

Mrs H Burnett-Price

West Farm House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

West Farm House is a residential care home registered to provide personal care to up to 10 people over the age of 65 years. However, due to the configuration of the rooms, only nine people can be accommodated. At the time of the inspection, six people were living at the home.

People's accommodation was located on the ground and first floor. There was a passenger lift to enable easy access. On the ground floor there was a pleasantly furnished lounge, separate dining room and an adjoining garden room.

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

There were enough staff, but safe recruitment practice was not being followed. This did not ensure people were supported by staff who were suitable. Risks were not always appropriately identified and considered. This impacted on people's safety. Medicines were safely managed but staff had not always applied people's topical creams as prescribed. The home was clean and measures to minimise infection were in place.

People had enough to eat and drink and were supported to lead healthy lives. People were supported by staff who felt valued and received training to do their job well. The environment was pleasant, and people were encouraged to personalise their room. People had capacity and were supported to have maximum choice and control of their lives.

People were complimentary about the staff and established relationships had been built. People's rights to privacy, dignity and independence were promoted. People were able to give their views about their care but were not aware of their care plan.

Care plans did not always reflect people's needs and the support required. The information was not updated as people's needs changed. People were encouraged to be as independent as possible and were happy with their care. However, staff shaped some routines, rather than them being chosen by the person. Visitors were welcomed, and people were able to go out when they chose. People were happy with the social activities available to them and knew how to make a complaint.

A range of audits had been introduced to assess the quality and safety of the service. Whilst action plans had been addressed, the shortfalls identified at this inspection had not been identified. This meant risk management and care planning was not effective and safe recruitment practice was not being followed. This is the third time the service had been rated requires improvement and breaches in regulation remained. The provider had a strong presence in the home and there was a caring ethos.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 09 August 2018). The service remains

rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches at this inspection in relation to safe care and treatment and good governance. This was because there were shortfalls in risk management, care planning and quality auditing processes.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

West Farm House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and an expert 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.

Service and service type

West Farm House 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.

Notice of inspection

This inspection was unannounced on day one.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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 six people who used the service about their experience of the care provided. We spoke with three members of staff, the provider and a health and social care professional.

We reviewed a range of records. This included three people's care records and medication records. We

looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was because medicines were not always safely managed and safe recruitment practice was not followed. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment practices. Shortfalls with the safe recruitment of staff were also identified at the inspections in 2016 and 2017. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Staff were not always being safely recruited. For example, one member of staff had been employed before information about their conduct, and the outcome of their disclosure and barring service check (DBS), had been received. It was not clear the member of staff had been fully supervised and there was varied feedback about the staff member's role during this time. This did not ensure people were fully safeguarded.
- One new member of staff had been asked to gain a character reference from a friend, rather than the provider requesting this. The information was addressed to "Whom it may concern", which was not good practice. The provider had not verified the reference to ensure it was written from an appropriate source.

This was a repeated breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to support people. There were two care staff on duty throughout the day and one waking night staff. An additional member of staff prepared breakfast and cooked the lunchtime meal.
- People told us they were able to get help when they needed it, although one person said there were busy times, when they tried not to call for help. Another person said, "There are enough staff, although they work jolly hard. I've never felt that there's no one about. At night, you can just ring the bell, they come quickly."
- Staff confirmed there were enough staff to support people. One staff member told us, "There are more than enough of us."

Assessing risk, safety monitoring and management

- Not all risks to people's safety had been identified or considered. For example, one person had a pressure ulcer, but staff were not aware of its severity. The wound was managed by the community nurses but there were no details of the wound within the person's care plan. The risk of developing further pressure ulceration had not been considered, and there was not a management plan in place to ensure the person's

skin remained healthy. This increased the risk of deterioration, through inappropriate staff support.

