

Burwood Care Home Limited

Fern Hill House Care Home

Inspection report

2-8 Todmorden Road
Bacup
Lancashire
OL13 9BA

Tel: 01706873466
Website: www.fernhillhousecarehome.co.uk

Date of inspection visit:
13 February 2018
14 February 2018

Date of publication:
05 April 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Fern Hill House Care Home on 13 and 14 February 2018. The first day was unannounced.

Fern Hill House Care Home provides accommodation and care and support for up to 24 people, some of who were living with dementia or mental ill health. There were 14 people accommodated in the home at the time of the inspection.

Fern Hill House Care Home is located on a main road close to the town centre facilities of Bacup. It is an older style property with facilities on three floors, which could be accessed by steep staircases or a number of chair lifts and a passenger lift. There was a small car parking area with a gated seating and smoking area to the front of the house.

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

At the time of our inspection the registered manager had not been managing the service since January 2018. A new manager had been recruited and was due to start working at the service from 26 February 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In the interim period the service was being managed by an area manager and a deputy manager.

At the last inspection on 7 and 10 March 2017 our findings demonstrated there were four breaches of the regulations in respect of risk management, care planning, maintaining the environment and a continued breach relating to quality assurance systems. Following the last inspection we met with the provider and asked them to complete an action plan to show what they would do to improve the service to at least good and to identify the date when this would be achieved.

Following the last inspection regular meetings had been held with the registered persons, CQC, the local authority safeguarding team and the commissioners of services. The clinical commissioning group medicines optimisation team, infection control team and local commissioners of services had worked with the provider, the previous and current management team and staff to support them with improvements. Following recent concerns the provider had voluntarily suspended admissions to the home until they, the commissioners and CQC were satisfied that significant improvements had been made. Following the inspection the providers met with the commissioners and an agreement was made to allow a restricted number of admissions to the home; we were told this would be kept under review. An action plan was available to support further improvements; this was regularly updated by the provider and shared with local

commissioners and CQC.

During this inspection we found improvements had been made to address the shortfalls in the environment and quality assurance and auditing systems. However, our findings demonstrated a breach of regulation relating to medicines management and continued breaches of regulation in relation to risk management and care planning. The home was rated as requires improvement in January 2016 and March 2017. This is therefore the third occasion the provider has failed to meet the regulations.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

There had been a lack of consistent management and a lack of effective communication which had slowed progress to make improvements. The current management team had been in post for a short time and it was clear that they and the staff had worked hard as a team to introduce changes and make improvements. People, their visitors and staff were happy with the improvements that had been made and considered the management of the service had improved recently.

Staff administering medicines had been trained and supervised to do this safely. The internal audits had noted shortfalls in the way people's medicines were managed. We found appropriate action had been taken in response to the audit findings. However, we found people's medicines were still not being managed safely and further improvements were needed.

We found there had been an improvement in the records relating to people's care and support and people's preferences and routines were recorded. We found the new care plan format and associated risk assessments had been introduced, although we found the care plans did not always provide staff with clear guidance and direction on how best to support people when their needs changed.

There were areas of the home that still needed attention although we noted improvements to the environment had been made; there was a plan in place to support this and ongoing improvements. The home was clean and bright and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. People told us they were happy with the improvements to the home.

Quality assurance and auditing processes had been improved to help the provider and the management team to effectively identify and respond to matters needing attention. Records showed that shortfalls had been recognised and had been followed up. The systems to obtain the views of people, their visitors and staff had also been improved.

A safe and robust recruitment procedure was followed to ensure new staff were suitable to care for vulnerable people. Arrangements were in place to make sure staff were trained and competent. People considered there were enough staff to support them when they needed any help. Staffing levels had been improved and were monitored to ensure sufficient staff were available.

People told us they enjoyed the meals and their dietary preferences were met. We observed meal times were a relaxed experience.

People told us they felt safe in the home and they were very happy with the service they received. People appeared comfortable in the company of staff. Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Communication between staff and visiting professionals had

improved.

Appropriate Deprivation of Liberty Safeguard (DoLS) applications had been made to the local authority and people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

We found people's access to appropriate and meaningful activities had improved and people were able to engage in varied and enjoyable activities both inside and outside the home. An activity person had been recruited. People were supported to maintain relationships with friends and family and supported to develop new friendships. There were no restrictions placed on visiting times for friends and relatives.

People told us they were happy and did not have any complaints. They knew how to raise their concerns and complaints and were confident they would be listened to. Appropriate action had been taken to respond to people's concerns.

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.

Risks to the health, safety and wellbeing of people who used the service were not always appropriately managed.

Sufficient numbers of staff were available to meet people's needs. Staff were recruited safely.

Accident and incident monitoring had improved to ensure people's safety.

People felt safe in the home and were protected against the risk of abuse.

People's medicines were administered by trained and competent staff but not always managed safely.

Is the service effective?

Good 

The service was effective.

Staff were provided with training and professional development. There were plans in place to improve the provision of supervision.

The standard of the environment had improved and a development plan was in place to support ongoing improvements. A system of reporting required repairs and maintenance was now in place.

People enjoyed the meals. Choices were offered.

People were supported to maintain good health and communication with health professionals had improved.

Staff had received training to improve their understanding of the MCA 2005 legislation. The records relating to people's capacity to make safe decisions and to consent to care had improved and were being improved further to ensure assessments were decision specific.

Is the service caring?

