Coverage Care Services Limited

Farcroft

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place 15 July 2015 and was unannounced. At the last inspection in October 2013, the provider was meeting all of the requirements of the regulations we reviewed. .

Farcroft is registered to provide accommodation with nursing or personal care for a maximum of 41 people. The home is divided into four units. On the day of the inspection 37 people were living at the home.

The home had a registered manager in post they were present for the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medicines were not managed safely. Staff did not follow the provider's guidance in administration, storage and disposal of people's medicines. Therefore we could not be assured that people received their medicines as prescribed.

Summary of findings

On the day of the inspection the home was short staffed and people told us they sometimes had to wait for assistance. There were not always enough staff on duty which did impact on the time some people had to wait for their care. The registered manager told us that they had just recruited some new staff who were due to start once their pre-employment checks had been completed.

Risks to people were identified and plans were in place and centred around the needs of each person. These provided staff with the information and detailed the equipment needed to keep people safe. We saw risks were reviewed and updated when people's needs changed and kept staff informed on how they should manage potential risks to people.

There was a recruitment procedure in place which was followed. This ensured staff were appropriately checked before they started work at the home.

Staff received appropriate training and support to carry out their roles. Some staff were not able to tell us who had their liberty deprived and acknowledged that they required more training about protecting people's human rights. The registered manager agreed that this was something that the staff needed. We saw assessments had been carried out for people that lacked mental capacity. Best interest meetings were held when important decisions had to be made on behalf of people who lacked capacity.

People had a choice of food and we saw special diets were catered for. A variety of group and social activities were available for people to choose from.

People were supported to access health care professionals when they needed it such as doctors, dentists, physiotherapists and chiropodists.

People knew how to raise complaints and felt they were listened to and their concerns acted on. We saw complaints were managed and in line with the policy.

People were given the opportunity to share their views about the service in satisfaction questionnaires and meetings. There were systems in place to regularly audit the quality of the service and the registered manager acted where audits identified improvements were required. However, these were not always effective. The registered manager was supported by the provider operations director who also carried out audits at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

One person did not always receive their medicines as prescribed. There were not always enough staff to respond to people in a timely way. People were protected from harm by staff that had received training and had a clear understanding of their responsibilities to report abuse and promote people's safety.

Requires Improvement

Is the service effective?
The service was effective.

People were supported to maintain good health by trained staff who had the skills and knowledge to meet their needs in the way they preferred. People's rights and choices were protected and their nutritional needs assessed and monitored.

Good

Is the service caring?
The service was caring.

People told us they were looked after well. People were treated with respect and their independence, privacy and dignity was protected and promoted. Staff demonstrated a good knowledge about the people they were supporting.

Good

Is the service responsive?
The service was responsive.

People were involved in planning and reviewing their care. The registered manager and staff knew individuals they supported and the care they needed. People were provided with a range of activities and were supported to maintain relationships with friends and relatives. People knew who to speak with if they had any concerns or complaints about the service they received.

Good

Is the service well-led?
The service was well led.

The registered manager was respected and people felt the home was well managed. People who lived in the home and visitors were asked for their views of the home and these were acted on. Systems were in place to monitor the quality of the service and action was taken when it was identified improvements were required.

Good

Farcroft

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.

This inspection took place on 15 July 2015 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we reviewed the information we held about the home. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided. We used this information to help us plan the inspection of the home.

During the inspection we spoke with 10 people who were living at the home. We also spoke with three visiting relatives, five care staff, one kitchen staff member, the deputy manager and registered manager. We looked in detail at the care four people received and their medication administration records, minutes of meetings, risk assessments and other management records. We also carried out observations across the home and reviewed records relating to people's care.

Requires Improvement

Is the service safe?

Our findings

One person told us, "I definitely feel safe here. I have a bell to ring for somebody". Another person said, "We are kept safe by the staff who make sure they help us when we need it". They look after us well, we are kept safe and everyone is kind, caring and patient. They are very good with the people who can be a bit difficult. They never shout". A relative told us, "I am happy knowing [person's name] is safe and happy and being well cared for". Staff told us they had received training in protecting people from harm. "One member of staff told us, "Everyone has to do training in abuse of adults. This is so we know what to look out for and what we have to report". Another member of staff said, "I would have no hesitation in reporting any bad practice I saw. I've never had to but we are told what to do if we see anything". A visiting health care professional told us, "I have never seen anyone spoken to abruptly". Staff were able to describe the different types of abuse and the action they would take to protect people. The registered manager knew how to recognise potential safeguarding concerns and had referred these to the local authority safeguarding team who take a lead in investigating such concerns.

