

South Devon Rural Housing Association Limited

Forder Lane House

Inspection report

Forder Lane
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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Forder Lane House is a residential care home providing accommodation and personal care for up to 25 people. At the time of the inspection there were 25 people living at the service.

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

Risks associated with people's individual health and care needs were assessed and guidance was available for staff on how to minimise known risks to keep people safe. However, people were not always protected from risks associated with their environment and equipment used to minimise risk was not always set correctly in order to reduce the risk of skin damage. Where some risks had been identified, it was unclear what action had been taken to mitigate those risks and keep people safe.

There were systems in place to check the quality of the service. However, internal audits and processes failed to identify or address the issues we found at this inspection. The management team understood their responsibility to be open and honest when things had gone wrong. They welcomed our inspection feedback and took immediate action in response to the issues we found.

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, we made a recommendation to the provider about ensuring records relating to best interests decisions were completed in compliance with the Mental Capacity Act 2005.

People felt safe living at the service and safeguarding procedures were in place to protect people from harm. Staff were recruited safely, and enough staff were on duty to provide safe care during our visit.

People and relatives spoke positively about the level of care they received. People were encouraged to be independent. Care was provided in a dignified way and people's right to privacy was respected.

Staff received training to ensure they had the skills and knowledge they needed to perform their roles. Staff told us they felt supported by the managers and received regular supervisions.

People were involved in their own care planning and could contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The home was visibly clean throughout. All equipment had been serviced and maintained. Weekly and monthly health and safety checks were completed.

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

Rating at last inspection

The last rating for this service was good (published 24 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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

Follow up

We will request an action plan 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 planned this inspection to check 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 carried out 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

Forder Lane 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.

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

We reviewed information we had received about the service from the provider and other agencies since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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. We used this information to plan our inspection.

During the inspection

We spoke with 13 people and three visiting relatives about their experience of the care provided. We spoke

with eight members of staff including the interim chief executive officer, registered manager and deputy manager. We also spoke with one visiting health care professional.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment, supervision and training. We looked at a variety of records relating to the management of the service, including policies and procedures, and systems for monitoring quality.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

Assessing risk, safety monitoring and management

- People who were at risk of developing pressure ulcers had equipment in place such as pressure relieving mattresses and cushions. However, equipment used to minimise risk was not always set correctly in order to reduce the risk of skin damage.
- People were not always protected from risks associated with their environment.
- Where some risks had been identified, it was unclear what action had been taken to mitigate those risks and keep people safe. For example, we noted one person living at the service had been assessed as not being safe if they left the service without support. Staff had made an application to restrict this person's liberty in order to keep them safe. When we arrived at the service the front door was wide open and doors in people's rooms and communal areas leading to the outside, were not locked and had not been fitted with any device that would alert staff if someone left the building unattended.
- The premises and equipment were maintained to help ensure people were safe. Regular checks were undertaken in relation to the environment which included window restrictors, however, we found window restrictors on some windows had been disengaged as they had not been fitted with tamper-proof fittings. This did not comply with Health and Safety Executive guidance and potentially placed people at risk.

We found no evidence that people had been harmed however, 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.

We discussed what we found with the interim chief executive officer and deputy manager who took immediate action to address the issues.

- Care plans included risk assessments in relation to people's specific care needs and covered areas such as moving and handling, falls and nutrition and hydration. Where risks had been assessed, the risk assessment provided detail about how risks were being managed. For example, for people at risk of skin damage, risk assessments described how staff should care for the person's skin and help them change their position regularly to reduce pressure when in bed.
- Risk assessments were reviewed as part of care plan reviews, or when needs changed.
- Safety certificates were in place and up to date for gas and electricity, water safety, hoists and fire equipment.
- Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency

evacuation plans.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well cared for. One person told us, "They take really good care of me. They're lovely, I've got no complaints." Relatives told us they thought their relatives were very safe living at Forder Lane House.
- Systems were in place to protect people from the risk of abuse.
- Staff had received training in safeguarding and were aware of how to report concerns to the registered manager, the provider and external agencies. Staff said they would have no hesitation in reporting concerns about poor care delivery.

Staffing and recruitment

- During the inspection we saw there were enough staff to ensure people had access to care that met their needs. However, one person told us they sometimes had to wait for attention when they pressed their call bell and another person said they would like staff to be able to spend more time with them to sit and talk. We discussed these comments with the registered manager who told us they had recently recruited more staff and were waiting for their pre-employment checks to be completed.
- Recruitment practices were safe and included pre-employment checks, such as references from previous employers and police checks to ensure they were of good character, before they started working at the home.

Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.
- Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.
- Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these.
- People's medicines were safely received, stored and administered. Storage temperatures were monitored to make sure that medicines would be safe and effective. Medicines were audited regularly with action taken to follow up any areas for improvement.
- Staff recorded when medicines were administered to people on medicines administration records and we saw that people had received their medicines as they should.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. The home was clean and there were no unpleasant smells.
- Staff received infection control training and followed safe practices. Personal protective equipment was available, and we saw staff using these during the inspection.
- Cleaning schedules and regular checks were in place to ensure standards were maintained and infection control risks were monitored. Safe systems and practices were in place to manage higher risks, such as hazardous waste and soiled linen.

Learning lessons when things go wrong

- Systems and processes were in place to record and review accidents and incidents.
- Lessons were learnt when things went wrong, and action was taken immediately to minimize the risk of reoccurrence.

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 good. At this inspection this key question has remained the same. 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 make 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 care plans showed that assessments relating to people's capacity to make decisions had been undertaken but decisions had not always been recorded in a way that showed the principles of MCA had been followed.
- One person had been assessed as not having the capacity to understand information relating to decisions such as, taking their medicines. Decisions had been made in the persons best interests and discussed with their family. However, records relating to these decisions had not been fully completed to demonstrate that all factors had been considered to ensure decisions made were the least restrictive option.

We recommend the provider ensures that all assessments and best interests decisions are made in compliance with the Mental Capacity Act 2005.

- Staff were clear about the need to gain consent before carrying out care tasks.
- People told us they could make choices and decisions, for example, what activities to take part in, meals, times of rising and retiring, and where to spend their day.

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

- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care.

- Assessments considered all areas of the person's health and social care needs. Care plans were easy to follow and contained information to ensure people's needs were met in line with their preference.
- People's care and support needs were regularly reviewed, and changes made where needed.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. There was a comprehensive staff training programme in place and staff received updates where needed.
- New staff took part in an induction programme, which ensured they received training in areas relevant to their roles. This included completing shadow shifts until competent to undertake care shifts unsupervised.
- Staff were supported with regular supervision and an annual appraisal. Records confirmed that training needs, care plans, team working, and issues related to people's needs were all covered as part of this discussion.

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

- People were offered a choice of food and drink and spoke highly of the quality and variety of the meals. One person said, "The food is fantastic. There's three choices and fish every day. In the evening it's not just sandwiches, there's soup and all sorts."
- The dining experience was a relaxed social occasion and people received the support they needed by attentive staff.
- Catering staff were aware of people's preferences, individual nutritional requirements and specific dietary needs. People told us the chef came around every morning to tell them what was on the menu for that day.
- People who had been identified as at risk of malnutrition were supported with food with additional calories and their weight was regularly checked.
- Staff sought the advice of specialist professionals when they identified a need, for example to carry out choking assessments and dietetic reviews.

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

- The adaptation, design and decoration of the premises was suitable for the people who lived there.
- Forder Lane House was bright, clean and homely and there were plenty of communal space for people to choose where to sit and spend their time. People also had access to attractive outside spaces with seating.
- Some people had brought their own furniture and other personal items into the service to personalise their rooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and to access health professionals when required.
- Care records showed that when there were concerns about people's health, they were referred to appropriate healthcare professionals. For example, dieticians and speech and language therapy.
- A visiting health care professional told us, "The carers are very conscientious, and they are always quick to identify issues and seek help and advice."

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 now remained the same. 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 positive about the care they received and told us staff were caring. Comments included, "The care is very good", "They're very nice people here. And everything is arranged for you" and "The staff are all so kind."
- We observed staff talking to people in a polite and respectful manner. We saw staff being kind and caring, and people and staff participated in appropriate light-hearted banter, which created a pleasant atmosphere. People's body language demonstrated they were happy and relaxed in the presence of staff.
- Care plans contained information about people's past, likes and dislikes as well as how staff could help them meet their care needs. Staff used this information to get to know and build positive relationships and it was clear staff knew people well and valued people as individuals.
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures.
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.

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

- People, or where appropriate family members, were involved in creating and reviewing their care plans.
- People, and family members, were encouraged to share their views about the care people received through regular reviews and one to one meetings.
- Staff told us they always involved people in making decisions about their care where possible. We heard staff offering people choices such as how to spend their time and acting on the person's response.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. We saw staff knocking on doors before entering and respected that people's rooms were their own private spaces.
- Care plans included information about what the person could do for themselves and where they needed support.
- Some signage was available to promote independence and orientation to the environment, for example to help people locate bathrooms and toilets.

