff listened to people and encouraged them to make their own choices where this was possible. People told us, "I am consulted about decisions", "Communication is good", "We can ask staff for anything" and "If I feel sad, I will see a lady staff member. I feel free to say what I think."
- During the day, people spent time listening to their favourite radio channels, watching preferred television programmes or taking part in the activities organised by two full-time lifestyle coordinators. People commented, "I feel happy living here. I can go out whenever I want to", "I'm ok here. I spend time in my room and come out and watch TV" and "I'm feeling ok. I'm very comfortable here. This is my home at the moment."
- Staff conducted welfare checks where people were unable to use a call bell to ensure their needs were being met appropriately.
- People were able to personalise their rooms with their own belongings. Communal areas were bright and evidence of an inclusive community was depicted through photographs, art work, messages and posters.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "[Staff] respect my privacy and dignity. Everything they do and the way they do it shows that."
- We observed staff supporting people to live their lives as they chose. For example; one person told staff they didn't want to wear their glasses, hearing aids or dentures. Staff worked around these issues by coming closer to talk with this person and ensuring biscuits and other food items were broken up and left within reach.
- Staff told us they closed doors and curtains when supporting people with personal care tasks. Interactions we observed between people using the service and staff were kind, supportive, patient and courteous.
- Care plans and electronic records were kept securely.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care documentation was available in paper and electronic form and included information about people's medical history, mental and physical healthcare needs, social, emotional and cultural needs.
- The provider worked in collaboration with health and social care professionals and sought advice and guidance when needed. We saw evidence in people's care records that referrals were made to specialist nursing teams, dietitians, speech and language therapists, mental health clinicians and GPs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The premises were well-appointed and close to local amenities, cafes, bars, shops and cinemas.
- People could choose what activities and interests they took part in. Activities on offer included arts and craft sessions, concerts, barbeques, baking, tea parties, visiting toddler playgroup sessions, singing, exercise and dancing.
- On the first day of our visit we observed an activity in progress. People had been joined by a small group of young children for a hand painting and sing-along session. One person told us, "I liked singing with the children. [It's] nice to be here."
- On the second day of our visit we observed the garden being transformed into a colourful, flag festooned area in preparation for the home's open day. There was plenty of seating and people, their friends, relatives and visitors appeared to be enjoying a line-up of guest singers, dancers and artists. Staff had prepared a range of dishes from their own cultural backgrounds and a barbeque was in operation. This was a well-attended joyous event.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans identified and recorded their communication needs. One person told us, "Staff are good, they listen, they help me."
- Care plans provided guidance to staff about people's communication needs and preferences. A member of staff told us, "Communication is the most important thing. I hold [people's] hand, speak calm, listen, and make them feel safe and welcome. Say good morning, act calm, play them music and be flexible with their family."

Improving care quality in response to complaints or concerns

● Information about how to make a complaint was available in the reception area. People knew how to make a complaint and to whom.

● Following our inspection, we received information form a local authority representative in relation to a historical complaint. We asked the registered manager to send us records of all complaints received in the past 12 months so that we could be assured this matter was logged, investigated and resolved appropriately. However, records we received did not demonstrate whether matters had been resolved to the full satisfaction of the complainant. At the time of writing we are awaiting further details.

End of life care and support

● Staff attended multi-disciplinary clinical meetings on a weekly basis and maintained contact with palliative care nurses to discuss people's care and implement recommendations.

● Some basic information was available in people's care records in relation to their end of life (EOL) preferences such as preferred place of death, people involved and who to contact.

● Anticipatory pain-relieving medicines and prescriptions were in place for people where these were required.

●'Do not attempt cardiopulmonary resuscitation' (DNACPR) forms had been completed (where appropriate) and these were reviewed by a GP as required. Forms were placed at the front of people's care records for ease of access.

● Staff completed training in EOL care. The registered manager explained that further training was planned via representatives from Coordinate My Care. Coordinate My Care is an NHS clinical service that aims to deliver integrated, coordinated and high-quality medical care, built around each patient's personal wishes and care preferences.

● The registered manager told us that an available room would soon be converted into a space for relatives who wished to stay overnight to be close to their loved ones in their final moments.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained 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.

Continuous learning and improving care

● The provider carried out regular quality monitoring checks and audits. However, these lacked sufficient detail to evidence that events, incidents, accidents and complaints were analysed in a meaningful way and led to service improvements where required. For example; incident and accident reports for January, February and April 2019 contained no analysis. Monthly medicines audits were missing assessor's names and actions were not clearly stated. Tracker records documenting the number of falls occurring in the home, provided no evidence of analysis or information to state what the provider was doing to address these occurrences. A complaint's log stated whether complaints were upheld, partly upheld or not upheld. However, information as to whether the complainant was satisfied with the provider's response was missing from the analysis.

● We noted errors, spelling and grammar mistakes throughout people's care records. For example; staff had used three different names in one person's records. Male and female pronouns (he/she) were being misused. Some records were duplicated and/or incomplete with gaps and spaces where important questions had been left unanswered.

● Hand written entries in meeting minutes were not always legible and not always signed by the author. The quality and development manager acknowledged our concerns and told us, "The paperwork can always improve."

These issues relate to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The registered manager was a registered nurse with many years' experience in the management of elderly care services.

● Staff were clear about their roles and responsibilities. Nursing staff kept their professional registration requirements up to date.

● Staff attended regular team meetings to share information and keep abreast of best practice guidance and procedures.

● A copy of the most recent report from the Care Quality Commission was on display at the service and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the

provider's performance.

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

● People spoke positively about the management and staff team. Comments included, "I trust the staff", "The manager comes to see me a lot", "I know everyone here and we are well looked after" and "I know the manager; she is very sweet"

● Staff told us the management team was approachable and supportive. A member of staff told us, "I have a good manager who is listening and who's supportive. She's been great." Another staff member commented, "The [registered] manager is very good. She's the best manager out of all the managers I've worked with. She listens to you. I like working here."

● The registered manager was aware of the provider's registration requirements including the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The service promoted links with the community and encouraged local school children and students to visit and organise activities for people using the service. The service had recently been supported by a local supermarket to re-design aspects of its communal garden.

● Lifestyle coordinators designed activities to support people to celebrate their own identity and individual interests and to share these with others.

● The results of an annual survey based on four telephone interviews with relatives were positive.

● The registered manager was aware that in future, more effective systems were required to capture feedback from a larger sample of people using the service and their relatives.

Working in partnership with others

●The management team worked in partnership with staff members, quality managers and local authority representatives to ensure the home provided an effective, caring and responsive service.

● Information was available in the main reception area in relation to agencies and services that provided support to elderly people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was failing to maintain an accurate, complete and contemporaneous record in respect of each person using the service. Systems in place to assess, monitor and improve the quality and safety of the service provided were not always being operated effectively.