

# South Devon Rural Housing Association Limited

# Forder Lane House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Forder Lane House is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

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

The provider had made improvements to the service following our last inspection in July 2019.

Risks to people were now assessed and managed safely. Risks were monitored regularly, and daily checks were made to ensure people were receiving the care they needed to mitigate risk.

Risks associated with premises safety had been addressed and maintained to ensure the environment was safe for people. The provider had taken steps ensure people were safe from the risks from falling from a height.

Improvements had been made to the provider's quality assurance system which was used effectively to identify any shortfalls. When areas for improvement had been found we saw that swift action had been taken to address them.

There was clear managerial and provider oversight of the service to ensure systems in place were being followed and used to drive improvement at the service. Staff and relatives were very positive about the interim management team.

Staff followed appropriate infection control practices to prevent cross infection. However, not all staff had received training about risks related to Covid 19, including handwashing and use of personal protective equipment (PPE). This was addressed immediately.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Medicines were managed safely.

During the inspection we observed there were sufficient numbers of staff to meet people's needs. Safe recruitment procedures were in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (9 September 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

#### Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our safe findings below.

**Good** ●

# Forder Lane 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.

This was a focused inspection to check whether the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

#### Inspection team

The inspection was undertaken by one inspector on day one supported by an Expert by Experience making telephone calls to relatives on day two. 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

Forder Lane House 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.

The service did not have a manager registered with the Care Quality Commission. An interim manager had been appointed and they were supported by the provider. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to discuss the safety of people, staff and inspectors with reference to the Covid 19 pandemic and to ask for information to be sent to us to review away from the service, reducing the amount of time onsite.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority about the service. 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.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with eight staff including the interim manager and the operations director.

We reviewed a range of records. This included four people's care records. We sampled four staff files in relation to recruitment and induction. We reviewed policies and procedures and quality assurance documents.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted and spoke with eight relatives by telephone about their experience of the care provided. We also spoke with one health professional.

# 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. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Systems were in place to protect people from avoidable harm. Staff completed risk assessments to identify and manage risks to people's health and safety, such as the risk of developing pressure ulcers, risk of falling and nutritional risks.
- Records showed risks were now monitored regularly and appropriate actions taken. For example, where people were at risk of pressure sores, pressure relieving equipment was in place and checks were made to ensure they were set correctly for the person's weight.
- Where risk assessments identified the need for a person to be regular repositioned in bed or have their food and fluid monitored, records demonstrated this had taken place, consistently.
- Risk assessments were in place and action had been taken to ensure people, who like to walk around the service freely, were safe to do so. Staff ensured they checked on them regularly and alarm mats were in place alerting staff when they got up and walked around. The interim manager told us further action to ensure the safety of people, such as installing alarms or keycodes to all external doors was being considered.
- Risks relating to the environment were assessed, and actions taken to ensure the environment and people remained safe. The provider had taken steps ensure people were safe from the risks from falling from a height. All window openings were now appropriately restricted with tamper proof fittings. Equipment such as hoists, and fire safety equipment were regularly serviced and checked.

### Preventing and controlling infection

As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention measures in care homes, and we included the review in this inspection.

- Not all staff had received training about risks related to Covid 19, including handwashing and use of personal protective equipment (PPE) correctly. Some staff told us they had only received information in the form of leaflets. We discussed this with the interim manager who immediately arranged a training session

for all staff.

- There was sufficient Personal Protective Equipment (PPE) in place and we observed staff using this in line with national guidance.
- The premises were clean, tidy and hygienic. Touch points such as door handles, and handrails were regularly cleaned to reduce the risk of infection. Housekeeping staff followed cleaning schedules to ensure all areas of the service were cleaned regularly.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt that Forder Lane House was a safe place to live. One relative told us, "I feel they are safe, I've no concerns. They are looked after well enough, I'd know. I feel they are safe as far as they can be."
- Systems were in place to protect people from the risk of abuse.
- The provider had policies and procedures in place in relation to whistleblowing and safeguarding which staff could access if they needed to.
- The interim manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the Care Quality Commission (CQC). Records showed these were completed.
- Staff received training about safeguarding people from avoidable harm and understood their responsibilities to keep people safe. Staff had confidence that the interim manager would deal with any concerns raised. One staff member told us, "If I saw something suspicious, I would report it to my manager and if they didn't do anything about it, I would go higher."

