

Bondcare (London) Limited

Fern Gardens Care Home

Inspection report

Fern Grove
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Middlesex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fern Gardens Care Home is a nursing home for up to 92 older people. At the time of our inspection, 60 people were living at the service.

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

People were happy living at the service. They were able to make choices about their care and felt these were respected. People were supported to see healthcare professionals when they needed. They received their medicines in a safe way and as prescribed. People were able to participate in a range of different social and leisure activities.

The staff were kind, caring and had the knowledge and skills needed to care for people in a safe way. They felt well supported and enjoyed working at the service. There were systems to make sure staff were safely recruited and provided with the training and supervision they needed.

The environment was well maintained and safe. People had the equipment they needed and there were good systems for keeping the service clean and minimising the risks of infection.

There were suitable systems for monitoring and improving the quality of the service. These included investigating and learning from things that went wrong, asking stakeholders for their views and undertaking regular checks on the service. The registered manager was suitably qualified and people were able to approach them to discuss their care. There was a positive culture at the service, where people living there, their relatives and staff felt valued.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating of the service was Good (published 12 March 2022).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fern Gardens 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 was conducted by 3 inspectors, members of the CQC medicines team, a nurse specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider. This included notifications of significant events and information from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 12 people who lived at the service and 3 visiting relatives. We spoke with staff on duty who included care workers, nurses, activity staff, catering staff and members of the management team. The registered manager was on leave, but we spoke with the regional support manager and regional director who were supporting the service.

We looked at the care records for 12 people. We looked at other records used by the provider to manage the service. We looked at how medicines were being managed.

We observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely and as prescribed.
- Medicines including controlled drugs were stored securely and at appropriate temperatures. There was a process in place to record and dispose of waste medicines.
- We observed staff administer medicines. The staff were polite, gained consent, and signed for each medicine of the Medicine Administration Record (MAR) after giving this.
- The records we reviewed provided assurance the staff members gave medicines as prescribed. However, we found the staff did not always record the application site for medicated patches. These records help staff rotate the site of the application and ensure the old patch was removed before applying a new patch. We discussed this with the management team who put in place systems to improve the recording.
- Some people at the home were prescribed medicines to be given on a when-required (PRN) basis for pain, constipation and other conditions. Guidance in the form of PRN protocols and information in care plans was available to help staff give these medicines consistently.
- There was a policy in place for medicines management. There was a process in place to receive and act on medicine alerts. The staff received training and were competency assessed to handle medicines safely.

Systems and processes to safeguard people from the risk of abuse

- There were suitable systems to help protect people from the risk of abuse. The provider had procedures for safeguarding and whistle blowing. Staff received training in these. Staff demonstrated a good understanding of what to do if they thought someone was being abused.
- The provider had worked with others to investigate allegations of abuse and take steps to help keep people safe.
- People told us they felt safe at the service. Many people commented that they felt safe because there were always staff available when they needed them. One visitor we spoke with explained, "I have been blown away by the place, [person] is definitely safe here."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed, planned for and managed. The provider undertook a range of assessments regarding people's individual needs. They had clear, personalised plans to help mitigate risks. These were regularly reviewed and updated.
- Staff kept records to show how risks were monitored and mitigated. For example, records of checks on people's skin integrity and when people were repositioned to avoid the risks of skin damage.
- The environment was safely maintained. The provider ensured there were regular checks on health and safety, including equipment being used. There were clear plans to help make sure people could be safely

evacuated in the event of a fire.

- Staff understood how to safely support people, including helping them to move and to eat. They received training and their skills were assessed in these areas. We observed staff supporting people in a safe and considerate way.

Staffing and recruitment

- There were enough suitable staff to keep people safe and meet their needs. People told us call bells were answered promptly and they received help when needed. We saw staff were attentive and did not rush people.
- Some people required the support of an individual member of staff for all or some of the day. This arrangement was well managed, and staff interacted well with people, offering safe support. The management team created clear information to help make sure these staff could meet people's needs.
- The provider had found recruiting the right numbers of staff for different departments a challenge. However, they tried to overcome these challenges. For example, they had offered internal training and promotion to upskill some of their workers. They also sponsored staff from abroad to work at the service. Sometimes the provider needed to source temporary (agency) staff to help care for people and meet staffing requirements. They used the same regular staff and provided them with the training and support they needed. This helped to ensure people received consistent care.
- There were systems to help make sure only suitable staff were recruited. These included a range of checks on their identity and suitability. All staff completed a comprehensive induction and had their skills and knowledge were assessed on a regular basis.

