

# Country Court Care Homes 7 OpCo Limited

## Ferrars Hall Care Home

### Inspection report

14 Ferrars Road  
Huntingdon  
PE29 3AA

Date of inspection visit:  
21 September 2022

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19 October 2022

### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Ferrars Hall Care Home is a purpose-built residential care home providing accommodation and personal care and support to up to 66 older people and people with dementia. The service is over three floors and has various facilities available including shared lounges and dining areas, a hair salon, cinema room, coffee shop and shared garden. At the time of our inspection there were 61 people using the service.

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

Staff understood the importance of safeguarding people wherever possible from poor care and harm. When staff had any concerns about people, they knew where to escalate and report these concerns. Staff supported people to receive their medicines as prescribed. Staff were trained on, and aware of, infection prevention guidance and good practice. Staff encouraged people to eat healthily and drink enough.

Staff were kind, caring and knew people's individual needs, wishes and preferences. Staff monitored people's known risks. Complaints were investigated and resolved wherever possible and actions were taken to reduce the risk of recurrence.

Staff gave people privacy and treated them with dignity and respect when supporting them and helped promote people's independence. Staff involved people and their relatives, when reviewing people's care and support needs. Care plans were reviewed by staff and updated when changes occurred.

Enough skilled and suitable staff had been safely recruited. Staff had received the required training, spot checks and ongoing support. This helped staff maintain and improve their skills to fulfil their role and responsibilities.

Activities co-ordinators had been recruited to help ensure people spent their time meaningfully occupied, should they wish to take part in activities.

Monitoring and oversight of the service provided was effective in identifying and driving improvements. The registered manager gave examples of how the provider shared learning amongst its services when incidents had occurred. The registered manager and the staff team took on board learning when things went wrong. Audits were undertaken and there was analysis of risk, incidents, accidents, near misses that helped identify any areas or people that required further monitoring and action. The area manager undertook monitoring visits of the service that looked at all areas of how it was run and what was happening within the service.

The registered manager and staff team worked with other organisations, and health and social care professionals, to provide people with joined up care.

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.

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

This service was registered with us on 22 July 2021 and this is the first inspection under the new provider. The last rating for the service under the previous provider was good, published on 25 November 2019.

#### Why we inspected

This inspection was based on the service being unrated since the new provider reregistered with the CQC. The inspection was also prompted in part due to concerns received about staffing levels. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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 well-led.

Details are in our well-led findings below.

Good ●

# Ferrars Hall Care Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors 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

Ferrars Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ferrars Hall Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection under the previous provider. We sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

### During the inspection

We spoke with six people who used the service and three relatives. We received feedback from the local authority about the service. We spoke with eight members of staff including the registered manager, deputy manager, senior care staff, care staff and a hospitality supervisor. We also spoke to a hairdresser who visits the service regularly.

We reviewed a range of records, this included three people's care records and medicines' records. We also looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed, including incident records, complaints, compliments, quality assurance processes and policies.

### After the inspection

We continued to seek clarity about quality monitoring of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. Under the previous provider this key question was also rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff to meet people's care and support needs. Most people and their relatives confirmed that there were enough suitably trained staff to respond quickly and meet their, or their family member's, needs. A relative said, "I thought this service had the right staff to cope with [named person], I can't see anything wrong at the moment." However, two people told us that call bell responses by staff at night could be slow. A staff member was being trained to add additional support at night.
- Staff told us they felt there were usually enough staff on duty to meet people's needs. One member of staff told us, "Sometimes it's difficult if a member of staff goes off sick at short notice, it can take time to get cover." We were told by staff that the previous month (August 2022) staffing levels had been reduced due to leave. The registered manager and records showed that staff were redeployed during this time to cover any shortfalls and people's needs were met.
- A recruitment drive was ongoing at the service for various positions including care staff and housekeepers. A member of staff told us this had been positive, and several new staff were waiting to start, once recruitment checks had been completed.
- A process was in place to ensure the safe recruitment of staff. This included completion of identification checks and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes

- Staff knew how to recognise poor care and harm. People and their relatives told us they had no concerns around their, or their family members', safety.
- Staff had received training in safeguarding people and had a good understanding of the provider's safeguarding systems and procedures. A member of staff told us, "I would always report to the senior team and I am confident they would deal with the concern and report appropriately."
- The management team was aware of their responsibilities for reporting allegations of concerns to the local safeguarding team and the CQC.

### Assessing risk, safety monitoring and management

- Staff understood how to monitor people's known risks and when people required support to reduce the risk of avoidable harm.
- The management team completed risk assessments for people's individual known risks. Risk assessments were reviewed and updated by staff when necessary. For example, if someone had a fall their risk assessment was reviewed to see if any further action needed to be taken to prevent a recurrence.