Good 

The service was caring.

People told us the staff treated them with care and kindness and we observed good relationships between staff and people living in the home.

People were encouraged to maintain relationships with family and friends. There were no restrictions placed on visiting.

Staff respected people's rights to privacy, dignity and independence. Where possible, people were able to make their own choices and were involved in decisions about their day.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People were receiving the care and support they needed however improvements were required to ensure this was reflected in their care plan. Care plans did not always provide staff with clear guidance and direction on how best to support people.

People had been involved in discussions about their care but not in the review of their care plan. Systems were being introduced that would improve this.

People's access to suitable activities had improved. They were able to engage in varied and enjoyable activities both inside and outside the home.

People had no complaints and felt confident raising their concerns and complaints with the manager or staff.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The service did not have a registered manager. There had been a lack of consistent management and a lack of effective communication which had impacted on the service and had slowed progress with improvements.

The current management team had been in post a short time and had introduced a number of recent improvements. There was an improvement plan in place to support the progress made and further improvements.

The systems to obtain people's views and opinions had improved and were being further developed.

The systems to assess and monitor the quality of the service in all aspects of the management had improved and were being further developed. Shortfalls had been recognised and had been followed up.

Fern Hill House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 February 2018 and the first day was unannounced. The inspection was carried out by an adult social care inspector who was accompanied by an expert by experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We had not asked for a Provider Information Return to be sent to us for this inspection. This is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team, the infection prevention and control lead, community nursing services, the local clinical commissioning group (CCG) medicines optimisation team and local commissioning teams.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the area manager, the deputy manager, three care staff, a chef and the activities coordinator. We also spoke with nine people living in the home and with three visitors. We observed care and support in the communal and dining room areas during the visit and spoke with people in their rooms. Following the inspection we spoke with a healthcare professional.

We looked at a sample of records including four people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits. We also looked at the most recent report from the medicines management team visit in September 2017. Following the inspection we

asked the area manager to send us some additional information. This was promptly provided.

Is the service safe?

Our findings

At the last inspection of March 2017 we found the provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found there was insufficient information to guide staff on how to manage individual risks in a consistent manner and there was no evidence to support incident and accident records were analysed or investigated. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found records were maintained of accidents and incidents. The records were being analysed each month in order to identify any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences. We saw an example where the analysis had shown an increase of falls at night. We noted appropriate investigations and actions had been taken which included providing improved lighting and the provision of handrails in certain areas of the home.

We looked at three people's risk assessments. We found there had been some improvements made to the way potential risks to people's safety and wellbeing had been assessed and recorded in their care plans. The assessment information was based on good practice guidance in areas such as falls, mobility, skin integrity and nutrition.

However, we found risk assessment information was inconsistent and had not always been updated following professional advice; therefore the level of risk was not always in line with recorded risk levels in the care plan. For example, one person's assessment did not consider the risk of choking which resulted in a lower nutritional risk level; this had not been reviewed since September 2017. Skin integrity had been scored 'medium risk' in a home assessment but it was not clear how this risk had been determined and scored 'at risk' using a recognised skin integrity assessment tool; information in the care plan indicated a 'high risk' of skin breakdown. In addition the risk assessments had not been reviewed since September 2017. A falls assessment tool indicated a 'high risk' whilst a home assessment indicated a 'medium risk'; both assessments were completed in September 2017 and not reviewed since. The lack of consistency in the scoring and lack of review could lead to inappropriate care and treatment being provided.

We found one person's mobility and dietary needs had changed but skin integrity, falls and nutritional risk assessments had not been updated to reflect the current risks. This meant staff did not have clear and accurate guidance on how to manage risks in a consistent manner without restricting people's freedom, choice and independence.

The provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found individual assessments and strategies were in place to help identify any triggers and guide staff how to safely respond when people behaved in a way that challenged the service. Behaviour monitoring

records were in place although it was not clearly documented the causes that had triggered one person's aggression. Records confirmed staff had received training in this area which helped to keep them and others safe from harm. During our visit we observed staff promptly responding to, and resolving difficult situations in a quiet and calm manner.

Environmental risk assessments had been undertaken in areas such as fire safety, the use of equipment and the management of hazardous substances; these were currently being updated.

We looked at how the service managed people's medicines. The local CCG medicines optimisation team had provided the managers and staff with advice and support. Prior to the inspection we were told there were still concerns relating to medicine management, including medicines signed for but not given and the recording of external medicines. There were also concerns that staff had not yet accessed the medicines management training provided by the local clinical commissioning team.

We looked at seven people's Medication Administration Records (MARs). We found one person had been prescribed medicines to be applied as a patch; there were no records to determine the site of application or to check the patch was still in place. We noted gaps on the MARs where the appropriate codes had not been used; this meant it was unclear why the person had not received prescribed medicines. One person was prescribed a three monthly injection but it was difficult to determine when the next dose was due. The administration of 'when required' medicines was supported by clear protocols on all but one MAR. However, the information needed to be improved to help staff recognise when people, who were unable to vocalise, were in pain. People's care records included information such as allergies but needed to be completed in more detail.

We looked at how the application of external medicines such as creams were managed. We found the directions were unclear and stated 'apply to the affected area' and 'as directed'; it was difficult to determine where the cream was to be applied as there were no body maps in place. Cream charts in people's rooms were incomplete which meant it was difficult to determine whether creams had been applied. The deputy manager had identified these shortfalls during an audit in January 2018 and had recently introduced new records to improve this matter.

