

Fern Leaf Carehome Limited

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Inspection report

38 Bedford Road
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Essex
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11 September 2020

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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 well-led?	Inspected but not rated

Summary of findings

Overall summary

Fern Leaf Carehome (38 Bedford Road) is a residential care home providing personal care to people with mental health needs, learning disabilities and/or autism.

The home is an adapted two floor building with facilities, including en-suite bathrooms. The home was situated in a residential area close to the town centre. The home's building design fitted into the residential area and other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

The service was registered to provide support to up to five people and there were five people using the service at the time of our inspection.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was safe. People were protected from the risk of abuse. There was a safeguarding procedure for staff to follow and staff understood how to identify and report safeguarding concerns. People had risk assessments in place to manage their care and support needs and keep them safe. There were enough staff in the home and they were recruited safely.

There was a procedure for reporting accidents and incidents and learning lessons to prevent reoccurrence. However, incident and accident reporting forms were not were not easily accessible to staff and we have made a recommendation about this.

Premises and equipment safety was maintained to ensure the home environment was safe. There was an infection control procedure for staff and we were assured that the provider was preventing visitors from catching and spreading infections.

Quality assurance systems were in place and there was clear oversight of the home from the management team. There was a system for people and relatives to provide their feedback about the quality of the service. Meetings with staff were held to discuss important topics and go through concerns.

Rating at last inspection and update

This service was registered with us on 20 March 2020 and this is the first inspection.

The last rating for the service under Hillview Care Services Limited was Good, published on 2 August 2017.

Why we inspected

The inspection was prompted in part due to concerns received about the safety of people in services managed by the provider. For example, a lack of staff which meant people were put at risk of harm. A decision was made for us to inspect this service and examine those risks.

CQC have introduced targeted inspections to follow up on a Warning Notice or other 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.

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?

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?

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

Fern Leaf Carehome Limited

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service 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. A registered manager 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 took place on 11 September 2020. We announced our inspection 30 minutes before our arrival to enable us to check if there were any Covid-19 related matters we needed to take into account before our site visit.

What we did before the inspection

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.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager, a deputy manager and two members of staff.

We reviewed a range of records. This included four people's care records and risk assessments. We looked at three staff recruitment files. We viewed records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with two relatives by telephone for their feedback about the home. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

The purpose of this inspection was to check a specific concern we had about people's safety. We will assess all of the key question at the next comprehensive inspection of the service.

Learning lessons when things go wrong

- There was a procedure for reporting accidents and incidents in the home. Since the home registered with us under the new provider in March 2020, there had been no incidents.
- The registered manager told us if there was a pattern of incidents they would be analysed and reviewed to learn lessons and prevent reoccurrence. We were assured procedures were in place for incident reporting, but we found the necessary forms staff were required to complete were not easily accessible. The management team also found it difficult to obtain the forms to show us because they used a combination of paper and electronic filing systems.
- We discussed this with the registered manager who agreed to ensure the accident and incident book and accompanying forms would be made easier for staff to access and use. For example, paper and electronic versions would be stored and made available to staff.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. People told us they felt safe. One person said, "Yes, I think it is very safe here. The staff are very nice and caring." A relative said, "Yes, I believe my [family member] is very safe in the home."
- Staff had an understanding of safeguarding and how to identify and respond to abuse and who to report it to. Records showed they had received safeguarding training. They also understood what whistleblowing meant if they had concerns about the service. One member of staff said, "We would follow safeguarding procedures if we had concerns. We have not had any issues here though." Another staff member told us, "Yes, I am confident and know how to protect people from abuse."

Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people. Risk assessments were carried out to determine the level and severity of risks related to their health, nutrition and mobility. For example, if people were at risk of choking on their food, there was guidance for staff to follow.
- For one person at risk of choking, staff were required to, "provide [person] with a drinking straw to support them to drink at all times and offer a drink in-between meals. Staff to support [person] not to eat too quickly to avoid the risk of choking and give them time to finish before taking the next spoonful." This type of guidance helped staff monitor and mitigate risks to people's health.
- People's risks were reviewed at least once a year or if their needs changed. A staff member said, "The risk assessments are very helpful and clear so we can keep people safe."
- The provider ensured the premises was maintained. Checks on systems such as fire extinguishers, water and gas were carried out. People had personal evacuation plans in the event of a fire or other emergency.