Risk assessments were in place and had been agreed with people. For example, minimising the risk of becoming dehydrated, or keeping people safe when mobilising. Information in risk

assessments guided staff as to the best way to keep people safe. One person's risk assessment for the use of a hoist showed that the person required two staff to move them safely. We saw staff carefully moved the person using the hoist safely and reassured the person so that the person did not get injured during the process. This helped the person stay calm and relaxed. Although risk assessments were in place they were not always followed when staffing levels were low. For example, we saw a person who was at risk of falls mobilise themselves using furniture to aid their mobility instead of using their walking frame. Their care records stated, "[person's name] has had several falls since being at Farcroft. Staff are to observe when mobilising and report any concerns." On another occasion the member of staff called for staff from another unit to assist a person who was in their room. A person in the lounge called out "nurse" on at least 3 occasions for assistance. The member of staff was engaged in helping someone else. We saw the registered manager visit the unit at this time and assisted the person who required help. The registered manager and staff were clear on how to manage accidents and incidents. These were recorded in accident records.

Records we saw demonstrated safe recruitment procedures were in place. The registered manager and staff we spoke with told us recruitment to the home was thorough and they did not start work until all necessary checks had been completed. One member of staff told us, "I was not allowed to start work until the police check had been received and three references had been obtained".

One person told us, "This week they are short staffed, staff took a long time to get us up. It does happen quite often". Another person said, "They are short staffed at times, they do what they can but sometimes people have to wait". A member of staff told us, "It can be hard if we are short staffed. We could do with a bit more help. There have been a lot of falls in the big lounge". Another member of staff said, "We are always short staffed. When you call for help it is not always available as quick as it is needed. It is also a risk to staff and people when staff are administering medicine whilst also attending to people's needs such as toileting". Another member of staff told us, "We are not always this short staffed".

On the day of the inspection the home was short staffed due to staff sickness. We observed at times people were at risk. For example, a member of staff needed to attend to a person who required the toilet. Whilst they were attending to the needs of this person there were no staff present in the lounge area.

We discussed staffing with the registered manager and could see that every effort had been made to cover the shortage of staff by using existing staff employed at the home. However, this had not been successful. We looked at the staffing rosters for the previous three weeks before the inspection and saw that six shifts had been short staffed. The provider had not explored using agency staff to cover as an option to ensure there were sufficient numbers of staff to meet people's needs. The registered manager informed us that they had recently recruited some new staff who were due to start once their pre-employment checks had been completed. These members of staff would need to complete an induction and would not be included in the numbers of staff until this process had been completed. This could potentially leave the home short staffed.

Requires Improvement

Is the service safe?

We looked in detail at the medicine administration records held for 10 people. We found that one person who had refused medicines on a number of occasions had not been referred to their doctor for a review to discuss the effect of not taking the medicine as prescribed. This was arranged by the deputy manager when we discussed it with them. We found that the information available to staff for the administration of 'when required' medicines for one person was no longer applicable. The protocol was removed from the persons' file immediately so that staff did not get confused about how the medicine should be administered. The refrigerator and room temperature records showed that the provider had not monitored them on a daily basis to ensure medicines were being stored at the correct temperatures. This meant that potentially medicines not stored at the manufacturer's guidance may no longer be effective for use. We observed a medication round and saw that people received their medication in a timely manner by a designated member of staff who was not disturbed during the administration of people's medicines.

Good

Is the service effective?

Our findings

Some staff had worked at the home for a number of years. One member of staff told us they had worked alongside an experienced member of staff when they first started working at the home. They told us, "The induction was good". Another member of staff said, "Training is good from Coverage Care. I asked for some specialist training in end of life care and a course was organised for me to attend. You only have to ask and they will support you to do whatever training you feel you need". A third member of staff told us, "The training is essential to equip us to look after the people we care for with confidence". Staff reported they had received training that was considered essential by the provider. One member of staff told us, "I would benefit from refresher training in Mental Capacity Act and Deprivation of Liberty Safeguards". The registered manager acknowledged that staff did require further training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They showed us pocket size booklets they had given staff to help them understand the MCA at a quick and easy glance.