We counted three people's medicines to check whether the amounts corresponded with the MARs, we found discrepancies in the amounts on all three medicines ranging from two to four tablets. This meant people had not received their medicines as prescribed. We discussed this with the deputy manager who advised this had been recognised at a recent audit and weekly tablet counts had been introduced. However, as a result of our findings a daily medicine count was immediately introduced.

Auditing systems were in place and shortfalls had been identified during the 20 January 2018 audit which included gaps on the MARs and medicine amounts not being accurate. We noted weekly counts of a sample of medicines had been introduced to address this issue. In addition, recommendations had been made by the CCG medicines optimisation team that had not yet been acted on. The deputy manager was aware of most of the shortfalls and was taking appropriate action to address them.

Our findings demonstrated the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed morning and lunchtime medicine rounds and saw staff provided people with patient and considerate support. There were processes in place for the receipt, ordering, administration and disposal of

medicines. Appropriate arrangements were in place for the management of controlled medicines which are medicines which may be at risk of misuse. We checked two people's controlled medicines and found they corresponded accurately with the register.

Handwritten entries had been witnessed, medicines were clearly labelled and were dated on opening and carried forward amounts from the previous month were recorded. This helped to monitor whether medicines were being given properly. We found copies of any ordered medicines were available and medicines received were checked by two staff and recorded on the MAR. Medicines were stored appropriately.

A photograph identified people on their MAR and any allergies were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to the person. People had consented to either their medication being managed by the service or whether they were able, or wished to, self-medicate. We were told there were no people who were managing their own medicines. There was a system to ensure people's medicines were reviewed by a GP that would help ensure people were receiving the appropriate medicines.

Staff who administered medicines had received training. They told us regular checks of their practice had been undertaken to ensure they were competent to administer medicines; records were available to support this. The area manager told us checks on staff competency were being re-assessed using a new, more detailed assessment tool. Policies and procedures were in place but were under review as they were not reflective of the current system in use. The deputy manager was due to contact the community pharmacist for guidance.

Prior to the inspection we were told records were not stored securely and records had gone missing. We were also told the storage of records had been reviewed in response to this information and lockable storage had been provided. During the inspection we noted one person living in the home picking records up from the staff desk in the entrance hall. We discussed this with the area manager who was considering alternative arrangements to ensure people's records remained secure and confidential at all times.

As referred to in this inspection report, we found care plans were not always reflective of the care that people were receiving, there were gaps in the recording and administration of medicines, cleaning schedules were incomplete and records of meals served were not maintained; we were also told that following changes to the manager, five recruitment records and records of competency assessments were missing. We spoke with the area manager and deputy manager and looked at recent audits and action plans. Recent audits and improvement plans confirmed the shortfalls in record keeping had been identified, timescales for compliance had been set and progress was being made to address the issues.

People told us they felt safe. They said, "I am looked after well", "I do feel safe here; someone is always around", "They treat me very well" and "Of course I am safe." Visitors said, "I feel [family member] is very safe here" and "My [family member] is safe and cared for."

Staff had safeguarding vulnerable adult's procedures and whistle blowing (reporting poor practice) procedures to refer to. Safeguarding procedures are designed to provide staff with guidance to help them protect people from abuse and the risk of abuse. Staff had received safeguarding training and additional training was being provided. There was a designated safeguarding champion in the home that provided advice and guidance to other staff in this area. However, there were concerns that staff had not attended the external safeguarding champion's hub to further update and increase their knowledge.

Staff we spoke with understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. They told us they would have no hesitation in reporting any concerns either to the management team or to other agencies; they were confident the current management team would listen and respond appropriately to their concerns. Prior to the inspection the local authority told us they were reviewing the outcomes from a number of previous safeguarding incidents following concerning information received. The current management team was clear about their responsibilities for reporting incidents and safeguarding concerns and were working in cooperation with other agencies. Action to be taken and lessons learned from incidents had been discussed with staff during meetings. Arrangements were in place to respond to external safety alerts to ensure people's safety.

People using the service, their visitors and staff told us there were sufficient numbers of staff to meet people's needs in a safe way. People made positive comments about the staff. They described them as being 'very good', 'understanding', and 'patient'. They told us, "There have been a few changes but everything is settling down" and "The staff changes have been difficult but things are better now." Staff told us, "We have enough staff for the numbers of people in the home" and "Things here are much more settled."

Prior to the inspection we were told there had been concerns regarding the numbers of available staff and the management and deployment of staff. The area manager told us there had been recent changes made to the staff team and once the domestic staff started they would be fully staffed. They said concerns regarding the availability of staff had been discussed at recent meetings and changes were being made to improve this shortfall.

We looked at the staffing rotas and found a designated senior carer was in charge with two care staff throughout the day and a senior carer and a care staff at night. A cook was available every day until late afternoon; care staff served and at times, prepared the evening meal. A cleaner had been recruited to work five days each week; care staff were undertaking cleaning and laundry tasks in the interim period. An activities person worked five shifts during the week. The deputy manager worked in the home five days each week and the area manager was available in the home three to four days each week; they provided on call out of hours support. Any shortfalls due to leave or sickness were covered by existing staff which ensured people were cared for by staff who knew them.

