Olea Care Ltd

Fernlea

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Fernlea is a residential and nursing care home providing accommodation, nursing and personal care to 48 people aged 65 and over at the time of the inspection. The service can support up to 52 people. Fernlea accommodates people in one purpose-built building over two floors.

People's experience of using this service and what we found
Concerns were raised over nursing practice during the inspection. The provider had not always ensured that nurses caring for people with wounds had the competence, skills and experience to do so safely. The registered manager did not always have a full overview of actions the nurses were taking.

We identified concerns with the administration and management of medicines. People did not always receive their medicines as prescribed.

Risk assessments and care plans were not always fully accurate. Actions stated as required in care plans were not always followed. This put people at risk of unsafe care.

People were well supported to maintain a balanced and nutritious diet. People were very complimentary about the food at the home. Staff received training and supervision, and told us they felt supported in their role.

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.

Feedback from people and their visitors was very positive around the quality of care delivery at the home. People felt they were treated with dignity and respect and had their independence promoted.

There was a very well-resourced and varied programme of both individual and group activities provided for people. People were well supported to maintain relationships and avoid isolation.

There has been a lack of oversight of the operations of the service and this has led to the concerns identified in this inspection. Statutory notifications were not sent to CQC as required. The management team were very responsive to concerns raised during the inspection.

We made one recommendation to ensure people's consent forms were signed by appropriate people.

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

Rating at last inspection
The last rating for this service was good (published 5 June 2019).

Why we inspected
We received concerns in relation to the management of people's pressure care. As a result, we undertook a focused inspection to review the key questions of effective and well-led only. However, during the initial, focused inspection we found concerns in relation to record keeping and clinical and managerial oversight. This led us to return to the home and conduct a full, comprehensive inspection of the service.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement
We have identified breaches in relation to people's safety regarding accurate care records, nursing and medicines competencies and clinical and managerial oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Since the last inspection we recognised that the provider had failed to notify us of certain events. This was a potential breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe.	**Requires Improvement**
Is the service effective? The service was not always effective.	**Requires Improvement**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not always well led.	**Requires Improvement**

Fernlea

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The focused inspection of 27 January 2020 was carried out by one inspector and one inspection manager. The comprehensive inspection commenced on 25 February 2020 and was carried out by one inspector, one nurse specialist advisor and an Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was carried out by one inspector and one pharmacist inspector.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
Both inspections were unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We reviewed information shared with us by the local HM Coroner's office. We used all of this information to plan our inspection

During the inspection
We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, senior care workers, care workers, senior cook, lifestyle lead, housekeeper and laundry assistant. We also spoke with four visiting professionals.

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

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk management plans were in place for people; however, they did not always reflect people's current care needs and were not fully completed.
- Individual risks to people documented in care plans were not always accurate and did not always take account of other risk assessments.
- Five people had wound care plans at the home. We found some of these plans were incomplete and had important information missing in order to safely and effectively monitor the progress or deterioration of wounds. We discussed this with the registered manager on the first day of our visit, but found that information was still missing when we returned a month later to complete the inspection. Staff did not always follow the instructions in people's risk management plans. For example wound dressings were not always applied as prescribed by the community tissue viability nurse (TVN) team. Where people had been assessed as requiring regular repositioning to reduce the risk of skin breakdown, we found three people's risk management plans were not always followed by staff. This placed people at risk of skin breakdown or a deterioration of an existing pressure ulcer.

We found no evidence that people had been harmed; however, people had been placed at the risk of harm from inaccurate recordings and non-adherence to risk assessments. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely and there was a lack of checks and measures to ensure errors and potential risks were identified. Medicine errors and non-identification of these errors showed a lack of oversight and leadership in the safe management of medicines.
- Medicines were not always stored safely; we found medicines unattended on the medicines trolley. When medicines were given into a stomach tube rather than by mouth, the home did not have a care plan to support this in a safe way.
- We found staff had administered doses of medicines lower and higher than what had been prescribed by a doctor increasing the risk of a medicine being ineffective or an overdose.
- We found concerns regarding the competency of nursing staff. Competency checks of nursing practice had been carried out; however, these had been completed by other nursing staff or a member of the non-nursing management team.

