Alma Care Homes Telford Limited

The Farmstead

Inspection report

Bryce Way
Lawley Bank
Telford
TF4 2SG

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28 August 2019
30 August 2019

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08 November 2019

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
The Farmstead is a nursing home providing personal and nursing care to 23 people aged 65 and over at the time of the inspection.

The Farmstead accommodates up to 66 people across three floors, in one purpose-built building. Each floor has its own dining and living areas with a kitchenette.

People's experience of using this service and what we found
What people drank was not consistently recorded or monitored by staff. People's holistic needs were assessed but care plans were not always clear about the care to be delivered. The provider worked with other healthcare professionals to help ensure people's care and health needs were met. Staff had received training to enable them to provide safe care to people.

Although the provider had already identified some improvements needed at the home, our inspection found further improvement was required. Care records were not always reflective of people's needs or care which had been delivered. Audit trails of incident reporting and its management were not clear. The provider started improvement work during our inspection and was responsive to all feedback we gave.

Systems and processes were in place to help keep people safe and risks associated with their care needs had been assessed. People were supported by staff who had been recruited safely. Medicines were managed safely. The service was clean and staff practice helped to reduce the risk of cross infection.

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. However, the associated records required more detail to show how decisions had been made.

People were cared for by staff who were kind and thoughtful. People were involved in decisions about their care and support needs. Staff respected people's privacy and dignity.

People told us they received their care the way they wanted it. People's individual needs and wishes were known to staff, who had developed positive relationships with them. There were opportunities for people to participate in various activities of their choice. There were arrangements in place for people to raise concerns about the service.

There was a positive culture throughout the service which focused on providing care that was personalised. Staff were supported in their roles and shared the provider's values of delivering care which was centred around the person.

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

Rating at last inspection
This service was registered with us on 15 February 2019 and this is the first inspection.

Why we inspected
This was a planned inspection.

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.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

The Farmstead

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
The inspection was completed by one inspector, one assistant inspector, one Expert by Experience and one nurse specialist. An Expert by Experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Farmstead 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
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service.

We used all of this information to plan our inspection.

During the inspection
We spoke with ten people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, housekeeper, senior care staff, care staff, nurses and the operations director who was also 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 four people's care records and multiple medication and fluid charts records. We looked at six 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.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Staff were aware of the risks associated with people's care and knew how to support them safely. However, people's care records did not always have up to date information on all the risks associated with their care. During our inspection, the provider took immediate action to review people's health related risks, such as diabetes or catheter care. This helped to mitigate any potential risk.

● Staff worked together to minimise risks to people. One person who was at an increased risk of falls, had not been sleeping well. Staff had discussed whether tiredness could be a contributing factor to their falls. Through discussion with the person and other staff it was agreed to seek advice from the GP to discuss ways they could help to minimise the risk to the person. One staff member said, "It's about communication with others, having conversations with people and staff."

● People were protected from the risks associated with the safety of the environment. Servicing checks had been carried out on areas such as fire safety, utilities and ensuring equipment was in good working order.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe at the home. One person said, "There is always someone popping their head round the door."

● Staff had received training in how to keep people safe and were aware of the different types of abuse. Staff had access to policies and information about what abuse was and who to report it to, both inside and outside the organisation.

● The provider had systems in place to respond to and report concerns about people's safety. The registered manager understood their responsibilities for liaising with the local authority if they had concerns about people's safety.

Staffing and recruitment

● People were supported safely by sufficient numbers of staff. The registered manager said, "We always make sure we have the correct amount of staff to cover what we need."

● The provider ensured the professional registrations of nursing staff were checked and in date.

● The provider followed safe recruitment practices to ensure staff were suitable to work with people at the home.

Using medicines safely

● People received their medicines when they needed them. Nursing staff explained to people what their medicines were for and obtained their consent to administer them.