Recruitment and selection policies and procedures were available. However, they needed further review to ensure they reflected a safe and fair recruitment and selection process. The area manager assured us this would be actioned. We looked at the recruitment records of three members of staff and found appropriate employment checks had been completed before they began working for the service. Checks included a full history of employment, suitable references and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Information regarding the applicant's physical or mental health conditions had been requested prior to the interview, we therefore questioned whether this met the requirements of employment law legislation around potential discrimination. The area manager assured us this would be reviewed in line with recent legislation.

Financial protection measures were in place to protect people; for example, staff were not allowed to accept gifts and assist in the making of, or benefiting from people's wills. We noted there were systems in place to respond to concerns about staff's ability or conduct. We found good evidence that the procedures had been used when shortfalls in staff practice had been found.

We looked at the arrangements for keeping the service clean and hygienic. Following the last inspection visit the local authority infection prevention and control of infection lead nurse had visited the service and

provided the management and staff with advice and support. An action plan had been developed to support them with needed improvements. Prior to this inspection we were told the standards of cleanliness fluctuated day by day; we were told hand washing products and paper towels were not always available in the bathrooms and the sinks were not clean.

People and their visitors told us the cleanliness of the home had improved recently. They said, "It is much brighter and cleaner" and "The staff work hard to try and keep everything clean. I don't think we have a cleaner anymore". A visitor said, "It wasn't clean before but it has improved."

We found most areas of the home to be clean and odour free although we found attention to detail was lacking. We found paper towels unavailable in the sluice, a bedroom and two of the bathrooms, a window ledge was dirty, debris was noted around taps and plug holes, one toilet did not have any toilet paper although this was addressed at the time and records of room checks were not always completed. We discussed these matters with the area manager and deputy manager. We were told the home did not have domestic staff and care staff were currently responsible for cleaning and laundry tasks. We were told domestic staff had been recruited and were shown a revised and detailed cleaning schedule that they would use which would be monitored by the manager. Following the inspection we were advised the domestic staff had commenced on 21 February 2018. We noted areas of the kitchen needed attention although a deep clean was underway and completed following the inspection.

We were told infection control policies and procedures were available for staff to refer to and records showed staff had received training in this area. Staff were provided with protective wear such as disposable gloves and aprons; suitable hand washing products were available to help prevent the spread of infection. There were contractual arrangements for the safe disposal of waste. There were plans to appoint a designated infection prevention and control lead who would be responsible for conducting checks on staff practice in this area and for keeping staff up to date. The laundry was organised with sufficient equipment to wash and dry people's clothes.

We looked at how the safety of the premises was managed. We found documentation was in place to demonstrate regular health and safety checks had been carried out on all aspects of the environment. We saw equipment was safe and had been serviced at regular intervals. Training had been provided to support staff with health emergencies, fire safety and the safe movement of people. We observed people being supported safely and appropriately during the inspection; we observed staff offering reassurance when needed. Regular fire alarm checks and regular fire drills had been recorded to ensure staff knew what action to take in the event of a fire. Each person had a personal evacuation plan in place which assisted staff to plan the actions to be taken in an emergency.

We saw there was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. The home had been awarded a five star rating for good standards of food hygiene practices in March 2017. There was key pad entry and we observed one person entering and exiting the home freely. Visitors were asked to sign in and out which would help keep people secure and safe

The provider had improved the arrangements for the ongoing maintenance and repairs since the last inspection. There were systems in place to ensure any requests for maintenance or repair were promptly responded to. A maintenance person visited the home twice each week or when repairs or maintenance were urgent. Records showed a number of the shortfalls noted during our inspection had been recorded and appropriate action was being taken.

There was a development plan for the next 12 months; we noted improvements and maintenance were

discussed at the manager's meetings. We found the development plan had been updated in response to findings from recent audits and checks. Clear timescales and the person responsible for any action, were recorded.

Is the service effective?

Our findings

At the last inspection of March 2017 we found the provider had failed to provide a safe and properly maintained environment for people to live in. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found some areas of the home were in need of improvement and shortfalls noted during our inspection were not recorded. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we looked around the home and found improvements had been made and other improvements were underway. We did not enter all areas but found it to be bright and generally well maintained. Aids and adaptations had been provided to help maintain people's safety, independence and comfort. All of the bedrooms were single occupancy. People, or their visitors, told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. Bedrooms were provided with hand wash basins. Bathrooms and toilets were located near to communal areas and were suitably equipped. We observed visitors meeting with their family members in their bedroom, in the entrance areas or in the lounge areas.

Corridors were light and clear of any obstructions; there were plans to fit corridor hand rails. The home was on different levels and a passenger lift and three stair lifts were available to provide access to all areas. Signage and improved lighting had been provided to alert people to a number of steep stairways. We were told most people used the passenger lift and those who used the stairways, did so safely. We were also told access to the stair ways were considered as part of people's pre assessment and also as part of people's changes in mobility and safety. We discussed including this in the new service user guide and reviewing and updating individual risk assessments and taking appropriate action in response to this. The area manager and deputy manager assured us this would be completed.

We found a plan for redecoration and refurbishment of the service was underway and progress had been made with improving the environment. Communal areas and five bedrooms had been redecorated and refurnished to date and work was ongoing as part of the improvement plan; new lounge armchairs and side tables were on order. New brighter lighting had been provided throughout the home, replacement flooring provided in bedrooms, a specialised washing machine had been purchased, automatic door closures had been fitted to lounge/dining room doors and carpeting had been replaced to corridors. However, further improvements were needed such as repair of furniture handles and broken window blinds; the management team were aware of this and appropriate action was being taken. People and staff were happy with the improvements made so far. One person said, "The decoration has improved and the home is certainly brighter but it is still a bit sparse. Some of the blinds don't work and the curtains don't close."