- Another person had fallen and sustained bruising to their face. Despite this being a head injury, emergency medical assistance or advice from other health and social care professionals, had not been sought at the time. This increased the risk of the person's health deteriorating through unidentified injuries.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The environment was safe and well maintained. Equipment was checked and regularly serviced to ensure it was safe to use.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken safeguarding training and were aware of their responsibilities to identify and report potential abuse.
- Staff said they were aware of whistleblowing procedures and would readily report any concerns about poor practice.
- People told us they felt safe. One person said, "It's all plain sailing, never any troubles, and if I were worried I'd talk to someone. They're all very easy to talk to and understanding."

At our last inspection the provider had failed to ensure medicines were safely managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1)(2)(g).

Using medicines safely

- Improvements had been made to the management of people's medicines. However, records did not show staff had always applied people's topical creams as prescribed.
- Effective ordering systems were in place, so people did not run out of their medicines.
- Staff gave people their medicines safely, according to individual preferences.
- Staff had completed training in the safe administration of medicines and their competency had been assessed.
- People told us they were happy with how their medicines were managed. One person told us, "The staff look after my tablets, but I've never had any problems with them. They seem careful and I get them on time."

Preventing and controlling infection

- The home was clean and there were no unpleasant odours. Staff were cleaning communal areas and people's rooms during the inspection.
- There was single use soap and paper towels in bathrooms and toilets, to minimise the risk of cross contamination.
- Staff had undertaken infection control training and had access to disposable protective clothing when needed.
- People were positive about the cleanliness of the home and how their clothes were laundered. One person said, "They keep my room very clean, they're always hoovering and dusting." Another person told us their bed linen was regularly changed. They said they liked to look out and see their washing on the line.

Learning lessons when things go wrong

- The provider told us there had not been a specific incident they had learnt from, but they always gained more knowledge following an inspection.
- There was a commitment to address any concerns or suggestions raised.
- Records showed a member of staff reviewed any accidents or incidents every month. This showed any actions required to minimise future occurrences.

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 as requires improvement. This was because we made a recommendation to give further consideration to ensure people were supported in line with the Mental Capacity Act 2005. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The provider told us people currently had capacity to make decisions and had agreed to some restrictions, such as a listening monitor. This had been documented and appropriately authorised but clear instructions for its use, had not been included. The provider told us guidelines had been agreed with the person and staff were aware of these.

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

- People were assessed before being offered a service, to ensure their needs could be met. The information was used to develop the person's care plan.
- Records showed various areas such as mobility, communication and medical history were covered within the assessment process.
- People told us about their initial assessment. One person said, "I filled in something about my likes and dislikes. They're very good at looking after me, and they adapt to you when things alter as well."

Staff support: induction, training, skills and experience

- Staff undertook a range of training to help them keep their knowledge and skills up to date. This included food hygiene and moving people safely. Training in other non-mandatory subjects such as Parkinson's disease, had been completed and end of life care training was planned.
- Staff told us they were happy with their training and felt valued and well supported.

- One-to-one support meetings with their line manager had been introduced and were working well.
- People said they were confident in the skills and knowledge of staff. One person told us, "The staff are not a 'silly lot', they're quite sensible and organised." Another person however, said they did not feel all staff understood their medical condition.

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

- People had enough to eat and drink although one person was not eating well. Staff told us they were offered alternatives, if they did not eat the main meal.
- A varied weekly menu was in place yet there was only one option for the meal at lunch time. Staff said they knew people's preferences and ensured these were offered as alternatives.
- People were complimentary about the food. One person told us, "If I don't like a dish, they'll replace it. I don't like potatoes, so I have pasta and I can't eat pork, so they'll do me some chicken or something else. It's very good." Another person told us they had gained weight through staff fortifying their food.

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

- The provider told us people had excellent support from local health and social care professionals such as GPs and community nurses. On the day of the inspection, a physiotherapist visited a person regarding their mobility.
- Records showed the consultations and appointments people had. This included information about the podiatrist, dentist and specialist consultants.
- The provider told us there was a small staff team and communication was good. They said this meant all staff were kept up to date with any changes in people's health or medicines.
- People said they had good access to medical support when needed. One person told us, "I see the doctor when I need to, and I get the once over every six weeks. The district nurse calls and the chiropodist comes about every six weeks, which works well."