● Some people had medicine given to them only when they needed it, such as pain relief. Nursing staff had clear instruction on why and when people might need this medicine and they monitored the effectiveness of the medicine, to help ensure it met their needs.
● Only the registered nurses at the home administered and managed people's medicines. Their competency to administer medicines was assessed, monitored and kept under review.

Preventing and controlling infection
●The provider's cleaning arrangements at the home helped to keep people protected from the risk of infection. Good practice made sure the environment, including people's rooms were clean and hygienic.
● Staff wore protective equipment, such as gloves and aprons to help prevent any spread of infection.

Learning lessons when things go wrong
● The management of accidents and incidents was not always clear. All incidents and accidents were recorded, but the audit trails to track the actions taken and outcomes were not obvious. However, the registered manager could demonstrate accidents and incidents were monitored and reviewed. They told us they looked for any trends which could indicate, for example a deterioration in a person's health or poor staff practice.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Records did not show people were supported to drink enough. Despite staff giving people drinks, the amount they drank was not consistently recorded or monitored. Staff also did not know how much fluid people were meant to have in a 24-hour period. If people do not drink enough fluids it can impact on their skin integrity and could be a contributing factor to an increase in falls. We raised our concern with the registered manager during our inspection.
- The registered manager and operations director responded quickly during our inspection to these concerns. Each person had a fluid target individually set and the registered manager sought advice and guidance from the dietician. This helped to mitigate people's potential risk of dehydration and ensure their well-being.
- Staff were aware of people's food requirements. Where people had been assessed as requiring specialist diets such as thickened drinks or soft foods this was provided.
- Staff had worked with one person to encourage them to eat and discovered culturally they ate little and often. By liaising with the dietician, staff made sure the finger foods the person ate provided them with adequate nutrition. One staff member said, "We've tried to offer foods in line with what [person's name] would have culturally."

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

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 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.

● People's capacity to make their own decisions was assessed in line with the MCA. However, records we viewed needed more detailed information to show how the person had been involved in the process and how the outcome had been decided. This had already been identified by the operations director, who had arranged extra training for staff.

● Staff had a varied understanding of how the MCA affected their practice and the support they gave to people. One staff member said, "Someone may not be able to consent, but it's about them as a person, what they can do for themselves, their human rights."

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

● People's needs were assessed before they started to receive nursing care and were developed into a care plan. However, care plans were not completed for people who had catheters or were diabetic. Despite these not being in place, staff knew people's health and care needs and what support they needed to give. The registered manager responded quickly to our concerns. By the second day of our inspection these care plans were in place. This helped to mitigate the potential risk of people not receiving the care they needed.

● People's holistic needs were assessed, including their health, social and emotional needs. People completed a 'lifestyle analysis' with staff. This encouraged people to identify and think about areas of their life, such as their own feelings, their wellbeing and how they dealt with problems. The registered manager told us this helped staff to understand the person better and deliver more personalised care. They said, "Their lifestyle is as important as their physical care."

● The information gathered from the assessment and through talking with the person was developed into a plan of care. The provider liaised with health professionals to ensure they could meet people's needs before they were admitted to the home.

● The provider also worked with the local hospital to provide enablement beds for people's rehabilitation before returning to their own homes. This could be, for example, following surgery. People were visited, in hospital, by the nurse assessor from the home, who would liaise with the hospital and community therapy teams to ensure all equipment required was in place at the home.

Staff working with other agencies to provide consistent, effective, timely care

● Staff worked closely with external healthcare professionals to ensure people's holistic needs could be met. The provider had links with their local hospital and community health teams, the Clinical Commissioning Group (CCG), local pharmacy and GPs.

Supporting people to live healthier lives, access healthcare services and support

● People were supported to access healthcare professionals such as GP's, district nurses, chiropodists and community health teams. People's care records showed any advice received was incorporated into people's care planning.

● People at the home were included in the Shropshire Community Health, Care to Smile initiative. This is an NHS Scheme aimed at improving the oral health care of care home residents. Where people have given consent the NHS Team visited them for oral check ups. Care staff were to be trained by the team to be oral healthcare champions.