We found no evidence that people had been harmed; however, people had been placed at the risk of harm

from unsafe administration and management of medicines. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had plans to implement a new, robust and comprehensive nurse competency check to be carried out by a senior nurse from another home. They also told us they had plans to employ a clinical lead to provide oversight of nursing operations at the home and medication competencies.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
● Staff demonstrated a good understanding of potential abuse and neglect and were confident to report any concerns. They were aware of whistle-blowing procedures. The safeguarding procedure was displayed in the home for staff and visitors to be aware of.
● People and their visitors felt the home provided a safe environment. One person told us, "The safety standards here are second to none." One visitor told us, "The staff seem to work well as a team to consistently provide a very good level of care."
● Accidents and incidents were recorded, analysed and managed. The registered manager had oversight of this and we saw evidence of action taken to mitigate any future risks.
● We found some safety measures had been implemented to mitigate any repeat instances. These were not always being completed fully and a lack of managerial oversight had led to people still being placed at the risk of harm. This is discussed further in the well led section of this report.

Staffing and recruitment
● Suitable numbers of staff were on duty to provide appropriate support.
● Generally, people and their visitors felt there were enough staff around in the home to provide support when needed. People did feel that they had to wait for assistance sometimes, but staff would always come along and explain any delays. One person told us, "Somehow they (staff) seem able to respond quickly and they always ask how I am feeling." One visitor told us, "Overall, I think that most of the time there are enough staff." One staff member we spoke with told us they felt the home needed more staff on duty due to the high dependency needs of some people.
● The service had employment checks in place to ensure suitable people had been employed to care for people at the home. These checks included police checks and references from previous employers.

Preventing and controlling infection
● People were protected from the spread of infections by staff who were trained in infection control practice.
● The home was very clean and tidy and we observed staff wearing personal protective equipment (PPE) where appropriate.
● People and their visitors told us they were very happy with the cleanliness of the home. One person commented, "You can see that this place is kept spotless, cleaners are at it every day."

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were supported to have access to health professionals, such as GPs, podiatrists and community nursing.
- Visiting healthcare professionals told us they had a very good working relationship with the staff at the home and felt people were well cared for. One visiting professional told us, "Managers are very keen to improve the care for patients."
- We had previously been informed of an incident where staff had not ensured a person received timely medical care from the tissue viability nursing team (TVN). This person had come to harm as a result of this omission. During the initial inspection we found this lack of timely medical attention had reoccurred. We spoke with the registered manager who demonstrated they had investigated these omissions and the control measures they had introduced since the two incidents. No further instances had occurred since the measures introduced to mitigate any further risk of reoccurrence. Systems to monitor the timeliness of referrals for healthcare professionals are discussed further in the well led section of this report.

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

- People's needs were assessed prior to admission to the home to ensure the service could provide the appropriate care.
- People's care plans contained information which showed their physical, mental and specific health needs. The service used specific and nationally recognised assessment tools. However, these had not always been completed fully and did not always reflect people's current care needs. One person required a high calorific diet and supplement drinks due to their condition. However, their care plan for nutrition and hydration stated they had a normal diet. Systems to ensure that records are maintained accurately are discussed further in the well led section of this report.

Staff support: induction, training, skills and experience

- Staff received a programme of induction, training and supervision.
- The registered manager provided us with a training matrix to give oversight of current training requirements. Staff told us they underwent regular training to enable them to effectively care for people. One staff member told us, "I've had lots of training; there is always something going on."
- The service worked closely with the local authority and clinical commissioning group (CCG) to source additional and relevant training for staff.

● There was a lack of clarity about who had the qualifications to assess competencies and offer clinical support to nursing staff. Clinical governance is discussed further in the well led section of this report.

Supporting people to eat and drink enough to maintain a balanced diet
● The service ensured people's nutritional needs were assessed and dietary requirements were met.
● The senior cook demonstrated their knowledge of specific texture diets prescribed for people by a speech and language therapist (SALT) or dietician. Detailed information was held in the kitchen for each person living at the service.
● We observed people's lunchtime experience. The two-course meal was served in the home's bistro where tables were set with tablecloths, menus and condiments. People were offered a choice of food and drink. People and visitors were complimentary about the dining experience at the home. One person told us, "The food is very, very good here, with ample portions and plenty of choice." One relative commented, "Although my mum needs help, the food is excellent, and they clearly know her favourites."
● People were offered nutritious, high calorie milkshakes mid-morning and each afternoon. People also had a choice of wine with their evening meal and Irish cream liquor at suppertime.