Some of the people in the home were living with dementia. We noted pictures and other items of interest such as old photographs or information about the local area were displayed on the corridor and communal walls. Some of the bedroom doors were easily identified by a colour, the name of the person and a familiar picture or photograph; this helped people, particularly those living with dementia, to recognise their

bedrooms. Appropriate signage and coloured doors were in place for bathrooms and toilets. The area manager was the 'Dementia Champion' and described the improvements planned such as additional signage, themed corridor areas and dementia friendly toilet and bathroom areas.

People told us they were satisfied with the service they received and felt staff had the skills they needed. They said, "They really look after me well, I'm feeling a whole heap better" and "They know what they are doing. I don't have any worries about that." Visitors commented, "The staff are very nice and [family member] seems very happy and content here" and "[Family member] is happy and that makes me happy."

There was currently a voluntary restriction on admissions to the home. There had been no recent new admissions to the home in order to enable improvements to be implemented and sustained. We discussed the pre admission assessment process with the area manager. Before a person started to use the service, a thorough assessment of their physical, mental health and social needs would be undertaken to ensure their needs could be met. Most people, or their relatives, were enabled to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff were able to determine whether the home was able to meet their needs.

Prior to the inspection we were told there had been shortfalls in staff skills and knowledge in areas such as catheter care, safeguarding and medicines management. We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a range of training in the form of classroom training and e-learning. We noted their knowledge was tested by undertaking a written or practical assessment. Additional learning was being sourced in response to any gaps in staff knowledge.

Following the inspection we asked the area manager to send us some additional information as the training matrix was not up to date and indicated shortfalls in the provision of training. Training included infection control, food hygiene, first aid, fire safety, moving and positioning, safeguarding vulnerable adults, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, end of life, dementia awareness and behaviour that challenged the service.

Staff confirmed they received sufficient training that was useful and beneficial to their role. One member of staff said, "We get a lot of training; it is much better." Staff had either completed a nationally recognised qualification in care or were currently working towards one. The area manager was aware that training and induction for new staff needed to be linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

New staff received induction training that included an initial orientation to the service, a review of the provider's policies and procedures and completion of the provider's mandatory training. This included a period of time working with more experienced staff until they were confident they had the skills to work independently; staff confirmed this.

From our discussions and from looking at records we noted gaps in the provision of one to one staff supervision and support. One to one staff supervision sessions helped identify shortfalls in staff practice and the need for any additional training and support. The deputy manager was aware of this shortfall and a plan was in place to ensure all staff received regular support from January 2018. Staff told us they felt supported by the management team. They told us more regular staff meetings had been introduced and they had been able to express their views and opinions and to be updated with recent changes. They told us they were involved in the development and improvement of the home.

During this inspection we found staff morale had improved; they were up to date and happy with recent improvements. Staff told us, "We get involved in the changes" and "We are asked what we think."

Prior to the inspection we were told there had been communication issues and not all staff were aware of people's changing needs. We noted this had been discussed during recent staff meetings and as a result new systems had been introduced which included regular and more thorough handover meetings and handover records and communication diaries; this helped keep staff up to date with people's changing needs and the support they needed. Staff spoken with had a good understanding of people's needs.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. There were policies and procedures to support staff with the MCA and DoLS which were being reviewed. Records showed staff had received training in this subject and further training was being undertaken; this would help improve staff understanding of the processes relating to MCA and DoLS. We were told 12 applications had been submitted to the local authority for consideration. One person had an authorisation in place. Information relating to any agreed restrictions was included in the care plan; we were told the way information was recorded in was being improved.

At the last inspection we recommended the service sought advice regarding recording people's capacity and their ability to make decisions about their care and to keep this under review. During this inspection we found people's capacity had been assessed and people's capacity to make specific decisions about their care and support was referred to in their care plan. This needed to be provided in more detail to ensure all staff acted in people's best interests and considered their choices. We did note best interest decisions were recorded where a person had been assessed as lacking capacity to make specific decisions in relation to medicines.

We observed staff asking people for their consent before they provided care and treatment such as with administering medicines or with moving from one part of the home to another. Staff told us they understood the importance of gaining consent from people. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person. People's consent was recorded in areas such as information sharing, personal care, involvement, medicine management and taking photographs.

We noted one person had a do not attempt cardiopulmonary resuscitation (DNACPR) decision in place. The person's doctor had signed the record and decisions had been taken in consultation with relatives and relevant health care professionals. A DNACPR decision form in itself is not legally binding. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. The management team were aware that care plans needed to reflect the person's decisions to ensure all staff were aware of their preferences in relation to this.

We looked at how people were protected from poor nutrition and supported with eating and drinking.

People told us they enjoyed the meals and they could have other choices. They told us, "The food is excellent, improved about 2000% in eight or nine months", "The food is not as good here as it was at (previous service) but it's passable", "There's a good variation of food, the menu's very good. At one time there was no variation at all", "All the food is very good; I was pleasantly shocked by what I can have for breakfast" and "I always enjoy my meals; I can have as much as I want."