Preventing and controlling infection

- There were suitable systems for preventing and controlling infection. The staff received relevant training; and the provider's policies and procedures reflected legislation and good practice guidance.
- People using the service and their visitors told us the home was kept clean and they were happy with the laundry service.
- There were regular checks on cleanliness and infection control to make sure standards were maintained. There was enough personal protective equipment (PPE) for staff to use when needed to help minimise the risk of infection spreading.
- The management team regularly met to discuss any infections, how these were being managed and whether they could have been prevented. They liaised with other healthcare professionals to help make sure people received the treatment they needed.

Learning lessons when things go wrong

- There were systems to learn when things went wrong. The registered manager met with staff to discuss and investigate any accidents, incidents, safeguarding alerts and complaints. They created a record of the discussions and lessons which could be learnt. We saw they implemented changes to the service as a result of these.
- The provider created protection plans and made changes to people's care when needed. They monitored these to make sure people were safe.
- The management team had regular meetings with heads of department to discuss people's clinical needs and any concerns. They monitored these and made sure referrals were made to other healthcare teams when needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed and planned for. The provider used recognised good practice tools for assessing the risks and people's needs relating to different aspects of their care, such as continence, skin integrity, nutritional needs and risks of falling.
- People using the service, their families and professionals involved in their care, were able to contribute to these assessments.
- Assessments were regularly reviewed and updated. They were used to help create care plans.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. The provider employed a training manager who worked directly with all staff assessing their skills and providing bespoke training to meet their needs. They had developed a comprehensive induction based on best practice and legislation. The training manager assessed staff competencies and knowledge in the workplace after they completed their induction. This meant they could offer more training when needed.
- The staff felt supported. They told us managers were visible and worked alongside them.
- There were regular meetings for staff when information was shared and staff had the opportunity to discuss their views and gather feedback about their work.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink. They told us they liked the food.
- There was a planned menu which included choices for people who had cultural, ethical or other dietary needs. People were able to request other food which was not part of the set menu.
- The chef and catering team knew people's needs and sought feedback from them to make sure they prepared food people wanted and liked.
- People were offered regular drinks and the amount people drank, as well as their food intake and weight were monitored. The staff responded appropriately, making referrals to professionals and reviewing people's plans, when there were changes in people's dietary and fluid intake or weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed, monitored and met. The staff worked closely with external healthcare professionals. They made timely referrals when people's needs changed and sought guidance and advice from these professionals.

- People were able to see doctors and other professionals when they requested and when there was a need. Healthcare plans were clear and appropriately detailed. Staff had the information they needed to help monitor people's healthcare conditions.
- The provider enabled nursing staff to undertake a range of relevant training to make sure they had good knowledge and skills. They provided additional training to other staff to help them have a better awareness of how to meet people's health needs.
- The provider supported staff to understand about best practice for meeting people's oral healthcare needs. There were plans in place and staff had training to understand about this.
- People using the service and their relatives felt their healthcare needs were well met. One relative explained how the nurses had been proactive in seeking medical advice when they noticed a change in the person's sleep pattern. This had resulted in improvements to their wellbeing. Another relative explained how input from the physiotherapist had helped with the person's mobility.

Adapting service, design, decoration to meet people's needs

- The building was suitable to meet people's needs. People had their own bedrooms with en-suite facilities. They were able to personalise these if they wanted.
- Communal spaces were attractive and welcoming. The provider had invested in improving decoration and furnishings and the overall effect was positive, with comfortable and smart living areas.
- There was enough suitable equipment to help keep people safe. This included specialist beds, hoists and sensor mats. People's needs were assessed and the staff worked in consultation with other professionals to make sure people had the right equipment. There were regular checks and services on all equipment to make sure it was safe and appropriate.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was acting within the principles of the MCA. They ensured people were given information about their care so they could make informed choices. Where people lacked the mental capacity to make decisions, the provider had requested DoLS authorisations and liaised with people's representatives to make decisions in their best interests.
- Some people were given medicines covertly (without their knowledge). The staff worked with other professionals and the people's representatives to make sure the decisions to do this were made in people's best interests.
- The provider assessed any restrictive practices and made sure these were planned for to show why the restrictions were in place, risks relating to these and who had been involved in making decisions about these. These assessments and plans were regularly reviewed.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 were well treated and supported. They had good relationships with the staff.
- People living at the service and their relatives spoke positively about the staff. Some of their comments included, "They are kind and respectful", "They do a good job", "They are all very nice", "Everyone is so nice here, kind, friendly and respectful", "The staff do a fantastic job, they are easy going and flexible" and "The main thing is they are so patient."
- We observed staff interacting with people in a kind way. They approached people gently, used positive touch and kind words. They allowed people to make choices and take their time to respond.
- Staff dealt with challenging situations sensitively and well. For example, when people were distressed and when there were verbal altercations between people.
- People were asked about any preferences they had for the gender of staff providing care and this was recorded.
- People's religious and cultural needs were recorded, and they were supported with these. For example, there were different meals choices and opportunities to participate in worship.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and were involved in decisions about their care. They were consulted when staff created care plans. These included information about what was important to the person and how they wanted to be cared for.
- People confirmed they were able to make decisions about their own care and staff offered them choices.
- People were also able to be involved in making decisions about the service. They took part in organised meetings with the registered manager and completed information about their experiences within surveys. The provider undertook a range of different audits which including asking for people's views. Changes had been made to the service as a result of people's feedback.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent where they were able and to do things for themselves. Their skills were recorded in care plans. People confirmed they were encouraged to do things if they wanted and were able. Staff also confirmed this, telling us about ways in which people did things for themselves and how they could support this.
- People's privacy and dignity were recorded. They were called by their preferred names and care was provided discretely and in private. People confirmed the staff provided respectful care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 received personalised care which met their needs and reflected their preferences. The staff created care plans which had a good level of detail about people's individual needs. These were regularly reviewed and updated. Staff told us the information within care plans was useful and helped them to understand about people's needs.
- People told us their needs were met. They were offered regular baths, showers and other personal care interventions. People looked well cared for and were wearing clean clothes.
- Relatives told us the provider was responsive when people's needs changed and when they identified something needed attention.
- The staff kept records to show the care they had provided to people. These indicated care plans had been followed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The staff had created communication care plans which outlined any barriers to communication and how these could be overcome. Staff received training to understand about the importance of meeting individual communication needs.
- Information about the service was available in different formats for people who needed this.

