Roseberry Care Centres (England) Ltd

The Ferns Care Home

Inspection report

Osborne Gardens
North Shields
Tyne and Wear
NE29 9AT

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27 January 2022
07 February 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Ferns Care Home is a care home for up to 48 people. The service provides care and accommodation for older people, people living with dementia and those with mental health needs. At the time of the inspection there were 40 people using the service.

The service is a purpose-built home with individual rooms and a range of communal facilities. There are two floors, each with their own shared spaces such as lounges and dining rooms. At the time of the inspection the upper floor was being used as a 'step-down' facility, allowing people to be discharged from hospital whilst care packages and additional support were organised.

People's experience of using this service and what we found
People were not always supported to receive their medicines appropriately and safely. We found some medicines had not been given and records were not always well completed. Cleanliness at the home needed to be improved and some additional elements related to the management of COVID-19 were not well managed. By the second day of the inspection action had been taken to address these issues. Risks, both in relation to care and the environment were monitored. Staff recruitment was undertaken appropriately. People and staff felt there were enough staff to support the current numbers living at the home, although there was a high reliance on agency staff due to recruitment pressures.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Records did not always evidence how staff followed the principles of the Mental Capacity Act. People's needs had been assessed prior to them coming to live at the home. People were supported to access appropriate food and fluids and meals were described as being good. The premises were in need of some updating and redecoration. Staff had received a range of training and development but had not always received regular supervision to support and monitor their practice. We have made a recommendation about this.

People told us they were happy with the care they received, and that staff were kind and helpful. People's day to day choices were considered when providing care and their views were considered. Staff had a good understanding of people as individuals and people were treated with dignity and respect.

Care plans were in place, but the quality of the information varied. Reviews of care varied in their quality. People told us activities were available but felt additional activity time would be welcomed. Visiting was supported during the pandemic, in line with government guidance. People's preferences and choices were considered. The home had a range of processes to support people communicating. End of life care was considered as part of the care planning process.

There were a range of audits and checks in place, although the issues identified at the inspection had not

been identified by these processes. A registered manager who no longer worked at the home was registered for the service. We raised this with the provider. Staff felt the service lacked strong leadership and direction. Some attempts had been made to involve people and staff in decisions about the running of the home. The home worked in co-operation with a range of other agencies.

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

Rating at last inspection
This service was registered with us on 18/5/2020 and this is the first inspection under the current provider.

Why we inspected
We initially inspected this service because the home was dealing with a COVID-19 outbreak and we wanted to assess the service in terms of infection control, prevention and management. 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. This included checking the provider was meeting COVID-19 vaccination requirements.

During the inspection we found a number of concerns outside of this initial focus and opened up the inspection to a full inspection of the service, covering all five domains.

We have found evidence that the provider needs to make improvements. Please see the caring, effective 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.

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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

The Ferns 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 one inspector.

Service and service type
The Ferns Care Home is a 'care home' without nursing care. 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 registered manager registered with the Care Quality Commission who no longer worked at the service. We asked the provider to address this. Registered managers 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. 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 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 three people who used the service and one relative who was visiting the home. We spoke with seven members of staff including the regional operations manager, the area support manager, two senior care workers, a member of the domestic staff, the head chef and the maintenance worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection under this new provider. This key question has been rated 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
• Medicine management was not always undertaken safely and effectively.
• Some people had been prescribed topical medicines (creams and lotions). Records relating to the application of these medicines were incomplete with some items not recorded as being applied since October 2021. We checked people's care plans but found no evidence these items had been withdrawn by a doctor or pharmacist.
• We found gaps in some medicine administration records (MARs). We could not always reconcile the number of items recorded as given with the number of items remaining, so could not be sure tablets and medicine had been given correctly.
• Some people were prescribed medicines 'as and when required.' We could not always find care plans to state when these medicines should be used. The provider told us they had recognised this and were currently writing new plans.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively and safely managed. This placed people at risk of harm. 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
• Systems relating to infection prevention and control were not always robust. At the time of the inspection the home was managing an outbreak of COVID-19.
• On the first day of the inspection we found frequent touch areas, such as light switches, door handles and handrails were not being cleaned more frequently to help prevent the spread of infection. We spoke with the provider about this. By the second day of the inspection new processes had been implemented to ensure these areas were regularly cleaned.
• A bathroom and the home's two sluice areas were used for storage and could not be cleaned appropriately. We spoke with the area support manager about this. On the second day of the inspection we found these areas had been cleared and the areas were now able to be cleaned appropriately.
• A shower area was in need of thorough cleaning. By the second day of the inspection this area had been deep cleaned. The area support manager told us this facility was due to be updated and refurbished in the near future.
• Staff were wearing PPE appropriately and we witnessed staff following correct procedures when supporting people with personal care who had a COVID-19 infection. Some agency staff were not always up to date with correct procedures for wearing PPE. We spoke with the provider about this and they acted

immediately and contacted the supplying agency.
• The home had a good supply of PPE available and there were donning and doffing station around the home and bins to dispose of used PPE.
• Visitors to the home were subject to checks to ensure they did not have any symptoms of COVID-19. All visitors were required to wear PPE.

