Care Quality Commission

Farrington Care Homes Limited

The Fairways

Inspection report

64 Ickenham Road
Ruislip
Middlesex
HA4 7DQ
Tel: 01895 675885
Website: www.farringtoncare.com

Date of inspection visit: 14 October 2015
Date of publication: 11/11/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Requires improvement

Overall summary

We undertook an unannounced comprehensive inspection of this service on 30, 31 March and 1 April 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to recruitment procedures not being followed, medicines not being stored securely and being monitored, staff not receiving sufficient training, supervision and appraisals and the service not being well-led and effectively monitored by the provider. In addition staff did not always understand whistleblowing procedures and required training in this area.

We undertook this focused inspection to check they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Fairways on our website at www.cqc.org.uk

The Fairways is a care home which provides accommodation for up to 20 older people who have a range of needs, including dementia. At the time of inspection there were 19 people using the service.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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

Summary of findings

Act 2008 and associated Regulations about how the service is run. The service had a manager who had applied to CQC to become the registered manager for the service.

Medicines were being stored securely and at safe temperatures to maintain their efficacy.

Staff recruitment processes were in place and were being followed so people were being cared for safely by people who were suitable to work at the service.

Staff had received training in and had a good knowledge of safeguarding and whistleblowing procedures.

Staff were receiving training and supervision to provide them with the skills and knowledge to care for people effectively.

Monitoring processes were in place and were being followed to ensure the service was being audited and action taken promptly to address shortfalls identified. Further improvements were planned and needed to be actioned to bring the service up to a good environmental standard.

We needed to see that the improvements to the service provision in relation to the service being well-led would be sustained and will review this at our next comprehensive inspection.

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?

Good

We found that action had been taken to improve safety.

Medicines were being appropriately and securely stored and at temperatures required to maintain the efficacy of refrigerated medicines.

Staff recruitment procedures were in place and being followed so the service employed people who were suitable to work with people who used the service.

Staff understood safeguarding and whistleblowing procedures and the people and outside agencies they could report concerns to.

Is the service effective?

Good

We found that action had been taken to improve effectiveness.

Staff were receiving training and supervision to provide them with the skills and knowledge to care for people effectively and they demonstrated their learning when supporting people.

Is the service well-led?

Requires improvement

We found that action had been taken to improve how well-led the service was. Monitoring processes were in place and were being followed to ensure the service was being audited and action taken promptly to address any shortfalls identified. A development plan was in place and being actioned to improve the environment.

We could not improve the rating for 'Is the service well –led?' from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The Fairways

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of The Fairways on 14 October 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 30, 31 March and 1 April 2015 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led? This is because the service was not meeting some legal requirements at the last inspection.

The inspection was undertaken by two inspectors.

We viewed three staff recruitment and training files, training records, supervision and appraisal schedules, maintenance and safety checks and auditing and monitoring records.

We spoke with four people using the service, the manager, four care staff, two maintenance staff, one cook, one laundry worker and one member of staff responsible for cleaning and hospitality. We also spoke with a visiting community nurse.

Good

Is the service safe?

Our findings

Medicines were being stored securely and at safe temperatures at the service. At the last inspection the medicine storage cupboard was left unlocked and the controlled drugs cabinet was not secured in line with storage requirements. Also drugs fridge temperatures were not being robustly monitored to ensure medicines were stored at safe temperatures. At this inspection we saw medicines were stored in locked medicine cabinets. A designated controlled drugs metal cabinet was attached to an inside wall in the office. The manager said the office was always kept locked if the room was unattended. We saw the built-in thermometer for the medicines fridge showed the average, minimum and maximum temperature as well as the current temperature. We saw that all three temperatures were recorded each day and that at no point had the temperature of the fridge varied outside recognised temperatures required for the safe storage of medicines.

The community nurse confirmed the medicines storage cabinets were always locked when they attended and told us they were pleased with the improved security. Two people told us about their medicines. One person said they had "many different ones and didn't want to know much about them." However they said that staff could and would explain them if asked. Another said, "If something comes along that I don't recognise I just ask. The staff can explain what it's for and that. They know the side effects as well – if I find I feel different after taking something, they know if this is to be expected or not." We saw that medicines were audited weekly and that the service had an annual medicine audit undertaken by the dispensing chemist. This meant that medicines were being well managed at the service.

Employment checks were carried out to ensure only suitable staff were being employed at the service. At the last inspection we identified shortfalls in staff recruitment records. At this inspection we saw application forms had been completed and contained full employment histories and health questionnaires. Pre-employment checks including references from previous employers, a Disclosure and Barring Service (DBS) check, evidence of people's right to work in the UK and proof of identity had been obtained. Photographs of staff had been taken and were being placed on the files. The manager had carried out and recorded checks to verify the references and also signed and dated copies of all documentation received from staff, confirming they had seen the originals. Several new staff had started work at the service in recent months. Staff said they had to fill in job application forms setting out their previous employment and provide two referees which they said the manager had contacted. Staff confirmed that they had to wait for the DBS checks to be completed before they started working at the service.

At the last inspection we found staff had not all received training in safeguarding and whistleblowing and did not always know which outside agencies they could contact to report allegations of abuse. At this inspection staff were able to demonstrate an understanding of the types of abuse people living at the home could be at risk of. Staff were clear about the need to report any concerns they had to the manager. They demonstrated they understood the concept of whistleblowing and the need to contact an external agency should matters not be properly dealt with by the service. Staff told us the provider had a safeguarding policy and procedure which they could access and contained the contact details of external agencies, for example, the local authority.