Staffing and recruitment

- We observed there were sufficient numbers of staff to meet people's needs. However, one relative commented, "Staff do seem rushed off their feet."
- Staff told us there was sufficient staff on duty. However, some staff felt that they would need more staff when they were at capacity or if people's needs changed in-order to be able to spend time engaging people in activities or with them socially.
- The provider had ensured staff were recruited safely by undertaking robust pre-employment and identity checks. These included a Disclosure and Barring Service check which helped to support safer recruitment decisions.

Using medicines safely

- People's medicines were stored and managed safely. Medicines administration records and stock checks of medicines demonstrated medicines had been given as prescribed and all could be accounted for.
- Written guidance was in place when people were prescribed medicines to be given "when required".
- Staff who administered or supported people to take their medicines had received appropriate training and had their competency in this area checked.
- Medicine audits were carried out and issues found, were addressed.

Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff.
- The interim manager monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences. Following a recent incident, we saw that action had been taken to mitigate future risk.



# 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 require improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found the provider's quality assurance systems were not always effective as systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and social care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was clear managerial and provider oversight of the service to ensure systems in place were being followed and used to drive improvement at the service.
- Concerns raised at the last inspection had been addressed and improvements had been made to the provider's quality assurance system which was used effectively to identify any shortfalls. When areas for improvement had been found we saw that swift action had been taken to address them.
- Accidents, incidents, and falls were reviewed monthly and analysed to identify trends. This ensured re-occurrences were prevented and improved quality.
- The provider notified us of significant events and safeguarding alerts.
- The service did not have a registered manager in post. An interim manager had been appointed and had submitted an application to register with CQC until a suitable permanent manager had been recruited. The interim manager was supported by the provider and an interim deputy manager.
- Staff were very positive about the interim manager and the changes they had made. Staff told us the interim manager and deputy manager were very 'hands-on' and worked alongside staff, monitoring the service people received by conducting daily spot checks, audits and observing staff practice.
- Relatives were also very positive about the management team and the changes they had made. One relative told us, "The management now is far more responsive, more accessible, they are far more pro-active to requests." Another relative told us, "By and large a nice facility and a noticeable improvement with new management, they are pulling things up again."

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

- People received person-centred care. There was a positive culture in the home. We found people were

happy with the support they received and felt comfortable and relaxed in their surroundings. We saw staff being kind and caring towards people and delivering compassionate care.

- The interim manager was open and transparent throughout our inspection and were clearly committed to providing good quality care.
- Staff told us that despite the changes with the management, they felt supported by the service and able to approach the interim management team with any concerns or problems. One staff member told us, "They (interim manager and deputy) are very professional and they give us the confidence they know what they are doing. We can speak to them regarding anything to do with the home and the residents, not only in supervision but day-to-day. [Interim manager's name] and [deputy manager's name] are both easy to talk to, at this point we feel very well-led."

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 and interim manager were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The provider displayed their CQC rating within the service.

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

- People and staff were engaged in how the service was run. People were regularly consulted about the care provided and contributed their views on the care they received.
- During the COVID 19 pandemic, people had been supported to keep in touch with relatives remotely and the provider and staff kept relatives informed about their family members care by regular telephone reviews. However, relatives told us they would welcome the opportunity to share their views in the form of a survey or questionnaire.
- Arrangements were in place to help people have risk free socially distanced visits with their relatives.
- Staff meetings were held to share information and give staff the opportunity to raise any issues.

Working in partnership with others

- We saw evidence the provider worked with other professionals including the GP, community nurses, dentist, dietician, speech and language therapists and chiropractors.
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.