Staffing and recruitment
• Staffing was an ongoing issue for the home.
• Staff and the area support manager told us there was a high use of agency staff at the home, due to recruitment difficulties across the care sector. Staff told us agency staff were helpful but required closer supervision and this sometimes made delivering care more time consuming.
• The area support manager showed us evidence they were actively recruiting and had 140 hours of support recruited and waiting to start, pending Disclosure and Barring Service (DBS) and other checks.
• People and relatives told us staff were attentive but were said agency staff were not always fully aware of people's personal needs.
• Recruitment procedures were undertaken safely and effectively including DBS checks and the taking up of two references.

Learning lessons when things go wrong
• There was some evidence that incidents and falls were reviewed.
• Individual incidents were reviewed, and recommendations made.
• Monthly reviews of falls primarily looked at numbers and did not always consider trends or try and identify factors that may mitigate future events. We spoke with the area support manager about this. They told us they would review the process and ensure it was more robust in the future.

Systems and processes to safeguard people from the risk of abuse
• The provider had in place a safeguarding policy and procedure.
• Where safeguarding issue had been identified the provider followed these procedures and worked with the local safeguarding adults team to investigate issues and, where necessary, make changes to ensure people were protected.
• Staff were aware of the types of abuse they should be alert to and how to report matters.

Assessing risk, safety monitoring and management
• Risk assessments were in place.
• Risks related to people's care were reviewed and monitored; such as skin integrity, weight loss and fluid intake. Where necessary, action was taken to address any concerns.
• Risks related to the environment were assessed. We saw regular checks were undertaken with regard the fire safety, water safety and electrical items. Regular fire drills were carried out at the home.
•People had personal emergency evacuation plans in the event of a fire or other untoward incident.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
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 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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• Not all conditions relating to the legal application of the MCA were being met.
• Some people living at the home had sensors in their room to alert staff if they got out of bed at night or stood up when sitting in their chair. Under the MCA these are considered a form of restriction. No consent documents or best interests decisions were in place to demonstrate MCA requirements had been fully complied with.
• One person living at the home was sometimes given their medicines in a covert manner (hidden in food or drink.) Whilst there was a letter from the person's GP to state this was in their best interests there was no evidence this had been considered as the least restrictive option or what alternative approaches had been considered.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate consent and best interests of people were safely and legally managed. This placed people at risk of harm or unlawful detention. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Where necessary the provider had made application to the local safeguarding authority for authorisation of

DoLS and these were reviewed and monitored.

Staff support: induction, training, skills and experience
• Staff had not always received the support they required when working at the home.
• The area support manager stated staff supervisions were not fully up to date.
• Records showed that several staff had not received regular supervision with a senior member of staff or manager. Two staff members had received no supervision sessions during the whole of 2021. Staff were unsure when they last had supervision, although the area support manager was in the process of arranging new supervision sessions and annual appraisals.

We recommend the provider review the provision of staff supervision at the home and ensure regular sessions are undertaken with each staff member in line with the provider's own policy.

• Records showed that staff received a range of training. The area support manager told us completion figures were slightly low because recently appointed staff were in the process of completing training. Staff told us they had completed a range of online training.
• There was evidence in staff files that new staff had been subject to an induction process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's day to day needs and choices were assessed and incorporated into the daily care they received.
• There was evidence an assessment had taken place prior to people coming to live at the home.
• Choices and preferences had been recorded in people's care documentation.
• People and relatives reported that staff supported people's choices and understood their particular needs.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat a balanced diet and had access to regular drinks.
• People's food and fluid intake was monitored, although it was not always clear whether completed information was reviewed on a daily basis.
• Care plans were in place around nutritional intake and people's weight was regularly reviewed and any concerns raised with health professionals.

Adapting service, design, decoration to meet people's needs.
• The home needed redecoration and updating.
• People, visitors and staff told us the home was in need of refreshing and redecoration. Some areas of the home lacked 'homely' touches, such as pictures on the wall.
• Some of the equipment was out of order and needed to be replaced.
• The area support manager said that approval had been given for the replacement of equipment and the upgrading of areas, such as shower rooms. They said there was a rolling programme of improvements planned. By the second day of the inspection new pictures had been hung in some corridors.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Care plans contained evidence the staff worked closely with other professionals to deliver effective care.
• There was evidence in people's care records they were supported to have access to a range of health care services.
• People and relatives told us staff would contact GPs and other health professional if they had concerns.
• During the inspection we noted a number of health professionals visiting the building to assess and treat people.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People received good day to day care and were treated with kindness and respect.
• People told us staff were attentive and kind and offered them help and support in a timely and appropriate manner. People said, "It is a good place. The staff are nice. Anything you want they get for you" and "The care is very good. The staff are fantastic."

