

VARS Care Limited

Fernleaf Residential Home

Inspection report

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Date of inspection visit:
09 November 2023
10 November 2023

Date of publication:
07 December 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fernleaf Residential Home is a residential care home providing accommodation for persons who require nursing or personal care to up to 21 people. The service provides support to people living with dementia. At the time of our inspection 17 people were living at the home. The home is split over two main floors with communal areas on the ground floor and an outdoor communal space. At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person.

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

Risks were not consistently managed. Medicines and infection risks were not always managed safely.

Internal quality assurance processes were not always effective in monitoring the service which meant improvements were not always made.

People who used the service were protected from the risk of abuse, harm and neglect by suitably trained staff who knew them well. Concerns were reported and acted upon. People we spoke with told us they felt safe.

There were enough competent staff on shift to ensure people were safe and received good quality care. Staff were recruited safely; however, recruitment files needed some improvement to ensure that all steps taken were fully documented prior to a person starting at the service.

Staff were supported with an induction and rolling training programme to ensure they were skilled within their roles. Induction documentation could be improved to show all information and support provided to a new starter and training was required on supporting autistic people and people with a learning disability.

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 told us the service was well-led and they received person-centred care. Relatives we spoke with supported this and told us management were open and approachable. Management and staff were clear about their roles, responsibilities and continuously looked for ways to develop and improve the service and the level of care provided.

Staff, people, and their relatives and visitors were encouraged to share their views. The registered manager understood their responsibility to be open and honest with people and had acted when things went wrong. The provider worked in partnership with others.

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 CQC inspection leading to a rating for this service was good (published 22 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. 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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider took actions during and after the inspection visit to mitigate some of the identified risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fernleaf Residential Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicines and quality monitoring 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 from 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 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 not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Fernleaf Residential 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.

Inspection team

The inspection was carried out by 2 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

Fernleaf Residential 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. Fernleaf Residential 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

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

We spoke with 2 people who used the service and 3 relatives or friends about their experience of the care provided. We received feedback from 8 members of staff including the registered manager, deputy manager, care staff, housekeeping, maintenance and the activity co-ordinator. We reviewed a range of records. This included 6 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures and training records were reviewed.

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 good. At this inspection the rating has changed 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.

Using medicines safely

- Medicines were not always managed safely.
- People were at risk of not receiving their prescribed medicines. We found missing signatures on medicine administration records (MAR) for some medicines. This meant it was unclear if people received their prescribed medicines, which placed people at risk of harm. The process for investigating and acting upon MAR gaps needed improving to include clear stock records, evidence of discussion with staff and medical advice, safeguarding referral and CQC notification if required.
- Liquid medicines were not all dated when opened. This meant that there was a greater risk of medicines being used when they were no longer effective.
- Covert medicines were not all supported by written authorisation by the GP. This meant that there was a greater risk that people were given medicines covertly without appropriately documented clinical authorisation.
- Controlled drugs were only checked monthly. This meant that there was a greater risk that controlled drug stock discrepancies would not be identified promptly to allow effective investigation and action to take place.
- Medicines cupboards required maintenance. This meant that there was greater risk that medicines were not stored securely at all times.

The provider failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The premises required updating and further maintenance to ensure that effective infection control measures could take place which included bathrooms, a sluice and mop storage cupboard.
- Mop storage and cleanliness needed improvement, other equipment, including hoists and wheelchairs, was not always stored appropriately and was not always clean.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were in place and reviewed regularly. However, some care plans to manage risk needed amendment to ensure that they were consistent in repositioning frequency, included detail on signs of hypoglycaemia, hyperglycaemia and sufficient personalised detail on supporting a person in distress.

- The premises needed updating. Lighting was dull in places and the premises required maintenance and improvement to reduce safety risks. This included the replacement of a window restrictor, a mattress to be set to the correct setting, access to the laundry to be restricted at all times, garden risks to be assessed and access to harmful substances to be restricted at all times.

Staffing and recruitment

- People and staff generally felt that there were sufficient staff. Call bells were responded to promptly during our inspection. A person said, "[Staff] come within a few seconds, yes unless they are really busy come as quick as they can really." People's dependency levels were assessed by management and staffing levels were put in place to meet people's assessed needs.
- Staff were up to date with mandatory training set by the provider but training was required on supporting autistic people and people with a learning disability. Since 1 July 2022, all registered health and social care providers have been required to provide training for their staff in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability.
- Recruitment files needed some improvement to ensure that all steps taken were fully documented prior to a person starting at the service. Induction documentation could also be improved to show all information and support provided to a new starter.
- Staff felt supported and supervision was taking place regularly.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place protected people from the risk of abuse and neglect.
- People felt safe and told us they were cared for by kind staff. A person said, "I feel safe here, got to know people."
- Safeguarding and whistleblowing policies were in place and staff received training.
- Staff were clear that they would raise concerns of abuse with management and were confident that action would be taken.
- Safeguarding referrals were made and investigated appropriately.

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.

Learning lessons when things go wrong

- Incidents were documented and reported and lessons were discussed at team meetings.

Visiting in care homes

- There were no restrictions on visiting. Relatives, advocates and friends were supported and encouraged to visit the home at their chosen time. A person said, "[Visitors can] Come anytime, no restrictions at all."

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 good. At this inspection the rating has changed 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.

Continuous learning and improving care

- A range of audits and checks were in place. However, they had not been effective in ensuring that all issues found during the inspection had been identified and acted upon prior to our inspection. These issues were found in the areas of medicines, infection control, care plans, safety and maintenance of the premises, training, and recruitment.
- The provider had not acted upon all areas for improvement identified by other visiting organisations during their audits. This included medicines and infection control issues.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Not all allegation of abuse statutory notifications had been made to the CQC where required.
- A clear management structure was in place and people who used the service and staff were positive about managers.
- The manager was accessible, open and transparent.

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

- All staff were open and transparent throughout the inspection process. They told us that they enjoyed working at the home. A staff member said, "When you see [people using the service] happy and smiling at the end of a shift, you feel you have done a good job." A relative said, "I like the fact [staff] know their residents, they know their name, they know what they like, they are not a number."
- The registered manager had clear expectations of staff and communicated them in supervisions and team meetings. The registered manager completed out-of-hours visits to ensure all staff received adequate supervision and support. A staff member said, "[The registered manager is a] very good manager, knows the residents and spends time with them. Treats everyone equally, doesn't have favourites."

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

- Complaints were responded to appropriately. The manager was clear on the requirement to be accessible, open and transparent.

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

- People using the service, their families and staff were involved in the service. Feedback was obtained through face-to-face contact, meetings and surveys. Meetings took place individually and in small groups to support people to be effectively involved in providing their views on the service. A relative said, "[The registered manager] listens to what you are saying, yes, we have had quite a few chats."

Working in partnership with others

- External professionals were involved as required which included a regular ward round and working with the care home team.

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 The provider had failed to ensure medicines were managed safely. Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure fully effective systems were in place to assess, monitor and improve the quality of the service to ensure the health, safety and welfare of people using the service. Regulation 17(1) and 17(2)(a)(b)