

Monarch Healthcare (Ferndene) Ltd

# Ferndene Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ferndene Care Home is a residential care home providing personal and nursing care to 38 older people and people living with dementia at the time of the inspection. The care home can accommodate 48 people in one purpose-built building.

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

People using the service were safe. The provider had systems and processes in place to protect people from abuse and staff were aware of their responsibilities in keeping people safe. The risks to people's safety were regularly assessed and there were measures in place to reduce these risks. The registered manager had processes in place to learn from accidents and incidents to further reduce risk to people living at the service.

People were supported by adequate numbers of safely recruited staff who had received appropriate training for their roles and were supported with regular supervision from their line managers.

People's medicines were well managed, and people were protected from the risk of infection as the staff maintained good infection, prevention and control practices.

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.

People lived in a well-maintained environment supported by staff who treated them with respect and dignity. They and their relatives were involved in the development of their care plans to ensure they received personalised care.

People were supported to maintain relationships with family and friends. The service followed government guidance when welcoming visitors into the service and people were encouraged to take part in social activities of their choice.

The registered manager took complaints or concerns about people's care seriously and responded to complaints in a positive way following the providers complaints procedure.

There were effective quality monitoring processes in place to support good standards of care. People, relatives and staff told us the manager was open, approachable and responsive. Staff felt supported by them.

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 and update

The last rating for this service was requires improvement (published 19 May 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this inspection to follow up on action we told the provider to take at the last inspection. We undertook a focused inspection. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

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.

We found no evidence during this inspection that people were at risk of harm. Please see the Safe, Responsive and Well Led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ferndene Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 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** ●

# Ferndene 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

The inspection team consisted of 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

Ferndene 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. Ferndene Care Home is a care home with 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 who was on annual leave.

#### Notice of inspection

This inspection was unannounced.

### 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 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection we spoke with 8 people who used the service and 2 relatives. We spoke with a housekeeper, the cook, a registered nurse, 2 senior care staff and 6 care staff. We also spoke with the deputy manager and the regional manager. We reviewed a number of documents associated with people's care needs, this included medicine administration records and 5 care plans. We also reviewed documents associated with the running of the service, this included quality monitoring records, policies, environmental risk assessments and cleaning schedules.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At the last inspection the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The risks to people's safety were not always well managed. This included management of people's nutritional needs, medicines and infection control measures to maintain a safe environment.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- The risks to people's safety was well managed and there were measures in place to reduce the risks to people's health and safety needs. Over the previous weeks prior to our inspection a number of people had been affected by an influenza virus, this had affected a number of people's weights causing some weight loss. There had been close monitoring of this and people had received the nutritional support they required to help them achieve a healthy diet.
- When people were at risk of choking while eating or drinking, they were supported with speech and language therapy (SALT) assessments to ensure they received a suitable diet to meet their needs and reduce the risk of choking.
- People at risk of falls had measures in place to reduce this risk. We saw where people had been assessed as requiring a sensor mat to help reduce the risk of falls these were in place. People who had been assessed as requiring a walking aid had these in place the support them.
- Environmental risks were well managed. For example, there were measures in place to support people should they require emergency evacuation from the service. Personal emergency evacuation profiles were in place for people reflecting their current needs, and staff had regular training supporting people in the event of a fire.

### Using medicines safely

- Staff received training in the safe management of medicines, and we saw safe practices were followed by the registered nurse and nurse support staff when administering medicines. People told us they got their medicines when they needed them. There were protocols in place for as required medicines to provide guidance for staff, so people received these medicines in a safe way when they needed them.
- Administration of people's medicines were safely recorded. An electronic administration recording system was used. The system had built in checks to help reduce medicines errors and this was checked daily to ensure any errors or issues were dealt with swiftly. People's medicines were stored safely, and staff worked with their GP practice and pharmacy to ensure delivery of people's medicines were undertaken safely and in a timely way.

### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 provider followed the government guidance on supporting relatives and friends to visit people safely at the service. Throughout our visit we saw relatives and friends able to visit people and spend time with them. One relative told us it was their choice to visit twice a day, every day and there were no restrictions on this for them.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People we spoke with felt safe at the service. One person told us, "I don't have to worry about anything. I'm warm and comfortable and someone is there when I need them." Other people told us they felt able to talk to staff if they had any concerns.
- Staff were aware of their responsibilities in relation to safeguarding people. Staff had been provided with appropriate training and were knowledgeable about the different types of abuse people could be exposed to. Staff members were confident the management team would deal with any issues they raised to them.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### Staffing and recruitment

- People were supported by adequate numbers of staff to ensure their needs were met. People told us staff would come to support them when they needed them to. One person said, "They [staff] do pop in regularly as I'm new and can't get out of bed."
- One staff member told us staffing levels had been affected by sickness in the last few weeks, however, if staff were off sick the management team always tried to cover the shortfall. A further member of staff told us they felt there were enough staff to meet the dependency needs for people at the service.