### Using medicines safely

- Staff managed people's medicines safely. A person confirmed, "We get our tablets on time."
- Where the temperature of the medicine's storage area was out of range during a recent heatwave, staff told us they had acted by using ice packs. They confirmed that by changing the ice packs twice daily ensured medication was kept at the optimum temperature and did not spoil. The registered manager confirmed that air conditioning would be installed in the medicine's rooms.
- Protocols for 'as and when required' medicines were in place. However, these required further development to ensure the information specified gave staff full directions on how and when to administer these medicines. The registered manager told us they would make this improvement.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The management and staff team encouraged visitors to the service and visitors were seen visiting friends and family during our inspection. A visitor's policy was in place which had been reviewed to remain current and reflective of government guidance.

### Learning lessons when things go wrong

- Staff followed the providers procedures when any accidents or incidents occurred.
- Staff told us that the registered manager ensured that any accidents or incidents were used as a learning opportunity and shared lessons learnt with them.
- After each incident/accident the management team undertook analysis to assess if any further action was needed. For example, additional equipment had been purchased to help staff with moving and handling people safely.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. Under the previous provider this key question was also rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A pre-assessment was carried out on potential new people to the service. This was to ascertain whether staff could meet people's needs in line with current guidance and legislation.
- Records contained evidence of referrals made by staff to external health professionals to try to ensure people's needs were met.

Staff support; induction, training, skills and experience

- Staff told us when they were new to the service, they completed a comprehensive induction. This included shadowing of experienced staff, a mixture of e-learning and face to face learning. It also included their orientation of the home as well as time to get to know people and the staff team. Observations of staff practice and competency checks were completed by the registered manager and or deputy manager. This helped ensure staff applied safe techniques in their work.
- We saw staff members using moving and handling equipment appropriately during our visit.
- Staff told us they received regular support and were able to speak with the management team at any time if they had any concerns to raise.
- Staff told us they received regular training and could ask for additional training around specific health conditions and diseases. This would help to increase their knowledge when caring for and supporting people.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people to eat and drink sufficient amounts. Snacks were available in the shared dining rooms for people to help themselves at any time. People told us, "The food choices are good, and it's always served nice and hot," and "The food's excellent and the menu's good."
- Staff tried to make sure people's mealtime experience was a social occasion. We saw staff supporting people with their menu choices in a relaxed manner and we overheard gentle banter and conversations taking place.
- Staff took time to engage with the people they were supporting. We saw a staff member encouraging one person to take their time in positioning themselves safely at a dining table of their choice.
- Staff shared dietary information including allergies, likes and dislikes with the chef to ensure appropriate meals were available for a variety of diets. This included people on specialist diets such as soft food diets and calory enriched foods.

Staff working with other agencies to provide consistent, effective and timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff supported people to attend appointments with health professionals such as GPs, dentists and hospital consultants if they had no family.
- Staff told us they ensured people had the support they needed if healthcare was required. A person confirmed, "If a doctor is needed it's done [by staff] without delay. We have had dentist appointments, but we sorted that ourselves with our family, we didn't need the [staff] to help."
- A relative talked through two occasions staff needed to seek external healthcare assistance following two separate incidents. They told us, "The staff were very good on both occasions with the speed of their reactions."

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

- The management team encouraged people to make their rooms feel more homely by adding personal touches. We saw that the building was decorated to a good standard.
- People's rooms had en-suites for them to use. There were also shared spaces such as a café, garden, hairdressers, lounge and dining areas that people could use should they choose to do so.
- Staff carried out regular maintenance of systems and equipment to ensure it was in a good working order.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in the MCA and had a basic understanding of how to apply this in their role. Staff supported people in their best interests. We saw staff seeking consent from people when providing care and support to them.
- We saw staff offered people choices of where to sit and what drink they would like by staff. However, people's menu choices were sought the previous day and arrived from the kitchen already served up onto plates. We spoke to the registered manager about enabling and encouraging people's choices using picture menus and plated up menu samples. After the inspection they confirmed they had already made these improvements.
- Where required, the registered manager and the senior team applied for DoLS authorisations as soon as a person was deemed to lack mental capacity around specific decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. Under the previous provider this key question was also rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff recorded people's diverse requirements such as religion, culture, disabilities in their care record. This personal information helped guide staff on how a person wished to be supported and what was important to them.
- People and their relatives had no concerns about the quality of care and support provided by staff. People and relatives told us they were happy with the way staff supported them and or their family member. A relative explained how it had taken a while for their family member, who was new to the service, to get used to the staff. They said, "We did have some problems with personal care at first but now [named person] has got used to the staff here and it's fine."