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

- People were supported to take part in a range of different social and leisure activities. There was a member of staff assigned to plan and facilitate activities. They organised a number of group and individual events to meet people's different interests and hobbies. Other staff also supported them in providing some activities.
- People told us they had enough to do and were able to make choices about different leisure activities.
- Visitors were welcomed at the service and able to participate in providing care for loved ones and join in social events. Visitors told us they were well informed about the service and their relative's care.

End of life care and support

- People being cared for at the end of their lives were given the support and care they needed. The staff worked closely with palliative care teams and other professionals to plan people's care. Care plans recorded how people wanted to be cared for and any specific wishes they had.
- The staff received training to understand about dignity, respect and care for people at the end of their lives. They were able to give us examples of how they had/or would provide end of life care.

Improving care quality in response to complaints or concerns

- There were systems for responding to complaints. These included thorough investigations and learning from these. People told us they knew how to make a complaint and felt they would be listened to.
- Records of complaints showed that these had been appropriately dealt with and improvements had been made to the service as a result of these.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive person-centred culture at the service. People living there and their relatives felt well cared for and empowered. They told us their needs were met and that staff were friendly, considerate and caring. Some of their comments included, "We were welcomed from the beginning, all the staff are so friendly", "I know [person] is well cared for", "They always stay in touch and contact me if anything happens" and "They are really good with personal care."
- The staff felt well supported and happy working at the service. They spoke with fondness about the people who they cared for. They enjoyed their jobs and told us they felt listened to and valued.

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 understood their responsibilities under duty of candour. They investigated when things went wrong and were open and transparent about these and learning from incidents. We saw they had apologised to stakeholders when things went wrong.

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

- The registered manager was suitably qualified and experienced. People using the service, family members and staff told us the registered manager was visible, supportive and listened to them. Their comments included, "The manager is very helpful", "I feel listened to by the managers and it is a nice place to work" and "We get support and work as a good team."
- Staff received the information they needed to provide a good quality service. There were a range of policies and procedures which reflected legislation and national guidance. The staff undertook training relevant to their role and had opportunities to meet with the management team.

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

- The provider made sure they engaged with people using the service and their relatives. They held regular meetings and asked for people's written feedback. People confirmed they felt involved and were able to give their views.
- The provider had been proactive in responding to feedback from staff about their learning needs. Some staff had been recruited from abroad. The provider supported them to improve their English language skills,

to learn about the culture of the United Kingdom and to understand what social norms were important for people living at the service. The provider had also helped to support female staff experiencing the menopause. They had recognised there was a knowledge gap for staff and had added a module about the menopause to the staff induction. They also provided advice, guidance and information for staff experiencing the menopause. This helped the staff feel valued and heard, as well as giving them guidance about how to manage their symptoms in the workplace.

Continuous learning and improving care

- There were effective systems to monitor and improve the quality of the service. These included a wide range of checks and audits by the staff and management team. We saw action was taken when problems were identified.
- The provider had been proactive in developing the service to reflect changes. For example, they cared for a number of people who sometimes expressed themselves through physical and verbal aggression towards others. The provider had arranged for staff to receive relevant training to help keep the person, others and themselves safe.

Working in partnership with others

- The staff worked in partnership with others, making referrals for people to receive support from other professionals when needed.
- The registered manager liaised with other managers and external groups to develop good practice and share ideas.