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

- The home was comfortable and pleasantly furnished. There was a lounge, separate dining room and an adjoining garden room. This opened onto a large, well maintained garden.
- People told us they liked their room and were able to personalise it as they wished. One person told us, "I enjoy going to the dining room and looking out at the garden. I like my room and have all my own things and my family pictures." Another person said, "My room is my domain, I've just had it done with new carpets and curtains. I chose them, and the wall colour."

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

- The provider told us the service was based on healthy living. They said food was of the best quality and there was lots of fresh fruit and two or more fresh vegetables, with each main meal.
- Staff were encouraged to minimise the amount of fat in people's diet when cooking. This included using less butter and cream.
- People were encouraged to be as independent as possible and to maintain their mobility. Referrals to specialised services such as the falls clinic were made where required.
- People told us they were generally supported to live healthier lives. One person said, "We have a keep fit class once a fortnight in the sunroom." However, another person told us, "They always give me biscuits and cakes, I've never eaten that sort of thing." The person was given a biscuit with their morning coffee without being asked if they wanted one.

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 as 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.

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

- People were happy with the way their care was delivered but said they were not aware of their care plan. They said they had not been involved in its development. One person told us, "I'm not aware of a care plan. I haven't seen it or discussed it, but I'd say they're pretty good at doing things the way I want them done."
- The provider told us people readily expressed their views and would say if they were not happy about their care or wanted any changes. They said they saw people daily, which enabled openness and honesty.

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

- The provider spent large amounts of time in the home. They said they promoted a homely, family feel to ensure comfort, and to enable people to treat the service like home.
- Interactions between people and staff were friendly and respectful. Staff spoke to people politely, and there were engaging conversations and laughter.
- People told us they liked the staff and had built good relationships with them. One person told us, "We have lovely staff, they're very sweet and kind, and have a wonderful attitude." A health and social care professional told us staff were always very friendly and had developed good relationships with people.
- Staff spoke fondly of people and enjoyed their work. One staff member said, "As we're so small, we're able to spend time with people so we get to know them, like their little foibles and how they like things done."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. People were discreetly supported with personal care and staff knocked and called out to people, before entering their room.
- People were supported with areas of importance to them, such as their appearance. People were able to have their meals on trays, which were attractively laid with doilies and items such as single teapots. This promoted dignity and independence.
- People were positive when talking about their rights to privacy, dignity and respect. One person told us, "Privacy and dignity is very good, I had an accident with a wet bed and they dealt with it terribly well."

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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans did not always reflect people's needs. One person had a sore area of skin but the management of this had not been documented. A topical cream had been prescribed but there was no evidence this had been applied. There was no update regarding the ongoing condition of the sore. The provider or a staff member were unable to confirm details of the wound or its management. This did not ensure appropriate care was given, which increased the risk of the wound deteriorating.
- Information within support plans had not been updated as people's needs changed. For example, one person had a poor appetite and was not eating well. Their care plan did not identify this and there were no strategies to enhance weight gain. This increased the person's risk of malnutrition and further deterioration of their health. The person's mobility had also deteriorated but this was not reflected in their care plan. This did not ensure they received the support they needed.

This was a repeated breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people told us their routines were shaped by staff, although they were not unhappy with this. One person said, "There's a time to go to bed, they say 'it's bedtime' that type of thing and that's it." Another person said, "I get up when the staff come." The provider told us they were aware of this and were addressing people's choices with the relevant staff.
- People were encouraged to be as independent as possible and spend their time as they wished. People were able to complete housekeeping tasks such as polishing their room or watering plants.
- People were happy with the support they received. One person told us, "It's a good place. I like that it's small here, it's more intimate, the staff really know me, and I know them."

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 were able to communicate their needs through verbal speech.
- Some people used glasses or hearing aids to enhance communication. Staff helped people ensure these were clean and in good working order.