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

- Staff supported people, and where appropriate their relatives and advocates, to be involved in their, or their family members', care decisions.
- Staff involved people in the agreement, planning, and review of their care and care decisions process. Care plans contained information advising staff of people's medical and health history, likes, dislikes, and life history.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people, who may be sensory impaired by speaking to them at eye level, clearly and succinctly, repeating words and phrases where necessary. Interactions between people and staff showed that staff treated people with kindness.
- Staff promoted and maintained people's privacy and dignity. Personal care support was delivered by staff behind closed doors to maintain people's dignity. Staff were heard complimenting people who had had their hair done by the visiting hairdresser.
- Staff supported people to retain or gain further independence where possible. Staff encouraged people to do whatever they could do safely, for themselves.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. Under the previous provider this key question was rated requires improvement. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection on 25 November 2019, we found people were not always encouraged to be involved in activities of daily living or supported in a person-centred way. At this inspection there had been some improvement with three activities co-ordinators employed to support people to spend their time in a meaningful way.
- People told us they were encouraged to take part in activities should they choose to do so. They said, "We do some activities and like it when there's a singer," and "I do some activities if it's something I like."
- However, a relative told us they would like staff to encourage their family member to take part in more activities. We fed this back to the registered manager who said they would investigate this.
- During our site visit the activities co-ordinators had taken some people out to another care service within the organisation for a gardens flower in bloom celebration. Staff told us this meant that on the day of the inspection there were not as many organised activities taking place within the service as usual. However, we saw the remaining staff team encouraged people to occupy their time by reading books, newspapers and listening to music.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At the last inspection on 25 November 2019, we found that menus were faded and the text small so were difficult to read. At this inspection we saw menus printed clearly.
- The registered manager confirmed that menus were available in picture form to help aid people's understanding. However, we did not see staff using these. The registered manager told us they would remind staff to use these where needed.

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

- Staff carried out personalised care and support that met people's individual needs. People and their relatives were, in the main, positive about the support staff provided.
- People's care plans included appropriate information to guide staff including people's personal preferences, how they wished to be supported, and their likes and dislikes. A relative told us, "[Named

person] is a night person so [staff] don't wake them too early."

- However, some staff did tell us they would like more time to read people's care records. They said this would help them to get to know people when new to the service or moving floors within the service. We fed this back to the registered manager who told us they would investigate this.

Improving care quality in response to complaints or concerns

- The registered manager and management team dealt with any complaints about the service provided. Complaints were recorded, investigated and resolved where possible. Actions were taken, for example improvements made around nail care following concerns raised.

- We saw a 'you said, we did' board in the entrance of the service. This had two items listed, one giving people a say in any redecoration that was going to be done and another around visibility of management. Actions were to give residents notice and their say in any redecoration and for the registered manager to ensure new people and their families were introduced to the management team at the service.

End of life care and support

- Staff had received training in end of life care. Staff supported people at the end of their life alongside external health professionals such as the GP and district nurses. This helped people to have as dignified a death as possible in line with their wishes.

- Staff spoke with people and their families about their end of life wishes and these were recorded in detail, to guide staff should people choose to have this conversation. Details included people's wishes around any sentimental items they wished to be buried or cremated with. These conversations included people's wish to be resuscitated or not.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good. Under the previous provider this key question was also rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager, management team and staff team were known to people and their families. A person told us, "I do see the [registered] manager, if I had any problems, I would happily talk to her."
- In the main people and their relatives told us communication was good. A person confirmed, "I see one or other manager each day." However, some people and their relatives were unclear as to whether they had been asked to attend a meeting or complete a survey to feedback on the quality of service provided.
- The registered manager told us they had recently started emailing the service's newsletter to update people's family and friends. Previously the newsletter was a paper copy that could be picked up when visiting. A relative told us this was an improvement.
- Staff in the main felt supported and had the opportunity to feed back about the service provided in supervisions, and staff meetings.
- Staff told us, and records showed, they had meetings to discuss the service. A staff member said, "We have daily handovers, and then attend the [named staff] flash meetings three times a week where we discuss people in detail and any changes that need to be actioned."

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

- The registered manager understood when to notify the CQC about incidents, such as allegations of safeguarding, that occurred.
- The registered manager was responsible for the day to day running of the service. The registered manager provided oversight of the service by reviewing various records for patterns and trends as well as observing staff. This helped to ensure staff were upholding the provider's values. An example was the work being done to reduce the number of falls. They said, "We have been looking at the number of falls [people have had], some of it is people waking up and being disorientated, and sensor mats alert you that somebody is moving. [We have] been doing additional work with the area manager and looking at [people's] dependency needs."
- Areas of improvement identified during audits of the service were added to the audits action plan and reviewed.
- The registered manager understood the requirement to be open and honest when things went wrong. Actions were taken to try to reduce the risk of recurrence.
- The registered manager gave examples of how the provider shared learning amongst its services when

incidents had occurred.

#### Continuous learning and improving care

- The registered manager took action to improve the service based on the findings of their monitoring processes.

#### Working in partnership with others

- The registered manager and staff team worked with health and social care professionals such as GPs, social workers, district nurses and dieticians. This helped promote and maintain people's well-being.