Adapting service, design, decoration to meet people's needs
● The home had been adapted and furnished to meet people's needs.
● The building was newly purpose built with wide doors and corridors to accommodate equipment. People had access to gardens, paved areas and outside balcony. People were able to access private areas to accommodate visitors.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● There was a system in place to monitor applications made to the local authority for those people where it was necessary to deprive them of their liberty.
● Where required, the registered manager would apply to local health teams to come into the home and conduct a mental capacity assessment for people.
● Staff had received training in the MCA and demonstrated a good understanding of capacity and the need to gain consent when providing care and support to people.
● The registered manager was aware of people who had a lasting power of attorney (LPA) in place. This gave other people the legal safeguards to make decisions for their loved one where they lacked capacity. We found in one person's care plans the consent forms had not been completed or signed. In another person's care plans we found the nurse had signed the consent forms. We spoke with the registered manager who

was aware the forms should be signed only by the person themselves or their legal representative.

We recommend the provider review people's consent forms and ensure they are competed and signed appropriately.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 supported by respectful and caring staff.
- People and their visitors were very complimentary about how kind, compassionate and caring the staff were. People were supported by staff who showed utmost empathy and it was clear there were established, respectful relationships between staff and people.
- We received many very positive comments from people. These included, "To me this is very much a caring and well organised care home where everyone is looked after." And "I know the staff very well now and they are just so supportive."
- Relatives and visitors were equally complimentary about how caring staff were. One visitor told us, "I really love the home, staff are so caring, warm and friendly." And "This home is as close to perfect as you could find." And "We, as a family, are 100% satisfied that dad is well cared for."
- Staff told us they felt part of a very caring team. One staff member told us, "The carers are wonderful and a great team." Another staff member told us, "I'm very proud to work alongside these carers; they are lovely."

Supporting people to express their views and be involved in making decisions about their care
- People were encouraged to express their views and were fully involved in decisions about their own care and the support they received.
- People and their relatives felt very involved in their care and decisions about how they would like their care delivered. Relatives and visitors felt welcomed into the home. One person told us, "They are so welcoming when my friends arrive to share a takeaway and a bottle of wine." And one relative told us, "I appreciate the fact that I can discuss care plan issues anytime." Another relative told us, "The carers spend a lot of time with my mum and clearly have an awareness of what she likes and dislikes."
- The registered manager told us staff and people had formed close relationships and staff were always accommodated and actively encouraged to attend people's funerals. They also gave an example where a staff member accompanied a lady to her grand-daughter's wedding. They told us, "Staff become friends and have bonds with residents."

Respecting and promoting people's privacy, dignity and independence
- Staff treated people with dignity and promoted their independence. Staff had received training in treating people with dignity.
- People told us they felt they had their privacy and dignity respected. One person told us, "My privacy and dignity is always protected and even if my door is open, staff will knock before entering." Another person

told us, "The staff go out of their way to encourage us to get involved, think for ourselves and engage with others."

● Relatives were appreciative of the care that was continually shown and one confirmed that their relative "simply adored" the care staff.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and those important to them were involved in planning support and care delivery that was personal to them. The registered manager told us, "We are very person-centred; people shouldn't have to come into a home and conform to another person's way of living."
- People and their visitors told us they felt the care at the home was very person-centred. One relative told us, "All staff seem to know [name] and he certainly gets very personal centred care."
- The nursing care needs for some people needed further clarification in their care plans. Although people's plans were person centred this aspect of their care was sometimes recorded inaccurately and staff did not always follow the actions stated as required. Systems to review the planning and delivery of care are discussed further in the well led section of this report.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs had been assessed and communication care plans were in place to guide staff.

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 actively supported to maintain relationships with their loved ones. One person told us, "The staff are so nice and considerate; when my niece visits they always offer her lunch."
- The registered manager told us they have very good relationships with family members that they consider to be friendships. They recently arranged for afternoon tea and prosecco at the home for a person and their daughter. They also arranged for a bouquet of flowers to be sent to a person's family members for a special anniversary.
- The home had a lifestyle team specifically to provide person-centred and group activities seven days per week and were well resourced. They provided a good range of events for people to join in with if they wished to. There was a comprehensive programme of events that included group activities and personal one-to-one time with staff. We observed an exercise class and people enjoying tossing pancakes; laughing and people being very involved. Daily activities included trips out, quizzes, bingo and visits from local children. Special evening events were arranged, such as theme nights and a trip to the local pub. The

service also benefits from its own minibus to enable trips out and to take people to appointments where necessary.
● People told us they enjoyed the activities provided at the home. One person told us, "Activities are such an important feature and everyday there is something going on."