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 provider told us the home was very much part of the community. Villagers supported people to attend church if required and the local school children visited. Harvest festival produce was donated to the home.
- Some social activities were arranged although the provider told us people generally preferred to follow their own interests.
- Visitors were welcomed, and people regularly went out with their families.
- People told us they were happy with the social opportunities available to them. One person told us, "Sometimes there's cookery or quoits or another game. There was a garden party earlier this summer." Another person said, "I prefer to be in my room. I'm just at that age where I need to be taken care of, and I don't want to do much. If there's any entertainment on, I'm always invited."

Improving care quality in response to complaints or concerns

- People knew how to raise a concern. One person told us, "You can always talk to [name of provider]. She pops in all the time and is easy to talk to. You can discuss any problems and she'll sort them out."
- No formal complaints had been made. The provider told us, "People are very vocal here, so will without doubt say if they are not happy." This meant any concerns could be addressed before they escalated further.

End of life care and support

- End of life care was provided at the home, although at the time of the inspection, no one was receiving this type of care.
- Staff told us they always tried to ensure a person's passing was comfortable and pain free. They said they worked with community nurses and GPs to ensure this.
- The provider told us they had a responsibility to enable people die in their own surroundings, with familiar people around them.
- Records showed people's preferences for burial or cremation and whether they wanted hospital treatment if needed. There was limited information about people's wishes as their health deteriorated. The provider told us people were reluctant to talk about this, although said it would be revisited.

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. This was because there were ineffective auditing systems and shortfalls were not being identified. At this inspection this key question has remained the same. 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.

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

- The service has a poor history of compliance. Whilst improvements had been made at each inspection, some shortfalls remained. This is the third time the service has been rated requires improvement. Before this, the service was rated inadequate and placed into special measures.
- A range of audits had been introduced. These were detailed and showed action plans which had been addressed. However, shortfalls found during this inspection had not been identified.
- A member of staff had signed to authorise the administration of homely medicines. This practice did not ensure the protection of people or the member of staff. This was because the staff member was not medically trained and would not know the contraindications of the medicines. The provider had not identified this.

This was a repeated breach of regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a strong presence within the home. There was regular discussion with staff about their roles and responsibilities. The provider told us spending time in the home enabled them to monitor practice and ensure it was what they expected.

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

- There was a caring ethos, which was adopted throughout the staff team. The home was peaceful and relaxed, which created a calming feel.
- The provider told us they had a loyal, united, caring staff team. They told us they were committed and all very good at their job.
- Staff cared about people and showed a caring approach. One staff member said, "We grow attached to people, particularly as we're so small. We spend a lot of time with people and a lot of what we do is intimate. We wouldn't be here if we didn't care."
- People were complimentary about the service they received and said they would recommend it to others. One person told us, "It's quite well run and organised. They really couldn't improve things."

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 provider told us they were committed to ensuring people received a good standard of care. They encouraged an open approach, so people could feel comfortable with raising a concern if need be.
- The provider told us they would apologise and always aim to put things right. They did not want people to feel discriminated against for raising a concern.

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

- People and their relatives knew the provider and staff well. They were regularly asked on an informal basis to give their views about the service.
- Staff told us they were able to share their ideas and contribute to handovers and reviews of people's care.

Continuous learning and improving care

- The provider told us they completed all training staff undertook, so they were aware of what was being taught.
- To assist with making improvements, the service had requested assistance from the local authority quality team. A health and social care professional told us staff always sought advice if they were not sure about anything.
- The provider told us they would address any shortfalls identified, to ensure improvement and compliance.

Working in partnership with others

- The home benefitted from links with the local community.
- Established relationships had been developed with health and social care professionals.
- The provider had worked with their training provider to develop a specific staff training programme.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care planning was not always reflective of people's needs. Risks were not identified or safely mitigated. Regulation 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practice was not being followed. Regulation 19(2)(a)(b)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Shortfalls in the service were not being identified and addressed. Regulation 17(1)(2)(a)(b)

The enforcement action we took:

We issued a warning notice to ensure the provider made improvement.