During our visit we observed breakfast and lunch being served in the main dining room and in other areas of the home if people preferred. We observed people enjoyed their meals and making positive comments such as, "It's lovely this" and "I'm really enjoying this". Alternatives to the menu were provided. The meals looked appetising and the portions varied in amount for each person; one person's meal was provided on a smaller plate to encourage them to eat. People were provided with extra helpings. People asked for pancakes for tea; the menu was changed to arrange for this request.

We observed people being supported and encouraged to eat their meals at their own pace and we overheard friendly conversations during the lunchtime period. The main menu was displayed in the dining room and people were asked for their choices each day. The dining tables were appropriately set and condiments and drinks were made available. Protective clothing was provided to maintain people's dignity and independence. We observed drinks and snacks being offered throughout the day.

Prior to our inspection we were told one person was not receiving their dietary preferences. We looked at the records of meals served and found they had not been maintained; this made it difficult to determine whether people's dietary choices and preferences had been provided. Information about people's dietary preferences and any risks associated with their nutritional needs was shared with kitchen staff and maintained on people's care plans. We were told records would be made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs related to their health. Records showed that the nurse practitioner and district nursing team regularly visited the service and monitored the care and treatment of people in their care; appropriate referrals were made to a variety of healthcare agencies. Prior to the inspection we were told communication with visiting health care professionals needed improvement to ensure people's health needs were met safely. During this inspection we found this had improved. A healthcare professional told us, "Communication has improved; they are actively contacting us." A relative considered their family member's health care was managed well.

Information was shared when people moved between services such as transfer to other service, admission to hospital or attendance at health appointments. People were accompanied by a record containing a summary of their essential details and information about their medicines; where possible, a member of staff or a family member would accompany the person. In this way people's needs were known and taken into account and care was provided consistently when moving between services.

Is the service caring?

Our findings

People told us the staff treated them with care and kindness. Their comments included, "Generally the staff are really, really good; very thoughtful. A couple need geeing up to get them going", "The staff are nice, I like [staff member] a lot", "I like the staff very much, they are very kind" and "Staff are kind to me." Visitor's comments included, "They treat [family member] kindly and with care and patience; I am very grateful for that."

Recent compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met.

Prior to the inspection we were told staff tended to sit in the entrance rather than interacting with people. During this inspection we observed staff taking time to chat with and listen to people; we also noted staff chatting to each other in the entrance. We noted this had been discussed with staff as an area for improvement and a staff room was being organised to discourage staff from taking breaks in the communal areas.

People appeared comfortable in the company of staff. We observed good relationships between staff and people living in the home and overheard laughing and words of encouragement during our visit. There was a key worker system in place which provided people with a familiar point of contact in the home to support good communication; this was being further developed. Throughout our visit we observed one person regularly became unsettled. We observed staff responding promptly and in a kind and patient way.

People confirmed there were no restrictions placed on visiting and visitors told us they were made welcome in the home. Visitors said, "I can come anytime and am kept up to date about [family member]" and "I am welcome anytime and am involved in things that are going on."

People were treated with dignity and respect. There were policies and procedures for staff about caring for people in a dignified way which helped staff understand how they should respect people's privacy, diversity, dignity and confidentiality in a care setting. People were dressed appropriately in suitable clothing of their choice; we observed staff taking time to compliment people on their choice of dress. Daily records were maintained of how each person had spent their day; they were written in a respectful way.

People's wishes and choices with regards to spiritual or religious needs and receiving personal care from female or male carers was recorded. People confirmed they were able to attend religious services in the home. However, we noted people's ethnicity and sexual orientation was not recorded in their care documentation; this meant staff may not be aware of people's diversity or acknowledge people's right to be free from discrimination. The management team told us this information would be considered as part of the pre-admission assessments and care planning going forward.

People were supported to be comfortable in their surroundings and told us they were happy with their bedrooms, which they were able to personalise with their own possessions. People told us they could spend

time alone if they wished and confirmed staff respected their privacy. They told us staff knocked on their doors and waited to enter; we observed this during the inspection. Two people had keys to their bedroom doors and one person had been provided with a key fob to allow free access to enter and leave the home. One person reported they were unable to lock their bedroom door from the outside; this was discussed with the area manager who took appropriate action to ensure the person's right to privacy was respected.

Where possible, people were able to make their own choices and were involved in decisions about their day; they confirmed there were no rigid routines imposed on them that they were expected to follow. One person said, "I've only just got up. I've had a lie in today but I can still have what I want for breakfast." Staff were observed encouraging people to do as much as possible for themselves to maintain their independence. We observed one person choosing to walk a short distance rather than use their wheelchair; staff provided a non-slip mat for them to stand with and then followed at a safe distance with the wheelchair. We noted one person had been provided with daily support from staff to improve their mobility following a recent injury. A relative said, "[Family member] needed regular exercise following the operation. [Family member] was encouraged to do the exercises and was quickly up and about."

We observed people were involved in day to day decisions, for instance how they wished to spend their time, the clothes they wore, the music they preferred and what meals they wanted. People were encouraged to express their views by means of daily conversations and meetings; we were told satisfaction surveys would be sent out March 2018. Records showed people were asked for feedback about the staff that supported them; this was shared with staff during their one to one supervision sessions.

At our last inspection we noted people were provided with an information guide about the service that was inaccurate and gave people the wrong impression about the facilities available. During this inspection we found people were provided with a brief information leaflet that referred to what people might expect during their stay; complaints information was also included. The area manager told us a guide to the service and the website was being developed and would be shared with people in a format they understood. People needed this information to understand their rights and responsibilities whilst staying at Fern Hill House Care Home.