Staff support: induction, training, skills and experience

● People felt staff had the skills to support them effectively. The registered manager told us, "When we have new starters, I try to look at their skills. If they lack skills in an area I match them with someone who does have those skills."

● Staff received the training they needed to meet people's needs. Induction training was tailored to staff

roles. Staff told us they had opportunities to complete additional training, such as nationally recognised qualifications relevant to their roles.

● Nursing staff told us they felt supported in maintaining their clinical competence. One nurse told us the provider had recruited nurses who had a diverse range of skills and experience. They supported each other and shared practice.

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

● The home is a new purpose-built building. There were wide corridors and doorways for wheelchairs to easily fit. To help people orientate around the home, their bedroom doors were decorated as front doors. Each door was a different colour with the person's photograph in a frame, outside their door. Signage around the home was in written and in pictorial form.

● We saw the corridors had seating areas along them and either a lounge or seats at the end, as a destination point. We saw people used these as rest points whilst they walked up or down the corridors.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 were supported by staff in a way which respected and recognised their diversity. One person told us they were happy there were male staff to help support them, rather than all female care staff.
- Staff interactions with people were kind, patient and caring. Staff demonstrated respect and affection when they supported people. When one person asked for help at lunchtime, this was given was a smile and a chat.
- Staff knew people well. We saw staff get people's consent and confirm decisions before they supported them. One staff member told us, "I treat them (people) how I'd want to be treated. I just treat people as my equals regardless of who they are or where they're from. We treat people as humans and not numbers and statistics."

Supporting people to express their views and be involved in making decisions about their care
- People were involved in decisions about their care and support. One staff member commented to a person they looked stiff as they walked and asked if they were in any discomfort. They offered and discussed what support the person may want at that time, such as pain relief or a wheelchair. Although the person declined, the staff member had ensured the person was fully informed and understood options available to help them.
- Staff appeared to know people well and used this information to engage with them and help them make decisions. Where people had communication difficulties, staff made sure they understood the choices available to them, whether it be choosing meals or what they wanted to do with their time.

Respecting and promoting people's privacy, dignity and independence
- We saw people were treated with dignity and respect and their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner. One person told us staff were, "Kind, caring and always protective of my dignity."
- People's independence was promoted. Where able to, staff encouraged people to do as much for themselves as they could. One person who was receiving rehabilitation told us their aim was "to get back home". They said, "I'm getting the help to try to get me back on my feet."
- The layout of the home afforded people and their relatives quieter or more private areas to use other than the main communal lounges and their bedrooms.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

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

- People who chose to stay in their rooms or were cared for in bed were not offered as much social interaction as those who came to the communal areas. One staff member told us they understood the importance of such social interactions but explained there were not enough hours in the day to spend quality time with people. Another staff member said, "The weekends are a bit of a struggle, because the activities staff aren't in."
- We did see; however, housekeeping staff used their time to interact with people in their bedrooms. As they cleaned and put laundry away they chatted with people, asking them how they were and if they needed anything.
- People had access to activities and events such as arts and crafts, board games, movie nights, and barbecues. One person told us their family had been invited to a barbecue the previous weekend and they had all enjoyed this. An activity timetable was available to people which was in picture format. On the day of our inspection we saw people took part in and enjoyed a seated exercise session.

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

- People received support in the way they wanted it. One person told us, "They have got to know what I like." Staff gave people personalised care which showed they had a good knowledge of their preferences, likes and dislikes.
- People's care was responsive and kept under review. Nursing staff shared information about people's changing health with external healthcare professionals to ensure they were able to respond quickly. One person told us they were kept involved in what was happening and what the plans were for their care.
- People using the home for rehabilitation were visited by the NHS therapy teams. They assessed and devised therapy programmes and gave training and instruction to staff to provide the ongoing daily therapy people needed. One staff member said, "It's about us enabling them (people) and giving them the support they need to get home."

