

Caring Homes Healthcare Group Limited

Ferfoot Care Home

Inspection report

Old and New House, The Folly
Old Hardenhuish Lane
Chippenham
Wiltshire
SN14 6HH

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Ferfoot Care Home provides accommodation and personal care for up to 52 people, some of whom live with dementia. People have their own rooms and access to communal areas such as lounges, dining areas and a secure garden. Accommodation is provided over two floors accessed by stairs and lifts. At the time of the inspection there were 34 people living at the service.

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

At the last inspection we rated the service requires improvement overall. We found breaches of Regulations and issued two Warning Notices in response to concerns about good governance and need for consent. This targeted inspection was to check the required improvement had been carried out and the service was compliant with Regulations.

Since the last inspection there was a new registered manager. Staff told us they were approachable and visible at the service. Staff told us the registered manager was supporting them to carry out the required improvement.

Quality monitoring had taken place and identified improvements. The provider had completed a service improvement plan following the last inspection and reviewed it weekly. Senior management discussed improvements needed and cascaded the information to staff at the service. Action plans had been shared with CQC and the local authority on a weekly basis.

People had their medicines as prescribed. Times of medicines had been reviewed to make sure people were not unnecessarily woken up to have their medicines. All handwritten recording entries on people medicines records were signed by two members of staff. This was to reduce the risk of transcribing errors.

Risks to people's safety had been reviewed and management plans put into place. These had been reviewed since our last inspection. We found safety measures such as sensor mats were plugged in and working. Where people had not been able to consent to their use staff had carried out the required assessments and best interest processes.

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's medical conditions had been reviewed so up to date and current guidance was in place to support staff to know what to do. Daily monitoring records were accurate and completed in a timely way.

People were able to have visitors. Any visitors had to carry out a Lateral Flow Test (LFT) which gave a quick result as to whether visitors had COVID-19. All visitors were provided with personal protective equipment

(PPE) to wear while at the service.

People and staff were tested regularly for COVID-19 as per the government guidance. Any positive test was reported to local and national public health agencies and guidance followed. People and staff had been vaccinated for COVID-19.

Staff had received training and guidance on working safely during the pandemic. They were provided with appropriate levels of PPE and had areas where they could put it on and remove it safely. There was guidance available around the home to inform on how to wash hands safely and about COVID-19.

The home was clean and domestic staff had schedules to follow. A maintenance programme was in place to upgrade some areas and carry out planned work to the environment. Staff tried to open windows and space seating out where possible to enable social distancing. The provider had identified additional staff rest rooms to enable staff to have breaks and social distance.

Staff had been provided with supervision and had meetings to discuss what was happening in the home. This also gave the provider the opportunity to discuss and reflect on lessons learned for the service. The provider also shared serious incidents that had occurred in other homes they managed so learning could be cascaded throughout the company.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 June 2021). 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 improvement had been made and the provider was no longer in breach of Regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we issued in relation to breaches found for Regulations 11 and 17 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Ferfoot Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 11 (Need for consent) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 was carried out by two inspectors.

Service and service type

Ferfoot Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 and started at 06:00hrs.

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. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and we observed care and support provided to people who were not able to talk with us. We spoke with four members of staff, the registered manager and the regional manager.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

After the inspection

We spoke with a further four members of staff on the telephone and had a discussion with the registered manager. We continued to seek clarification from the provider to validate evidence found. We looked at quality monitoring records, maintenance plans, staff meeting minutes and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we previously issued. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Using medicines safely;
Learning lessons when things go wrong

At our last inspection the provider had failed to have systems in place to demonstrate good governance as risk management plans were not detailed, medicines were not always managed safely, and records had not been completed contemporaneously. This placed people at risk of harm and was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In response to this breach of regulation we issued a Warning Notice.