Staff told us how they were supported in their work. One member of staff said, "My last one- to-one meeting was March. They are useful to say what you are not happy with and we discuss training." Another member of staff said, "I occasionally have a one- to-one meeting and the supervisor will check I am up to date with my training". Staff said they received staff meeting to discuss practices, share ideas and any areas for development. Staff confirmed they had one-to-one meetings and annual reviews of their performance. This helped to make sure that staff had the opportunity to raise any concerns and discuss their performance and development needs. One member of staff told us, "I requested having some diabetes and palliative care training. The registered manager arranged it for me to attend". Staff told us that staff meetings were held to give them the opportunity to raise issues and to learn of changes they needed to be made aware of. One member of staff said, "If it is an important change we would get told when we have a handover when we start a shift". Another member of staff told us, "Handover is a really useful way of being kept up to date with changes to residents. You know instantly what has changed from when you were last on duty". One member of staff said, "We have not had a staff meeting lately. I think the last one was in February. We usually have them every month or two." Another member of staff told us, "We have staff meetings occasionally." The registered manager told us it was difficult to get staff to attend the meetings as people had holidays or were on their day off. However, minutes of the meeting were always made available for staff to see. We saw a copy of the last staff meeting held in February 2015. We saw staff were reminded to wear protective clothing at the appropriate times. For example, when serving meals and when dealing with laundry. We saw that all staff wore protective clothing where required.

We found some people were able to consent verbally to their care and support. We saw that staff always asked people for their views before they assisted them with anything. One person said, "The staff are pleasant they talk and they will explain things to you. They always ask if I am happy to proceed whatever it is they are helping me with". People told us staff gained their consent. Comments included, "They [staff] ask you if you want to go to your room or stay down here in the lounge. They never just do things without asking if you are happy with the arrangements". We saw that staff obtained people's consent before providing them with assistance and supported people to make decisions. For example, staff asked a person if they would like to go to the bathroom before they had their meal.

Staff told us that they had received training in protecting people's human rights but were unable to tell us if anyone was being deprived of their liberty. Deprivation of liberty safeguards are required when this includes decisions about depriving people of their liberty where there is no less restrictive way of achieving this. The registered manager confirmed applications had been made for people to be deprived of their liberty but these had not yet been authorised by the supervisory body. Where people had power of attorney with legal authority to manage their finances the registered manager had copies of the documents which verified the person had been authorised to do so. Where people lacked mental capacity and were unable to make decisions for themselves we found capacity assessments had been carried out. For example, these were in place for people who were considered to be deprived of their liberty. We saw that family members had been consulted as part of the best interest decision process in line with the MCA.

One person told us, "The meals here are very good, we get plenty to choose from and you never go hungry". Another person said, "They ask you what you want from the menu,

Good

Is the service effective?

we can always have something else if we don't like what is on the menu". A third person said, "If the Queen were to be served this food she would give out an award to the chef. The food is so nice". Nutritional risk assessments had been completed where people were considered to be at risk. Care records recorded people's specific dietary preferences. For example, one person's care records identified the person required a soft diet and staff were to encourage the person with eating and drinking. We saw that the person had a soft textured meal and staff encouraged them to eat this. Another person's care record stated the person required their food to be cut up. We saw staff cut up the person's food at lunch time so it was easier for the person to eat. We saw assessments were reviewed regularly which ensured any changes were made to reflect this and staff were aware of these. We saw that some people had been assessed as requiring close monitoring of their nutrition and fluid intake. This was done by staff completing daily food and fluid charts. These were monitored by senior staff and managers who told us what action they would take if people did not eat or drink sufficient amounts. Staff we spoke with were aware of their responsibility to report any concerns to the registered manager. Staff told us that they had been encouraging people to have more fluids during the recent warm weather. One person said, "They make sure we have plenty of drinks." Water dispensers were available for people to access when they chose to. We saw people were regularly offered fluids throughout the inspection.