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 records gave details about people's communication needs. Staff supported people to

understand information they were given and had used flash cards and translation technology. Staff wrote on a whiteboard for one person who had a hearing impairment. This was at the person's request, following other less successful methods.

● The registered manager told us, when needed, they were able to access information in alternative formats through the provider's head office.

Improving care quality in response to complaints or concerns

● People and their relatives were encouraged and supported to raise concerns or complaints. One relative told us they had not felt involved in their family member's care at one time and had complained. A meeting had been arranged, the lack of communication resolved and they now felt much happier.

● The provider had systems in place to respond to and learn from any complaints received. The registered manager told us people could have access to the complaints procedure in different formats.

End of life care and support

● Procedures were in place for people to identify their wishes for their end-of-life care. This included wishes they had for receiving future treatment or for being resuscitated. The deputy manager told us staff had received training in a best practice pathway for end of life care and they would be using this in future.

● Links had been set up with the home's local hospice, where staff could access support from the hospice community nurses and the lifestyle coordinator. This would benefit people to help ensure they received the best care they could at the end of their lives. The regional director told us, "We want to make that last journey a quality experience, a good death and good memories. It's about the family as a whole."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management was inconsistent. Leaders did not always support the delivery of high-quality care.

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

- Throughout our inspection, we found people's care records did not always reflect their care needs and the care being delivered. People's care records varied in the level of detail they contained and audit trails of actions taken were not always easy to track. The monitoring of people's fluid intake and the link to falls or infections was not clearly recorded. However, the provider and registered manager responded quickly to these issues.
- On the second day of our inspection, the operations director and registered manager gave us a service improvement plan they had completed. The potential risks to people had been mitigated as improvement work had already started.
- The provider had oversight of the service and the operations director was supporting the registered manager in their role. The provider had already picked up a number of the issues we found and the operations director was driving these improvements through their quality monitoring visits. Although the provider had identified and was driving improvement at the home, we have rated this key question requires improvement. This is so the provider can embed these improvements into the service and ensure managers and staff are following them. We will judge the effectiveness of these improvements at our next inspection.
- The provider had a registered manager in post at the home at the time of our inspection. They had worked at the home since it opened in February 2019.
- Staff were clear on their roles. One staff member said, "The managers, including the operations director, have helped me learn and understand my role and how it fits into the home as a whole."

Continuous learning and improving care

- The provider had recently introduced a twice daily clinical oversight meeting. The operations director had identified there was a need for a greater clinical oversight from the managers and nursing staff to ensure care records were completed in more detail. This was nurse led and updated managers on people's health and actions taken or needed. The registered manager told us, "It gives managers the clinical oversight we need and ensures everyone is clear on their responsibilities for the day."
- The provider and registered manager had worked effectively with the local authority to resolve issues when the home first opened. Feedback we received from the local authority was positive about the improvements made.

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

● Staff and managers were committed to making sure the culture of the home was caring and focused on people receiving person-centred care that met their needs. We saw staff and managers knew people well and put these values into practice.

● Staff told us they felt supported by management and felt comfortable approaching them. One staff member told us, "It's an embracing, supportive culture here."

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 regulatory responsibilities. Incidents and concerns were recorded and relevant professionals informed as required, such as the local safeguarding team, health professionals and us.

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

● People and their families had opportunities to share views and get involved in the service. There were regular meetings held for people and their relatives and they were encouraged to share ideas and views.

● Staff told us they had a good team working at the home. One staff member said, "We work really well as a team and we come from very varied backgrounds, including mental health, adult nursing, palliative care and the prison service. We support each other."

Working in partnership with others

● The provider worked with local health professionals and commissioning teams to help ensure safe and effective care was delivered. Links had been developed between the home and the local hospital teams. This was helping to ensure a smoother discharge for people from hospital to the home.