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

- At our last inspection, where staff had handwritten people's medicines administration records (MAR), they had not signed the entry as correct. A second member of staff had also not checked the record which increased the risks of medicines incidents and/or errors. At this inspection we observed this had improved.
- People's MAR's were completed in full with no gaps in recording. Where staff had handwritten some entries, two members of staff had signed the MAR.
- At our last inspection we observed topical creams had not been dated when opened which meant staff would not know when they expired. At this inspection we observed this had improved and all the topical creams we checked had been dated when opened.
- At our last inspection risk management plans did not contain sufficient details to give staff guidance on how to support people. At this inspection we observed epilepsy management plans had been reviewed by staff and contained more information. Some staff had received training on epilepsy, and more was planned.
- At our last inspection we observed people's records had been completed before staff had carried out the activity. We visited the service at 06:00hrs and reviewed daily and monitoring records. We observed they had been completed accurately and not in advance of care activities being completed.
- Sensor mats we checked were all working and plugged in. The provider had reviewed the use of sensor mats and installed sensor beams for some people. This helped to manage people's risks around falls and safety.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we previously issued. We will assess all of the key question at the next comprehensive inspection of the service.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to follow the principles of the Mental Capacity Act 2005 (MCA) making sure decision making was in the person's best interest and the least restrictive option. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In response to this breach of regulation we issued a Warning Notice.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The 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 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 and found it was.

- At our last inspection one person did not have any of their belongings in their room and there were no records in their care plan why that decision had been made. At this inspection we found this person was no longer living at the service. We did not observe any other concerns regarding people not having their personal belongings.
- At our last inspection we observed people were subjected to restrictions without the necessary supporting records in place. This meant we were not able to see what options had been considered and who had been involved in the decision making. At this inspection we found this had improved.
- People who had restrictions in place such as sensor mats or sensor beams had been assessed for capacity. Where people lacked capacity there was evidence to demonstrate decisions had been made in people's best interest.

- At our last inspection people were being routinely woken at 06:00hrs to be given medicines. We were not able to see records to demonstrate people had been assessed as needing their medicines at this time. At this inspection we observed nobody was having any medicines at 06:00hrs. Staff told us this practice had been reviewed with people's GP and unnecessary early morning medicines had been changed to a later time.

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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we previously issued. We will assess all of the key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have in place robust systems to demonstrate good governance and to ensure people received person-centred care. This placed people and staff at risk of harm and was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection we observed care plans contained conflicting information for managing risks. At this inspection we observed reviews of care plans had been carried out to make sure people's records were accurate and up to date. Risk assessments and care plans were not conflicting and gave staff the correct guidance to provide people with the right care and support.
- People who had epilepsy or had seizures had guidance in place to tell staff how to support them if they had a seizure. Staff told us they had received training on epilepsy and felt better prepared to deal with people's seizures if they occurred.
- People who experienced distress had support plans in place to give staff guidance on how to support them. Staff also contacted the relevant care home support teams for advice and guidance where needed.
- Systems were in place to check records and monitoring charts. We observed improvements had been made to make sure records were timely and accurate. For the monitoring records we reviewed we did not observe any gaps in the recording.
- At the last inspection medicines audits were being completed but had not identified the shortfalls we found. At this inspection we observed medicines were being managed safely. Since the last inspection an external pharmacist had visited the service and completed a medicines audit. Any actions identified for improvements from that audit had been implemented.
- Staff were able to have meetings to be updated on changes and improvements. Minutes were kept and demonstrated learning had been shared from other services managed by the provider. One member of staff

said, "We were not being told what was happening in the home, we do daily meetings now. I feel a lot more updated now, the communication has improved a lot."

- At the last inspection we observed some practice which was undignified and not person-centred. At this inspection we did not observe any of this type of practice. We observed staff talking to people respectfully and providing them with the support they needed in a timely way. One member of staff told us, "It is a better place, residents are getting the care and support they need."
- Staff had been provided with training on upholding people's dignity and staff had been nominated as dignity champions. Dignity champions worked alongside staff to embed person-centred and dignified practice.