- People were supported to maintain and develop relationships with those close to them. Relatives told us they were always made to feel welcome.

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

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

- People told us they received personalised care that was responsive to their needs.
- People's needs were assessed before they moved to the home and reviewed regularly. Their support was planned in partnership with them and their families, in a way that suited them and met their preferences.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.

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.

- Care plans included information about people's individual communication needs and how these should be met, including the need for any aids and to speak clearly and slowly.
- Staff did not rush people when speaking with them and allowed them time to respond. This supported their communication needs.
- We were told the service was able to provide information in different formats, such as large print, ensuring people with a disability or sensory loss would be able to access and understand information given to them.

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

- Overall, people were happy with the activities provided or said they enjoyed their own company, and this was respected. Some people said they would like more to do and said there was not a lot of variety in the activities taking place. One person told us, "A man comes in to sing every week but when you've heard it every week through the year then it gets a bit boring." A relative said, "There's lots going on. Tai-chi on Wednesdays and there's a Bingo and a Scrabble group. In August they have a garden party arranged."
- During the inspection we did not see any activities taking place. Staff told us they tried to organise activities such as quizzes but did not always have time to do so. One staff member said, "I do think we could do with more staff. We would be able to do more activities with the residents if staffing levels were better."

We passed these comments onto the deputy manager.

- Staff encouraged people to keep in contact with friends and family. The service had Wi-Fi that people could access and staff supported people to speak with their families through a computer link.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt comfortable raising complaints and were confident these would be listened to and acted on.
- The provider's complaints procedure was freely available, and the service maintained a record of any complaints received. These showed people's complaints were taken seriously and the service acted upon these to resolve issues.

End of life care and support

- Staff had received training to support people as they neared the end of their lives.
- People's end of life choices were recorded in their care plan if they had chosen to share this information.
- Staff worked in partnership with healthcare professionals to ensure people had a comfortable and pain free death.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had been ineffective in identifying the issues we found during inspection. For example, regular checks of the environment had not identified that window restrictors were not fitted with tamper proof fittings. Checks had failed to identify that open and unlocked external doors within the service, posed a risk to one person who had been assessed as being unsafe to leave the service alone.
- Systems in place to check pressure relieving mattresses were set at the correct setting in order to protect people from skin damage, were not robust.
- We have also made a recommendation in relation to ensuring best interests decision records are completed and recorded in compliance with the Mental Capacity Act 2005.

We found no evidence that people had been harmed however, 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 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team welcomed our inspection feedback and took immediate action in response to the issues we found.
- There was a clearly defined management structure within the service. The registered manager and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people. The management team often worked alongside staff and monitored the quality of their care in practice.
- Staff were positive about the home's management team and registered manager. One staff member said, "It's well run. The management are very good. They have time for people and they sit and listen to the residents."
- Learning had taken place from accidents and incidents. Concerns and complaints were listened to and acted upon to help improve the services provided by the home.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner, which meant that the CQC could check that

appropriate action had been taken.

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

- People had confidence in the registered manager and told us the home was well managed. One person said, "[Name] the manager, gets this place going and it runs it well." A relative said, "The staff are really good and so is the manager and deputy manager. I'm totally content with it here and it is a huge relief."
- The registered manager and deputy manager had cultivated an open, inclusive and empowering culture, where people and staff felt valued.
- People experienced personalised care from a staff team who were committed to ensuring they received care which was individual to them. Staff recognised the importance of knowing people well and could share details about people with us.

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 management team understood their Duty of Candour, to be open and honest when things went wrong. For example, when relatives raised concerns, the registered manager and provider listened to the concerns, apologised where necessary, and took swift action to address the concern.

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

- Quality assurance surveys were used to obtain the views of people, their relatives and staff about the standard of care. These surveys were consistently positive. Service improvement plans were developed to ensure action was taken to drive improvements.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported by the registered manager, and had input into the running of the home.

Working in partnership with others

- The service worked effectively in partnership with health care professionals from multidisciplinary teams. This ensured people were integrated into their local community and had their health and social care needs met.

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 People who use services and others were not always protected against the risks associated with unsafe premises. The provider had not done all that was reasonably practicable to manage and mitigate all risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.