- Our review of the staff rosters showed the provider was managing to maintain the numbers of staff they had established based on their dependency tool.
- Safe recruitment practices were in place, this included obtaining references for staff from previous employers, information on gaps in employment and obtaining a Disclosure and Barring Service (DBS) check. This check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- The provider had processes in place to learn from events. Staff told us they used the daily report which highlighted any issues of concerns from the previous day, they used the daily handover and there were opportunities to learn from specific incidences. Staff gave an example of one incident and how practices had changed to reduce further risk to people, and how this had been communicated to staff.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 received personalised care from staff who showed good knowledge of people's needs. However, some aspects of people's care plans were not always personalised. The provider used an electronic system and some aspects of people's care plans had generic statements in place. Both the deputy manager and regional manager were aware of the need to improve the personalised information in the care plans. Together with the nurses at the service the management team were working through care plans to improve this.
- From our conversations with staff and observations of people's care we saw staff supporting them in personalised ways. This included making sure people were able to sit where they wanted, get up and go to bed when they wanted. One relative we spoke with, said their family member was well cared for and they were happy with the service provided. A further relative also told us their family member was well cared for and the staff were "very good".

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.

- People who needed support with their communication needs received this support. People who had hearing difficulties had hearing aids in place. Some people had difficulty understanding complex information and staff provided information in straightforward clear simple language. People were offered visual aids to help them with their choices. The signage at the service was in large print and in picture format. This supported people living with dementia or who were sight impaired to find key areas of the service.

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

- People were supported to undertake social activities of their choice. The service had an activities coordinator in post. People were supported with pampering sessions, sing-a-longs, and carpet games such as hoopla. Some people enjoyed going into town or out with friends and they were supported to do this.

Improving care quality in response to complaints or concerns

- People and relatives were able to raise complaints or concerns to the registered manager and be assured they would address their concerns.
- People told us if they raised concerns the registered manager dealt with them in an open way. The complaints procedure was visible in the service.

#### End of life care and support

- People received end of life care in line with their expressed wishes. Staff worked with external health professionals to ensure people were well supported. There was information in people's care plans about how they wanted to spend the last period of their lives. People's families had been involved in these discussions, so people's wishes were clear. RESPECT forms, which had information on whether people wanted to be admitted to hospital or stay in the service and what level of treatment they required, were also completed.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had failed to ensure there were effective quality monitoring systems and processes in place to monitor quality and safety of the service and maintain oversight. This impacted on areas such as infection control, medicines management and risk management.

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

- The quality monitoring processes in place at the service were effective in identifying areas where improvements were required relating to all aspects of people's care. The registered manager had good oversight of people's daily care via the electronic care planning system which allowed easy and quick access to people's daily care records. A daily action plan was produced, and actions monitored where concerns were found. For example, if a person's fluid or food intake had been low, staff were prompted to encourage fluids and food. Staff used the system to help them focus on the support different people needed each day.
- The processes in place to monitor the environment, medicines and cleanliness of the service had a positive effect on the quality of care at the service. The environment was clean and well maintained. People's medicines were well managed. The registered manager and their team monitored these areas on a daily and weekly basis and took swift action where needed. They fed the outcomes into a monthly manager's audit report overseen by the regional manager. We saw how the regional manager responded with actions for the manager from this report.
- The provider's regional manager also undertook visits to the service and undertook a provider quality audit each month. The provider audits identified the areas where improvements were required and the actions taken to address them. The registered manager had also analysed events to check for any possible trends and how if these arose, they could be reduced.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 promoted a person-centred approach to people's care. They worked in an open and inclusive way with people, their relatives and staff. Relatives visited regularly and felt that the communication from staff was good and they were kept informed of things that happened.
- People were supported in individualised ways to ensure good outcomes for them. One person told us they

wanted to be able to be well enough to go home. They said, "I do want to get home and so far, they (staff) seem to be working towards that. It's early days but so far, so good."

- The registered manager was new to the service and people and their relatives were just getting to know them. However, staff told us the registered manager was a visible presence at the service and operated an open-door policy. People knew the deputy manager and spoke of them in a positive way.
- The management team were aware of their responsibilities in relation to the duty of candour. When things went wrong they were open with people about events and how they would work to improve.
- The registered manager notified CQC of events at the service and how these had been managed. This is their legal responsibility and part of their registration conditions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, their relatives and staff were supported to engage with the management team via regular meetings, questionnaires or surveys. Throughout our inspection we saw people coming to discuss issues with the deputy and regional manager. The conversations were relaxed and open. Following questionnaires, the management team produced a "you said we did" response to areas raised.
- During our inspection a number of staff raised concerns about the quality of snacks being provided for people, a number of staff told us they had raised this with the management team. The management team were able to show us they had been listening to staff and had taken action to improve this area of concern. The managers continued to work within their own procedures to improve this area of care.

Working in partnership with others

- The registered manager and their team worked with external health professionals to support people's health needs. For example, working with the GP when people had unplanned weight loss or making appropriate referrals to the speech and language therapy (SALT) team when people were at risk of choking when eating.