Staffing and recruitment

- People and relatives told us there were enough staff in the home. One person said, "Yes, they are always available when I need help." The provider assessed the number of staff needed. Two staff were required on each shift during the day. The registered manager was supported by a deputy manager to help manage staff. We saw the required number of staff on duty at our inspection.
- Staff told us they were well supported by the registered manager and there was enough staff in the home.
- There were safe recruitment procedures in place. Records showed criminal record checks were carried out for new staff. Applicants completed application forms and provided two references and proof of their identity. This helped the registered manager assess if new staff were suitable to provide care and support to people.

Preventing and controlling infection

- The home had procedures to prevent and control infections, including Covid-19.
- We were assured that the provider was preventing visitors from catching and spreading infections. The provider ensured visitors and relatives of people living in the home were aware of their procedures, such as signs and notices. This helped to control possible outbreak of infection. Staff and people had access to testing facilities for Covid-19.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff used PPE such as disposable gloves, aprons and anti-bacterial hand gels when providing personal care to people. Staff told us they washed their hands thoroughly before and after providing personal care to help contain the spread of infection.

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.

The purpose of this inspection was to check a specific concern we had about the management of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People and relatives told us the service was well-led. One person said, "I have spoken to [registered manager] a few times and she is very nice and helpful. The staff do a very good job. They respond very quickly and seem to be very caring and friendly. They help me get out and about." A relative told us, "I know [deputy manager] and [they] are a wonderful [person]. All the staff do a good job. I don't know [registered manager] that well as I don't see her much."
- Staff told us they were fully supported in their day to day tasks by the registered manager. The registered manager told us they were not always on-site as they also managed other services. There was a deputy manager who kept in contact with them so they could respond to any incidents or emergencies. The deputy manager told us, "We are stable team and have worked together for a long time. Things are going well and are residents seem to be very settled."
- Staff knew how to keep people safe and respond to their needs and wishes. People had support plans in place which were reviewed and updated at least once a year. Staff told us they understood the support plans and they helped them get to know each person. A staff member said, "I know everyone very well. I enjoy supporting them and spending time with them."
- Each month a review report was written by staff for each person detailing the person's social interactions, appointments and any significant developments in relation to their health and wellbeing that occurred over the past month. Records showed these had been completed.
- Systems were in place to ensure the service was being run safely and effectively. The management team carried out health and safety checks of the premises and of records, including medicine records and risk assessments.
- The registered manager was aware of their responsibility to notify the CQC of serious incidents or safeguarding concerns that took place in the home. The registered manager told us, "I have been working in the sector for many years. I fully understand my legal responsibilities and to be honest about what is happening in my services as I have nothing to hide."

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

- The home was transferred from the previous provider in March 2020 to Fern Leaf Carehome Limited. Staff, people and relatives were kept up to date with the change. The registered manager was also co-owner of the previous provider but was now solely an owner of the new provider. This helped to ensure a transition with as little disruption as possible.
- A staff member said, "The change did not affect us, it went smoothly and we retained our staff. We are

absolutely supported. [Registered manager] is always there for us with guidance and advice."

- Staff attended meetings with the registered manager for information and updates to be shared or to go through any issues and concerns.
- People had involvement in the service and could request activities they wished to do either on their own or as a group, such as karaoke, trampolining, painting, sensory stimulation, picnics and barbeques. People's cultural requirements were understood. For example, one person enjoyed using the internet to watch films and television shows from their country of origin and in their first language. Staff supported the person to be able to watch them. A relative told us, "I am very happy the staff support [family member] with going out and doing things."
- Feedback from people and relatives via questionnaires and surveys had yet to be obtained under the new provider arrangements. The registered manager told us these would be sent out in the next few months. We looked at previous comments from people and relatives, which were positive.