Information was displayed on the house notice boards and informed people about how to raise their concerns, any planned activities, useful information, events in the local community and information about advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members. At the time of the inspection we were told there was no one using this service.

Is the service responsive?

Our findings

At the last inspection of March 2017 we found the provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found insufficient detail to ensure people received personalised care and support in a way they both wanted and needed and the records did not always reflect the care and support they were receiving. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we looked at three care plans and associated records and found some improvements had been made. The improvement plan indicated all care plans would be reviewed and subject to regular audits from March 2018. We found each person had an individual care plan which was underpinned by a series of risk assessments. The care plans were organised and included valuable information about people's likes, dislikes, preferences and routines which would help ensure they received personalised care and support in a way they both wanted and needed. Each person also had an overview care plan which was reviewed each month; this meant staff were kept up to date with people's needs and preferences.

However, the care plans did not always provide staff with clear guidance and direction on how best to support people when their needs had changed. For example, dietary recommendations made by a health professional had not been updated in one person's care plans or in the information shared with the kitchen. This meant professional advice may not be followed. Another person had needed exercises following a period in hospital; we were aware an exercise plan had been followed although this was not included in the care plan. One person's needs had recently changed and staff were aware of the changes but care plans were not reflective of the care being given. Another person's weight care plan referred to loss of weight but a record of weight for January 2018 referred to an increase in weight. End of life wishes and night routines had not been recorded on all three care plans.

The provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives spoken with said they were kept up to date and involved in decisions about care and support. They were being involved in providing useful information about their preferences, interests and routines for a 'This is Me' record. However, formal evidence of their involvement in reviews had not yet been documented for some people. The area manager and deputy manager told us the format of all care plans had needed to be reviewed and would be completed by end of February 2018. They would then be in a position to encourage people, or their representative, to be more involved in the review of the care plan. People would be invited to discuss and review the content of their care plans.

Prior to the inspection we were told communication between staff needed improvement to ensure people's care and support needs were met. During this inspection we found this had improved. There were systems

in place to ensure staff could respond to people's changing needs. This included a handover meeting at the start and end of each shift, the use of communication diaries and handover sheets. The handover sheet had been revised to include diet and fluids, choices, mobility, communication, changes in need and any concerns. There was also a communication record maintained to demonstrate health care visits had been requested and any outcome from the visits. Staff considered communication had improved since our last inspection visit.

People were happy with the personal care and support they received and made positive comments about the staff. People living in the home told us they didn't know about the complaints procedure. However, they knew who to speak to if they had any concerns or complaints and could raise their concerns with the staff or with the area manager. People said, "The care workers are really nice, helpful and considerate. They are really nice girls; they don't fob you off if you ask something" and "I'm happy enough here, I don't have any need to complain." Visitors said, "I have spoken up when things weren't right; they have sorted it out." Staff said, "The care plans have improved; the information is much better" and "There are more things going on now."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted there was a complaints procedure displayed in the entrance of the home. Since the last inspection there had been nine complaints made about this service, eight of them had been redirected to the local authority safeguarding team and were referred to separately in this report. Concerns had related to food, clothing, conduct of staff and standards of care.

Where complaints had been responded to by the home, we noted records showed appropriate and timely action had been taken. The information had been shared with the provider and discussed with staff to help improve the service and to prevent any re-occurrence.

We saw complimentary comments had been received about the service. Comments included, "We would like to thank everyone for the kindness and care that was given to [family member]", "Thank you for everything you have done for [family member] and us" and "Thank you does not come close to how we feel."

The service had employed a person responsible for organising activities. From our discussions and from looking at records we found people were able to engage in varied and enjoyable activities both inside and outside the home. Activities included, painting, singing, games, external entertainers, shopping, visits to the local dementia café and one to one time. One person told us about the 'zoo' visit the day before where they had been able to handle rats and snakes. Other people told us they enjoyed spending time in their bedrooms and that their choices were respected. A visitor told us, "They actually brought a dog in for the residents and took it upstairs to [family member]. [Family member] actually remembers it and loved seeing it."

On the day of our visit we observed people participating in a game of throw and catch; staff encouraged people to join in and we overheard much laughter and banter. Another person was pairing socks and folding linen. Appropriate music was playing in the lounge; we observed people singing along, tapping their feet and clapping. One person said, "I was brought up on these songs." We observed one person moving freely in and out of the house and another person attending the local hairdressers with their visitor. One person told us the hairdresser visited fortnightly.

People were supported to maintain relationships with friends and family. People were also actively encouraged and supported to maintain local community links and develop new relationships. For example,

people visited local shops and attended the local dementia café, either with staff or with their visitors, where they could have a drink and a meal, participate in appropriate activities and meet other people.

Where possible, some people's choices and wishes for end of life care were being recorded and communicated to staff. However, we noted the information in the care plan needed to include more information and to be kept under review. Where people's advanced care preferences were known, they were shared with GP and ambulance services. The area manager told us the service intended to maintain and develop good links with specialist professionals; staff were supported to develop their knowledge, skills and confidence to deliver end of life care.