We spoke with the cook who told us four weekly menus were in place. We saw the menus offered healthy options and alternatives meals for people to choose from. The menu for the day was placed on each dining table and was available for people to see. We saw people were asked to choose their meal from the menu. Staff completed a meal choice form which identified any special dietary needs. For example, it identified who was diabetic and whether people had any food allergies. The cook told us that they held records of any special dietary needs such as those people who required soft or pureed diets. They told us how they would meet people's special dietary needs such as diabetic meals. The cook was knowledgeable on how to supplement people's meals to increase their calorific intake where this had been identified. For example, if someone had been identified as losing weight. Although there were no people who required a cultural specific diet the cook was able to tell us how they would meet this specific requirement. We saw that bowls of fruit were available for people to snack on in between meals and people told us they could ask for anything in between meals if they wished.

We observed the lunch time meal. People were invited to sit at the dining table or remain seated in their chairs. People who required a special diet were given these. We saw good practice where staff sat down with people and spent time engaging with them while they assisted people to eat their meal. We saw that people were offered a choice of hot meal and dessert. Staff paid attention to detail with regard to offering people accompaniments to their meal.

People told us they could access health care professionals such as the doctor, dentist and chiropodist when they needed to. One person told us, "I see the doctor when I need to". "I've requested the doctor before now and the staff have called them when I have needed them". A relative told us, "[Person's name] sees the doctor if they need to and I am kept up to date with any changes". We spoke with four visiting health care professionals during the inspection. They made positive comments which included: "When I hear people are being admitted to Farcroft I am happy because I know they will be looked after". "There is always someone around who you can talk to when you arrive. They follow the treatment plans we require". "I have no concerns about the care of the people that live here". Another professional said "The staff are keen and enthusiastic. There is always a homely atmosphere here, people are cared for well here". We saw care records were kept up to date with the outcome of professional visits. We saw people received specialist involvement when they needed it so that their healthcare needs were met. For example, we saw one person had been referred to the diabetic nurse for professional guidance following concerns the staff had about the person's health.

Good

Is the service caring?

Our findings

One person told us, “They look after me well. They really know all my little ways and how I like things to be done”. Another person said, “The staff are very caring. They are all very pleasant I have no complaints about anyone. They really do care about us all. I feel they have got to know me extremely well over time”. A relative told us, “The staff are really caring. They provide good care to [person’s name]. One health care professional told us, “End of life care is very good at the home. You can see how the staff really do care for people in their final days”. Another health care professional said, “They really do know the residents well”. We carried out observations across the home and saw staff were kind, caring and attentive to people’s needs. For example, staff asked people quietly if they needed assistance so other people could not hear them. A relative told us, “They come and sit with my relative which is lovely and really important to him”.

Staff were aware of people’s likes, dislikes and personal preferences. This was reflected in discussions we held with staff. For example, staff knew who took sugar in their tea and who did not. Staff knew where people liked to spend their day and eat their meals. Staff promoted people’s independence. For example, we saw people moved around the home on their own where they were able to and were encouraged to eat independently once staff had cut up their’ food.

People confirmed and care records showed that people were involved in decision making. One person told us, “I have seen my care plan and my family and I have been involved in meetings about me staying here”. One person said, “It only took me a couple of weeks to make my mind up about making this my permanent home. I am more than happy to stay here because I am looked after so well. They do listen to you, when I ask for anything they are quick to get it or arrange for things to be done”. Another person told us, “I decide when I want to get up and when I go to bed. There are no rules here”. The registered manager told us that one person had improved so well they had made the decision to return home. On the day of the inspection one person who had recently been admitted to the home decided they no longer wished to stay at the home. We saw the registered manager and staff supported the person to return home by making suitable arrangements. This showed the person’s decision was respected. The registered manager told us one person had accessed advocacy services. Information was available about advocacy for people to access in the reception area of the home. This meant that people’s interests were represented and they could access appropriate services outside of the home to act on their behalf.

People told us staff respected them and treated them with dignity. One person said, “The staff respect me and treat me as an individual”. Another person told us, “When I have a bath the staff always make sure they make me feel comfortable. It’s never embarrassing”. A relative told us, “I always have time in [person’s name] bedroom in privacy and staff respect this”. We saw people had access to ‘do not disturb’ signs they could place on their bedroom doors. The registered manager told us staff who take a lead on promoting people’s dignity at the home had introduced this idea. Care staff were able to share examples with us of how they ensured people’s privacy and dignity was maintained. One member of staff told us, “I treat people how I would like to be treated myself. You cannot go far wrong then in my opinion”. Another member of staff said, “I make sure bedroom doors are closed and I draw the curtains for privacy”.

Good

Is the service responsive?