Supporting people to express their views and be involved in making decisions about their care
• People were supported to make decisions about their care, as far as possible.
• Relatives told us they were involved in decision making and were contacted if there were any concerns about their relation's health.
• A recent 'resident / relative' survey had been undertaken. There were a significant number of positive comments about the care people received. A number of areas for improvement were noted including; the use of agency staff, redecoration of the home and improved activities. The provider was already taking action to address some of these matters.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity were fully respected.
• We witnessed staff supporting people in a manner that protected their dignity and offered them care in a discrete manner.
• People told us staff respected their privacy and they could spend time doing what they wished, either in communal areas or in their own rooms.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's care was planned in a manner that supported their individual choices and gave them control over their day to day lives.
• Care plans set out how people wished to be treated. The detail and focus of care plans varied with some being more person centred and individual than others.
• Care plans followed a set structure which meant people often had care plans for areas where no or minimal support was required. We spoke with the area support manager about reviewing care records to ensure care was targeted at people's needs.
• Care plans were reviewed monthly. Reviews were variable; some containing appropriate detail whilst others contained phrases such as, 'Remains appropriate.'

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People's communication needs were considered and referenced in assessments and care planning.
• Care plans detailed how staff should approach one person who was extremely hard of hearing. The plan described the best way to communicate with the person, including how to incorporate the need to wear face masks, which could hinder clear communication.
• Staff had a good understanding of people's needs and how best to involve them.

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
• The home supported people to maintain relationships with their friends and family.
• People and relatives told us the home had supported visiting during the pandemic. They confirmed that even though the home currently has a COVID-19 outbreak at least one relative was still able to visit each person.
• People and relatives told us there were some activities at the home, but they felt these could be increased. Staff said the activities co-ordinator worked hard to support people but felt additional hours may be helpful in the future.

Improving care quality in response to complaints or concerns
• The provider had a complaints policy in place.

• There had been no recent formal complaints. Previous complaints had been dealt with appropriately.
• People and relatives told us that they would speak with a senior member of staff if they had any concerns. They were confident any issue would be addressed.

End of life care and support
• People's care records contained information about their end of life care and last wishes.
• The area support manager confirmed that during end of life care relatives would have unrestricted visiting, in line with national guidance.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• Management of the service was not always consistent, and oversight was not always robust.
• The registered manager listed with the CQC had left the service around eight months previously. A more recent appointee to the post had also recently left the home. Senior managers in the provider organisation were providing oversight to the home.
• Checks and audits carried out at the home were not consistently undertaken or carried out with rigour. Manager daily walkaround documents contained minimal information and there was limited evidence that actions noted were followed up and addressed.
• Audits and checks had failed to highlight the issues found with medicines at the home, had failed to address the lack of supervision of staff and care plan audits had not highlighted to failure to act within the MCA.

Systems were either not in place or robust enough to demonstrate quality management was effectively implemented. This placed people and staff at risk of harm. This was a breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• There was a lack of consistent management at the home and no clear ethos for the home to develop around.
• Staff told us inconsistent management meant the service lacked strong leadership. They said things had started to improve now that senior managers were onsite.
• The area support manager told us the provider was looking to recruit a new manager as soon as possible and the selection process was already in progress.

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 provider and senior managers understood their responsibility under the duty of candour. There had been no incident where they were required to act on this duty.

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

• Attempts had been made to engage people and staff in the running of the home.
• A recent survey of relatives and people had highlighted good aspects of the service and where improvements were needed.
• A recent staff survey had been conducted by the provider across the whole of the organisation. The results of this survey were therefore generalised to the organisation rather than specific to the home.
• Regular staff meetings took place, although records did not always demonstrate staff were actively encouraged to raise issues or be involved in determining solutions to issues.
• Staff said they felt they could approach the current management and raise issues. They felt day to day support had improved.

Working in partnership with others
• There was evidence in people's care documentation that the service worked in collaboration with a range of services to support people.
• The service provided a step-down service in collaboration with the local health services, offering a place to discharge people from hospital whilst other care packages were established.
• The service worked closely with local authority commissioners, who undertook regular visits to the home.

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 11 HSCA RA Regulations 2014 Need for consent Proper processes and safeguards were not in place to ensure care was only provided with the consent of the relevant person and in line with MCA requirements. Regulation 11(1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way, and robust processes for the proper and safe management of medicines were not adhered to. Regulation 12(1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance System to ensure care was delivered in a safe and effective manner were not in place. Processes to assess, monitor and improve the quality and safety of services were not adhered to. Complete and contemporaneous records were not always maintained. Regulation 17(1)(2)(a)(b)(c)