We checked if the provider was following the Accessible Information Standard. The standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted information was displayed on notice boards and some of the information was in larger print or picture format. A guide to the service was being developed; we were assured that the guide would be made available in various formats. This would ensure that all people using the service could understand the information. Consideration was being given to improving the accessibility of information for people. The use of technology had been considered, for example there was broadband and Wi-Fi that was accessible to people who lived in the home.

Is the service well-led?

Our findings

At the last inspection of March 2017, we found the provider had failed to operate effective quality assurance and auditing systems. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found the shortfalls identified by the quality monitoring systems had not been addressed within agreed timescales and where action was needed it was not always clear who would be responsible, within what timescales or whether the action had been followed up. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found the systems to assess and monitor the quality of the service in all aspects of management had improved and were being further developed. We noted checks had been completed on areas including medicines management, housekeeping, environment, maintenance, fire safety, health and safety, accidents and incidents and infection prevention and control. Audits on care plans had commenced following a review of the format of them; we were told four plans had been fully audited and there were timescales to complete this task by end February 2018.

Records showed that shortfalls had been recognised and had been followed up. For example, the January audits showed fire drills had not been recorded since November 2017, first aid boxes were not stocked, furniture was being used to wedge doors open, handovers were too brief and gaps were found in medicine and cleaning records; appropriate action had been taken to address the shortfalls. Audits had also been undertaken by a registered manager from another home and areas identified for improvement had been included in the improvement plan for action and kept under review.

The service did not have a registered manager who was responsible for the management of the service. There had been changes made to the registered manager and senior management since the last inspection. A new registered manager had been employed from July 2017 but left in January 2018. This meant there had been a lack of consistent management and a lack of effective communication which had slowed progress to make improvements. The recent management changes had also had a negative impact on the care people were receiving which resulted in serious concerns being raised in December 2017.

From December 2017 a deputy manager (employed in January 2018) and the area manager were responsible for the day to day management of the service and had worked hard to make the necessary improvements. Following the inspection we were told a new manager had started work in the home on 27 February 2018.

The current management team had kept us up to date with progress made and had been open and transparent regarding any shortfalls. They were working closely with local authority commissioners to improve the service. Following the last inspection regular meetings had been held with the registered persons, CQC, the local authority safeguarding team and the commissioners of services.

We were told the directors were fully supportive and involved in the plans for improvement. The area

manager met with the directors each week to discuss all aspects of the day to day operation of the service. Managers from each of the homes in the organisation, the area manager and the directors attended monthly meetings. Meeting minutes showed the directors had been kept up to date with concerns and complaints, audit findings, repairs and refurbishment, staffing, training and meetings. Action plans had been developed and included in the overall improvement plan.

We observed the deputy manager and area manager were visible and active within the home interacting warmly and professionally with people, visitors to the home and with staff. There was a quality improvement plan in place which was kept under review and updated with the necessary and planned improvements. Planned improvements included developing a dementia friendly environment, involving relatives in dementia training, introducing more person-centred care plans, observing staff practices and developing staff. Staff told us they and people living in the home had been involved in discussions regarding any changes.

We noted the relationship between the management team and staff and people living in the home had improved and the atmosphere in the home was more relaxed since the last inspection. People made positive comments about the management team and staff and about improvements made to their home. They said, " [Area manager] is a nice person. He's doing up this place and he's got the others to sort out too", "The situation has been difficult but they are open and honest", "I can't fault the place, it's come up in leaps and bounds", "It's getting there and they are definitely trying to improve things. I'm hoping the new manager will continue in the same vein", "Things are improving day by day" and "I can talk to the manager at any time." A health care professional said, "They seem to be trying."

People told us they were encouraged to share their views and opinions about the service. People felt their views and choices were listened to and they were kept up to date with the recent changes. A relative's meeting had been held in February 2018 but was poorly attended; we were told regular letters would be sent to people's families to keep them up to date. We were told customer satisfaction surveys would be sent out in February 2018 and the results would be shared with people. A suggestion box was available in the entrance; we were told only the area manager and directors could access the box. These combined processes would help to monitor the quality of the service offered.

During the inspection we found staff were positive and happy with the changes and improvements made by the management team. They said, "I really enjoy my job", "I love it here", "I have a really rewarding job", "It was tough at Christmas but things have improved", "We're not there yet but we are getting there" and "The care has improved with good leadership."

Staff meetings had taken place and records showed they had been kept up to date and were listened to. Areas for discussion had included: safeguarding, staff conduct, concerns, activities, training, care, handover and cleaning. Staff surveys had been sent out in December 2017 with positive responses returned. Staff were provided with job descriptions, contracts of employment and policies and procedures which would make sure they were aware of their role and responsibilities; further improvements were being made in this area. Staff were aware of who to contact in the event of any emergency or concerns. If the manager was not present, there was always a senior member of staff on duty with designated responsibilities.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the manager had appropriately submitted notifications to CQC and other agencies. Information from accidents and incidents, action plan audits, complaints and safeguarding alerts were analysed to help identify any patterns or areas requiring improvement and shared with the staff team at

monthly meetings to look at lessons and learned. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

We noted the service's CQC rating and a copy of the previous inspection report was on display in the home. This was to inform people of the outcome of the last inspection.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences. Regulation 9 (3) (b)</p>

The enforcement action we took:

As the service had been requires improvement for a third time we imposed a condition advising the provider what action was needed and by when

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. Regulation 12 (2) (a)</p> <p>The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g).</p>

The enforcement action we took:

As the service had been requires improvement for a third time we imposed a condition advising the provider what action was needed and by when