Good

Is the service effective?

Our findings

Staff received the training and supervision they needed to carry out their roles effectively. At the last inspection we found staff were not always receiving training and support to provide them with the skills and knowledge to care for people effectively. At this inspection staff described the training they had attended including food hygiene, moving and handling, fire safety, infection control and safeguarding. Care staff had also received training in dementia care. The training was provided on site by the provider's trainer and staff said the training was 'very good.' We saw certificates which confirmed that staff had achieved the required standard in these short courses. The manager showed us evaluation forms completed by staff attending training and told us about adjustments that had been made in response to the comments received. For example, staff had commented they found three courses offered in one day to be too much and this had been changed to a maximum of two topics on any one training day. Two of the care staff we spoke with were new to the service. Both confirmed they had induction training which covered moving and handling, fire safety and safeguarding. Both said they were shadowing more experienced staff before working with people alone.

We viewed three induction training records for care staff and saw each member of staff and the manager had signed to confirm when each aspect of the training had been done. Two were complete and for a third we noted some topics, for example, end of life care, had not yet been covered. The manager explained she assessed each new member of staff and provided training at appropriate times, for example, for someone new to caring, when they had gained some experience. In this way she felt they would be more confident to discuss and learn about sensitive topics. The manager had also sourced a specific induction programme for the chef and this had been completed. The manager was in the process of sourcing one for maintenance staff and said this would be carried out with the new maintenance person when available.

Staff confirmed they met approximately every two months with the manager to discuss their work. Staff told us these meetings were useful. One member of staff said "It's a time to evaluate my work and keep up to date." The community nurse confirmed staff were knowledgeable about the people they cared for and were able to provide relevant information and support to them when they visited. The manager had received training in supervision and appraisals, which had enhanced her knowledge and skill to enable her to carry these out with staff effectively. We saw supervision contracts were drawn up between the manager and each member of staff and each session was recorded and provided staff with the opportunity to evaluate the supervision session. The manager said the format was clear and easy to follow. Annual appraisals had also been commenced with staff and the manager said this was ongoing, to ensure staff received the support and guidance they needed to carry out their jobs effectively.

Requires improvement

Is the service well-led?

Our findings

At the last inspection the service was not being effectively monitored. The registered manager was based at another service owned by the provider and was not involved with the day to day management of the service, so was not providing effective leadership. Visits from the provider were sporadic and not thorough and when they had identified areas for improvement these had not always been carried out. Policies and procedures had not been reviewed annually and, in some cases, for several years, so information was not up to date. Due to the internet connection being out of commission for some months any updated documents including policies and procedures sent from the provider via email were not being received. At this inspection we saw monitoring processes were being followed and had resulted in improvements being made in the service. The previous registered manager had deregistered for this service and the head of care was now officially managing the service and had applied for registration with the Care Quality Commission. Policies and procedures had been updated in June 2015 and were available in the service. The manager said she had checked through these and ensured they were all specific to the service and relevant to the needs of the people living there. The internet connection had been restored and the manager was in email contact with the provider and others, as an effective method of communication.

The manager had a good knowledge of the service and the needs of the people living there. Staff told us they liked working at the service and they felt supported and encouraged to develop their skills. All the staff said the manager was very approachable and supportive. One said, “The manager really motivates and encourages me to do things I didn’t think I could.” Another said “The manager is very good. There’s a good atmosphere. Everyone is very kind and helpful. People are willing to explain and the manager will replace any equipment we need if asked.” We asked people for their views of the service. Comments included, “It’s as good as it can be. I like it that they put up the menu board, so I know what I am getting here. They come and ask you about your favourite food” and “Staff give you respect. It’s important."

There were systems in place for monitoring the quality of the service provided, so action could be taken to address any areas for improvement. The manager had met with the provider in April and September 2015 and a development plan had been drawn up identifying the areas throughout the service that needed attention. We saw where work had been completed, for example, new carpets and flooring in four rooms, redecoration of the ground floor corridors and communal rooms, purchasing new garden furniture and an assisted bath chair, installing a new fire alarm panel in the separate building where the main kitchen was situated and purchase of a new kitchen freezer. Further works were identified, for example, replacement windows at the front of the house to replace damaged and decaying frames. The manager said the provider was obtaining quotes for these, however this was still to be progressed and she would follow this up. We saw improvements were being made at the service and work was ongoing in this area. In addition, a full internal quality audit based on the CQC five domains had been carried out on behalf of the provider in August 2015 and an action plan drawn up. We saw where areas had already been addressed, for example, shortfalls in the carrying out of portable electrical appliance testing and fire equipment servicing and checks identified in the audit had since been completed.

The manager carried out a monthly health and safety inspection and this identified any issues, for example, where sound activated door closures were not working these had been replaced with magnetic door closures. During the inspection we identified a shower did not have a regulator valve to adjust the temperature to maintain it within safe levels. Procedures were in place and being followed to ensure the water was at a safe temperature prior to people being assisted with a shower and no one in the service accessed the shower unaccompanied. The manager contacted the plumber at the time of inspection to arrange for this to be addressed.

We viewed the business continuity plan for the service. This contained information about emergency services, health contact details, and telephone numbers of key utility services, key suppliers and social care agencies. The manager said if the service had to be evacuated then the provider had other services they could move people to if required.

While we recognised that improvements had been made in relation to the extent to which the service was well-led since the last inspection, we needed to see that these improvements would be sustained over time and we will monitor this service to ensure this happens.