Our findings

People told us they were involved in their assessment and care planning. One person said, "I came here recently and before I came I was assessed as to what help I needed and what I could manage to do for myself. I felt fully involved with this. My daughter was also part of the assessment". Another person told us, "I am involved in reviewing my care and asked if I'm happy with what they are doing for me. I do feel listened to". One relative told us, "The staff always seek help if [relatives name] health changes. We are kept informed of any changes. They always ring us". We saw care records had not always been signed by the person or their family to demonstrate their agreement with the plans.

One person told us, "I see my family on a regular basis. They can come and go as they wish". One relative told us, "I am able to come and visit and take [persons name] out into the local town. I am always made welcome". People's diverse needs were recorded in their care records. For example, records about one person's religious preferences indicated what was important to them. When we spoke with staff they were aware of the person's preferences and the person themselves confirmed that the staff assisted them to practice their religion.

We did not see any activities take place on the day of the inspection. One person's care records stated the person should be offered frequent small activities to stimulate them because they tended to become sleepy. We did not see the person being stimulated during the day because staff were busy supporting people with other care and support requirements. The registered manager told us that an activities co-ordinator had been appointed and were due to start work in the near future. One person told us, "We have lots of activities. We went to Ironbridge recently. I am waiting for them to take us out again". We saw photographs of a recent visit to Ironbridge museum. We saw people were supported to continue to follow their hobbies and interests at the home. For example, one person who used to carry out a particular activity was supported to follow this. They were happy to show us the goods they had produced and told us, "I used to love doing this at home and I have continued since I moved here".

One person told us, "I would speak to the manager if I had any concerns". Another person said, "I would definitely tell if I had if I had a complaint. I have been here for a good few weeks and have no complaints". One relative told us, "We were given the complaints procedure and it is also in reception. I would speak to the manager or deputy if I had any concerns". Another relative said, "I have made a complaint and it was resolved okay". A complaints policy was available for people to access in a format people could understand. We looked at complaint records held. We saw that complaints were fully investigated and outcomes of investigations were shared with the complainant to their satisfaction.

Good

Is the service well-led?

Our findings

One person told us, “The manager and deputy are always around, they see us every day to check we are all well”. Another person said, “The deputy has just been on holiday and they came and sat with us to find out how we had all been whilst they had been away”. One person was unable to recall who the manager was but described the home as like a hotel. We saw one person who lived at the home take themselves into the registered managers office to see them. This showed how the registered manager operated an open approach for everyone. The registered manager had a clear vision and set of values for the home and kept up to date with good practice and maintained a pleasant environment for people to live.

The registered manager clearly understood the requirements of their registration with the Care Quality Commission. All the staff we spoke with told us that they were well supported by the registered manager. One member of staff said, “The management are supportive and approachable.” Staff told us they understood the expectations from them and the organisations values because the management team reinforced these whenever there was an opportunity to so. For example, at management one-to-one meetings with staff and team meetings.

Meetings were held for people who lived at the home to give their opinions and ideas. Minutes of the meetings were shown to us. We saw where suggestions had been shared, these had been acted on. For example, a trip to Ironbridge had been organised by staff and enjoyed by everyone who took part. One person told us, “We have also suggested a boat trip, which the staff are organising”. We saw an annual development plan was in place and the registered manager had prioritised the plan with the support of people who lived at the home and staff. The provider also gained people’s views through satisfaction surveys. We saw the results of the latest survey carried out this year were positive overall. Feedback regarding the decoration had been considered by the provider along with the registered manager audit findings and this had resulted in planned improvements.

We saw there was a process in place to review incidents. The registered manager told us how action would be taken to minimise the risk of similar incidents happening again. For example, one person who had previously fallen trying to get out of bed had been provided with an alarm. This alerted staff when they required assistance.

There were established systems to assess the quality of the service provided in the home. However, although there were audits in place some issues had not been identified through these. For example, medication records were in need of some improvement and the impact on reduced staffing levels for people living at the home. The registered manager and senior care staff were reactive when they saw staff needed help on the day of the inspection and amended medicine records when we discussed an inaccurate record. However, the management team were not proactive in covering staff shortages when these occurred. We saw regular audits had been undertaken on care records, infection control, laundry, kitchen and other areas in the environment. The environment audit had identified that one Sandrigham unit was in need of some new equipment and redecoration which the registered manager confirmed would be carried out in this financial year.