

# Care UK Community Partnerships Ltd

## Ferndown Manor

### Inspection report

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### 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

Ferndown Manor is a residential care home providing personal and nursing care and at the time of the inspection accommodated 45 older people. Ferndown Manor can accommodate up to 75 people across three separate floors, each of which has separate adapted facilities.

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

Some relatives raised concerns that some people were not receiving basic care such as oral hygiene. Staff told us they did not always have enough staff to get people out of bed and were not always able to give oral hygiene care as they did not have enough time.

The provider told us they had recently hired a unit manager to work on the nursing floor to support the nurse in the management of the staff and provision of care. We will review this when we return to ensure improvements are made and maintained.

Not all risks had been assessed and daily records reviewed showed a mix of detail in relation to the care delivered to residents. This did not always ensure that people were receiving care as per their care plans. We discussed our findings with the operations manager who confirmed these areas had already been highlighted by their audits and were in the process of being improved. Care staff were scheduled to complete care planning training and new staff were provided with examples of what good records keeping look like to provide a good standard.

At the time of our visit the registered manager was not available. The deputy manager and clinical lead had recently started in post, an operations manager was supporting the home and improvements were already in process. We identified some areas of improvements such as record keeping and communication with relatives and staff. Action plans were being created and continuously updated to drive improvements and we look forward to our next visit to ensure these improvements have been maintained and sustained.

We visited Ferndown Manor following its recovery after COVID-19 affected the service in a devastating way. We received positive feedback from healthcare professionals, relatives and staff regarding the way the provider had managed and provided support to people during these times.

There was a friendly and welcoming atmosphere, people told us they felt safe and well cared for. We observed kind, natural and caring interactions and people looked visibly well cared for and happy. Staff appeared to know people well and people were visible comfortable around staff. Staff told us they felt Ferndown Manor was at the start of change and felt positive about the future of the home.

Medicines were managed safely; staff knew how to safeguard people and lessons were learned when things went wrong. The home was clean, tidy and we were assured infection, prevention and control measures were robust.

Whilst we saw improvements were being made to provide a safe and well-led service, the service will need additional time to ensure their systems and processes become embedded and remain robust.

We discussed the ongoing improvements required with the regional director and operations manager. The team were open and transparent. Shortfalls were being identified by the introduction of monthly audits and the team at Ferndown Manor were working on action plans to improve.

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

The last rating for this service was requires improvement (published 7 January 2020) The service remains rated requires improvement.

#### Why we inspected

The inspection was prompted in part due to concerns received about the safe care and treatment of people and the management of the service. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

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 reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains requires improvement. 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 Ferndown Manor 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 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ferndown Manor

## 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.

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 one inspection manager.

Ferndown Manor 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.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with ten people who used the service and seven relatives about their experience of the care provided. We spoke with 13 members of staff including the regional director, operations manager, clinical lead, nurses, senior care workers, care workers, hostess and the chef. We spoke with a visiting health care practitioner about their experiences of the service. We reviewed a range of records. This included five people's care records and four medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from five healthcare professionals and spoke with one professional who had regular contact with the service and had recently visited the service.

# 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. At this inspection this key question has now remained the same. 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.

### Staffing and recruitment

- There were not always enough staff to meet people care needs. Staff and relatives told us people's care needs were not always met on the nursing floor. One staff member said, "We don't have time to get people out of bed as much as we would want to. We might not have time to shower everyone in the morning, it might just be a wash and we have so much to do and not enough time." Another member of staff said, "We do not always have the time to provide every resident with the full care they require. It is sometimes quicker to give a bed wash rather than a shower. Personal care and hygiene also suffers, such as oral care." This meant people's care needs were not always being met.
- We discussed staffing levels with the operations manager. They told us a member of staff had been employed to support the nurses and work on the floor. A clinical lead was now in post who would be supporting the staff to ensure people's care needs were met.
- The home had safe recruitment practices. Checks had taken place to reduce the risk that staff and agency workers were unsuitable to support people at the home. This included references from previous employers, criminal record checks and review of agency worker's profiles.

### Assessing risk, safety monitoring and management

- Risks had not always been identified. Risk assessments were detailed, and person centred however, one person was prescribed a high-risk anticoagulant medication and did not have a specific risk assessment or care plan in place. The risks had also not been included in the person's mobility or moving and handling care plans. Anticoagulant medication reduces the body's ability to form blood clots. This means, should the person fall, or cut their skin they may be at risk of major bleeding and require more assistance. This meant staff may not be aware of the risks associated to this person and what their care needs may be if they fell or caused themselves an injury.
- Procedures were in place to ensure staff could deal with emergencies like evacuating people in the case of a fire. People had personal emergency evacuation plans (PEEP) in place, so that staff were familiar with how to assist people in an evacuation.
- The home had a maintenance team who carried out frequent checks on the premises and equipment to ensure they were safe and fit for purpose.

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

- People told us they felt safe living at Ferndown Manor. One person said, "I feel safe living here because there is someone here all the time. You don't feel like you are cut off from the world here, you feel like you are still part of it." Another person said, "Staff are wonderful, I can't fault them. I feel safe here, there is nothing to be afraid of. If I need anything, they [staff] are there." A further person told us, "Oh it's very good, I

feel very safe."

