

Sentinel Health Care Limited

Fordingbridge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Fordingbridge Care Home is a care home, with nursing, that provides care and support for up to 60 people. At the time of the inspection, 58 people were using the service.

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

Improvements were required to ensure people consistently received a person-centred and dignified service at all times.

Comments from relatives and staff suggested more activities could be in place to improve people's quality of life.

Staff were knowledgeable about safeguarding and told us the registered manager would act if required.

The provider had suitable arrangements in place for the management of infection control.

The provider had enough appropriately skilled, qualified, and experienced staff deployed at all times.

Staff were safely recruited.

Lessons learnt were shared with staff to improve the service.

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

Rating at last inspection

This last rating for this service was good (published 31 March 2021).

Why we inspected

We undertook this inspection because we received information of concern relating to the management of the service and the culture of care provided.

We have found evidence the provider needs to make improvements.

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 the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

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

overall rating.

The overall rating for the service has remained the same.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

At our last inspection we rated this key question good.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

At our last inspection we rated this key question good.

Fordingbridge Care Home

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.

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

Inspection team

The inspection was carried out by 1 inspector .

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since it was last inspected. 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 the registered manager, the regional manager, 2 care staff, 3 senior care staff, a senior nurse and the receptionist. We obtained feedback from 4 relatives. We reviewed a range of records. This included 3 people's care records and medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We conducted a self observational framework inspection (SOFI). This allowed us to learn about people's experience in the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Records demonstrated accidents and incidents of possible abuse were investigated and reported to the local authority and CQC as required. Records detailed an incident took place in April 2023 and another incident took place in May 2023. Both incidents were investigated and reported to the Care Quality Commission and the local authority safeguarding team.
- As a result of one incident, a large number of staff had been booked to attend refresher training in respect of safe moving and handling practice. Staff were aware of their responsibilities in relation to safeguarding.

Assessing risk, safety monitoring and management

- Risks were clearly assessed and appropriate plans to reduce these risks for people. These were developed based on individual needs and provided a good level of guidance for staff. This included a variety of areas such as skin integrity, continence, malnutrition as well as more specific risks for individuals.
- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor for these and the action to take to reduce these risks, meaning that the risk to people was minimised.
- Equipment such as hoists, call bells and fire safety equipment were serviced and checked regularly.
- There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included information about evacuating the premises, alternative accommodation and important telephone numbers. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the premises in an emergency.
- Staff had received training in dementia and we observed them interacting with people in an appropriate manner. This meant the risks associated with dementia were mitigated because staff had sufficient skills and knew how to respond.

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.
- We found, where restrictions had been placed on people's liberty to keep them safe, the registered

manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

Staffing and recruitment

- Recruitment policies and procedures were in place to ensure staff were recruited safely and appropriate pre-employment checks were completed.
- There were enough skilled staff deployed to support people and meet their needs. The registered manager described the staffing requirements for the home and staffing rotas showed that the required staff had been allocated to each shift. The Registered manager told us the activities coordinator was absent and said, "The last time we used agency staff was on Sunday for the night. We use the same agency. We have recently recruited 3 nurses, one for the night and 2 for the days."

Using medicines safely

- People could be confident medicines were managed safely and administered by competent staff who had access to appropriate guidance and information.
- Medicines were stored securely. The temperature of the medicine's storage was checked daily to ensure medicines were stored at the correct temperature. Medicines that required extra control by law, were stored securely and regularly checked.
- Accurate records were maintained of medicines received into the service, administered, and disposed of. Medicine administration records (MAR) were completed as required.
- Where medicines were prescribed on an 'as required' basis, clear protocols to guide staff about the use of these were in place. Staff ensured medicines were reviewed with people's GPs on a regular basis. The clinical lead monitored the usage of medicines for mental health conditions and behaviours to ensure this was effective and still required.
- Staff told us they received training in medicines administration and that their competence was assessed on an annual basis, in line with national guidance. Training records reflected this.

Preventing and controlling infection

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

Visiting in care homes

- The provider had suitable arrangements in place to minimise the risk of possible infection.

Learning lessons when things go wrong and improving care

- The registered manager told us the organisation had learned lessons resulting from recent safeguarding concerns. Actions from investigations included, "Small sharps bins should be sourced and made available for use on the medication trolleys during the medication rounds" and "Medication audits on each floor should be conducted by a manager, clinical manager or by a nurse that does not generally work on that

floor. The recent medication audits and competency assessment records suggest these actions have been embedded in the providers governance systems and medication procedures.

Is the service well-led?

Our findings

Well-Led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

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

- Staff and the provider were motivated to provide good care for people. However, our observations showed staff at times missed opportunities to provide support with dignity and respect. Staff did not recognise during lunch time that a person required support to eat till asked by the registered manager to do so. Once supported the person become vocal suggesting they were enjoying the meal.
- On another occasion, we observed a member of staff standing over a different person cutting their meal up into smaller pieces instead of supporting them at eye level, which would have been a more dignified interaction.
- The registered manager and the regional manager told us they were disappointed with our feedback regarding people's mealtime experience and told us action would be taken to make improvements. After our inspection the provider sent us an action plan which stated, "Regular observation of residents dining experience by regional manager, home manager and clinical manager" and, "Dining experience audit to be completed monthly instead of 3 monthly." Time was needed for the planned improvements to be completed before we can judge the effectiveness of the provider's planned improvements.
- Feedback from relatives and staff suggested people could be given more opportunities to engage in activities relating to their hobbies and interests. Comments included, "I think it would be good to get people up and out their chairs more often, too many just sit there falling asleep doing nothing", "[Person] enjoys activities but doesn't always get to do it" and, "There needs to be a lot more going on for people, there just isn't enough." We observed people engaging in a number of different activities during the afternoon.
- The registered manager showed us a large folder which contained various images of people engaging in activities, accessing external social events, and enjoying external entertainers who had visited the home.
- The provider had identified activities for people needed to improve. The registered manager said, "We have 2 activities coordinator jobs that are being advertised at the moment."
- After our inspection, the provider submitted additional information and stated, "In the residents' survey dated 28th April 2023 under the question "Are you treated with dignity and respect", 18 of our 20 residents responded, yes."

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was meeting this requirement.

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

- Quality audits and development plans drove improvement in relation to incidents and accidents, health and safety, infection control, supervisions, appraisals, training, safeguarding and medication. The registered manager was confident when describing the quality audit tools and was clear in what their responsibilities were. They told us the provider was in the process of transitioning from paperwork records to electronic records.
- Documents detailed a medication audit had been carried out on 24 May 2023, an infection control audit carried out on 25 May 2023 and a care plan audit carried out on 14 May 2023. Comments and actions from these audits included, "Carers should not leave food on the floor, and they should inform housekeeping team that the carpet needs hoovering or shampooing" and "Care reviews to be more person-centred". These actions had either been completed or were in progress.

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

- There were quality assurance surveys issued to relatives and people, these provided valuable feedback as to how well the service was running identifying areas for improvement. These were provided in a suitable format for recipients.

Working in partnership with others

- The provider worked effectively with health and social care professionals including the local authority, commissioners and GP's, hospital discharge teams and dentists.

The Surveillance Camera Commissioner (SCC) is responsible for regulating the use of CCTV in England and Wales. The role of the SCC is to encourage compliance with the surveillance camera code of practice. At the time of our inspection surveillance was used at the entry point of the reception area and the surrounding areas of the building. No CCTV was used in communal hallways or in people's private spaces.

- We were provided with evidence the home was properly registered and licensed with the Information Commissioner's Office (ICO)