Improving care quality in response to complaints or concerns
● The service ensured people were aware of how to complain or comment on the service and complaints were responded to appropriately
● Information on how to make an official complaint was displayed in the home's foyer. People and their visitors told us they knew how to make a complaint. One relative told us they had raised a concern about their family member and management responded speedily on how they dealt with the concern. The relative was completely satisfied with the well explained response.

End of life care and support
● The home worked with the local hospital to provide end of life care for people in a homely environment if they wished. They were involved in programmes with the palliative care team, MacMillan nurse teams and GPs to facilitate hospital discharge and provide end of life care.
● The home was working towards a recognised accreditation scheme to provide good end of life care. Some staff had been involved in the training 6-steps scheme and the registered manager told us that all staff would be trained soon. We spoke with the registered manager about the possible implementation of individual end of life care plans to ensure staff could work to people's individual choices for their end of life.
● We saw many letters and cards of appreciation when the home had care for a loved one. One card read, "Thank you doesn't seem enough to express my appreciation and gratitude for the exceptional care you gave mum. The care and compassion you all gave… it was second to none."

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered provider had not always ensured safe and effective governance of the service. The registered manager did not have full oversight regarding the nursing needs of some people and what care the nurses were delivering. The provider and the registered manager had not satisfied themselves of the competency of current nursing staff and not ensured people's plan of care was being followed.
- Systems and processes to check the quality and safety of care delivery were not always completed effectively. The provider had not ensured accurate, complete and contemporaneous records were kept for service users. Care plans did not always accurately reflect people's care needs. Audits were in place; however, they had not identified discrepancies. For example, care plan audits were a tick box exercise that checked to see if documentation was present, and did not check if they were accurate and reflective of people's current care needs. There was no evidence of cross-referencing, for example, checks to see if the advice from other professionals been added to care plans.

We found no evidence that people had been harmed due to our findings on inspection; however, people had been placed at the risk of harm from a lack of managerial and clinical oversight of the operations of the home. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we fed back our findings and the management team were helpful and transparent throughout the process and reacted quickly to any concerns raised during the inspection.

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

- We identified concerns regarding the lack of statutory notifications submitted to CQC as per registration requirements. We found people living at the home with injuries that had not been notified to CQC,

We identified a potential breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because statutory notifications to inform us of the serious injury of a person had not always been submitted to CQC as required.

We will follow our processes to consider an appropriate response to this outside the inspection.

Working in partnership with others

● The home had strong links with the local authority and CCG. The registered manager gave us examples of projects they were involved in and how they had forged close working relationships. The management team were keen to be involved in any pieces of work that would benefit the people living at the home and improve their quality of care. One visiting professional told us, "The managers are very keen to improve the care for patients; they are very welcoming and approachable."

● The registered manager invited community groups into the home. The lifestyle lead told us of local groups and schools who regularly visited the home. The registered manager told us they had arranged for some people from the home to visit a local nursery school in the minibus.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The home involved staff, people and their loved ones in the running of the service. They also had strong links with other organisations and the community. People and their relatives were invited to take part in resident meetings, committee meetings and monthly customer satisfaction surveys. One feedback from people was they wanted to watch sports on the television, so the home purchased a Sky package. One relative told us, "They do have resident's meetings…the staff are very responsive to issues raised"

● Regular staff meetings were held, and the provider had achieved the Investors in People accreditation. The registered manager told us they showed their appreciation to staff by running a staff incentive scheme, employee of the year and of the month (chosen by residents) and staff awards evening. People and their relatives were invited to have input into staff annual performance reviews.

● We received positive feedback from people and their visitors about the management team. One person told us, "The management seem to do a wonderful job here, everything seems to run so smoothly." Another person commented, "This is a well-managed home that I would certainly recommend." One relative told us, "Management and staff are fabulous and always happy and willing to speak." Another relative told us, "Importantly, management are easy to access and they do listen."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People had been placed at the risk of harm from inaccurate recordings and non-adherence to risk assessments. People had been placed at the risk of harm from unsafe administration and management of medicines. We identified concerns with the competencies of nursing staff.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance People had been placed at the risk of harm from a lack of managerial and clinical oversight of the operations of the home.