- Staff received training and guidance on how to recognise abuse. One staff member said, "There is a system of processes put in place to protect vulnerable individuals from harm. This policy is quite accessible in Ferndown Manor. You can get it on the mobile platform on the mycareUK or on every floor's administrative room, where all care plan and policies are kept."
- Staff were clear about the need to report any concerns they may have about people's welfare to managers and other relevant agencies.

#### Using medicines safely

- Medicines were managed safely. Medicines were ordered, administered and monitored by staff trained to do so. Individual medicine charts were completed accurately, and information was included in the medicine record to advise when PRN (when required) medicines should be given.
- Medicines were stored within locked cabinets in the medicines room. The medicines room also contained a locked fridge for the storage of medicines which needed to be kept within a required temperature. The temperature of the medicines room and the medicines fridge were monitored by staff to ensure medicines remained safely stored in line with the manufacture's guidance.
- Only trained staff who had been assessed as competent, supported people with their medicines
- Medicines requiring stricter security [controlled medication] were stored appropriately, with stocks matching records held.

#### 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.

#### Learning lessons when things go wrong

- Accidents and incidents had been analysed to find out what had happened, the cause, identify themes and to determine actions required to help reduce the risk of a re-occurrence.
- Lesson learned were discussed regularly at monthly health and safety meetings, daily morning meetings and at afternoon clinical flash meetings to ensure learning was communicated to all staff.



# 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 requires improvement. At this inspection this key question has remained the same.

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.

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

- The service was not consistently well led. At the time of our inspection the registered manager was not available, and a new clinical lead and deputy manager had just started in post. People and relatives told us they did not know where the registered manager was. Comments from people included, "I don't know what happened to the manager." and, "I think it is well led, where did the manager go?" Relatives told us the registered manager was approachable but did not know where they were. One relative said, "[We have] not [been] advised if the manager is away or who is acting up on her behalf." This meant people were not always aware of who was responsible for the safe running of the service. We discussed these comments with operations manager who responded promptly by sending out communications to all relatives to ensure they knew who to contact should they have any queries or concerns.
- Systems and processes were not always robust enough to identify documentation that needed improving. People's charts with personal information were left open outside people's rooms, food and fluid charts were not completed and daily notes did not contain specific information to ensure care had been delivered as per the person's care plan. For example, the daily records said "personal care" but did not record what personal care had been given. This meant we could not be assured people had received care as per their care plan, such as oral care. We discussed this with the operations manager who told us staff were due to complete care plan training and new staff were provided with good examples of how to complete accurate and effective care records during induction.
- Since March/April 2021 the provider had identified Ferndown Manor as a home that required extra support. The service was being supported by an operations manager, regional director and quality managers who had visited the home to complete audits and highlight areas where improvements were required. Action plans had been created and staff were starting to work on these to begin driving improvements. These will be reviewed at our next inspection to ensure improvements are maintained and sustained.
- The provider had systems and processes in place to provide oversight of the service. Monthly health and safety meetings were held with senior staff to discuss people's safety, complaints and satisfaction surveys, safety of the premises, colleague's compliance and governance.
- Notifiable incidents had been reported to CQC appropriately. Ferndown Manor displayed their CQC rating in the reception area for all visitors to see.

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; 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

- People, relatives and staff said communication could be better. The registered manager had been open and sent monthly updates throughout the COVID-19 pandemic. These had become less frequent since February and relatives last had a meeting in October 2020. The operations manager had plans to improve the communication now that COVID-19 restrictions had been eased and people were able to meet face to face. During the inspection the operations manager had already spoken to some relatives' face to face and said they had received positive feedback.
- Staff told us they felt the start of change and were feeling optimistic about the future at Ferndown Manor. One staff member said, "There have been some improvements in the last week or so, better atmosphere" and other said, "I definitely feel this is the start of change. Before, the system and processes were there but not being used; now we have the support from [operations manager] and the management seem more proactive"
- We received positive feedback from healthcare professionals regarding the new clinical lead and deputy manager and relatives told us the operations manager was approachable. Plans were in place for an interim manager to oversee Ferndown Manor until the registered manager was able to return.
- The regional director, operations manager and staff were open and transparent. The regional director and operations manager told us of their plans to include people within the running of the service and their plans to empower staff with responsibilities. These responsibilities included champion roles of which they would become the lead in areas such as nutrition and lesbian, gay, bisexual and transgender + [LGBTQ+] champion.
- People, relatives and staff views regarding Ferndown Manor were sought. A recent relatives survey had just been completed identifying areas such as communication as an area of improvement. The service was working towards compiling an action plan to drive improvements in this area.
- Relatives told us they were informed by Ferndown Manor when things went wrong such as medication errors.

Continuous learning and improving care; Working in partnership with others

- The service demonstrated continuous learning by sharing lessons learned at daily meetings with all heads of department and with clinical staff at daily clinical flash meetings.
- Ferndown Manor had a customer service manager who set up and maintained links with the community such as Dorset Advocacy, local schools, religious centres and local domiciliary care agencies.