

# Country Court Care Homes 3 OpCo Limited

## Ferrars Hall Care Home

### Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Ferrars Hall Care Home provides accommodation and personal care for up to 66 older people, some of whom are living with dementia. The service is over three floors and has various facilities available including a hair and nail bar, cinema room, coffee shop and a library. At the time of the inspection, 58 people were living at the service.

People's experience of using this service:

Staff worked well together to ensure people were safe and cared for. They knew the people well and understood, and met, their needs. People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised any potential risks to people. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination. The provider had systems in place to enable staff to safely manage people's medicines.

The provider had systems in place to make sure they only employed staff once they had checked they were suitable to work with people who used the service. There were enough staff to meet people's needs safely. People received care from staff who were trained and supported to meet people's assessed needs.

Staff supported people to have enough to eat and drink and maintain a healthy weight. However, meal times were close together. The manager told us they would review this. They worked well with external professionals to support people to keep well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support.

Staff supported people in a kind and friendly way. Staff were respectful when they spoke with, and about, people. They supported people to develop their independence. However, we saw some missed opportunities for people to further develop and or maintain their independence. People and their relatives were involved in their, or their family member's, care reviews. However, the manager was reviewing this to ensure relatives were satisfied with the level of information they received.

People's care plans provided staff with guidance on how to meet each person's needs and staff knew people well. Staff offered a range of activities and supported people with their interests. Staff could explain person-centred care, but they couldn't always provide this because they didn't have enough time. This meant people were not always encouraged to be involved in activities of daily living or supported in a person-centred way.

Staff supported people to express and wishes they had for their end of life care and followed these.

People and their families felt able to raise concerns which the provider addressed. The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints. The provider and manager had put robust systems in place to effectively monitor the service and bring about further improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection:

The last rating for this service was Good (published 22 June 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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?

Requires Improvement ●

The service was not always 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.

# Ferrars Hall 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector, an assistant inspector, 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

Ferrars Hall Care Home 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, both were looked at during this inspection.

The provider is required to have a registered manager as one of their conditions of registration. A registered manager was not in post at the time of the inspection. A registered manager is a person who has registered with the CQC to manage the home. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included, information shared with us by the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also used information the provider sent to us. This included information about

events that had occurred at the service and the registered persons were legally obliged to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven people, three relatives, one visiting healthcare professional, and 12 staff. These included four care workers, two senior care workers, an activity co-ordinator, the chef, one front of house staff, the manager and the regional manager.

We reviewed a range of records. These included sampling nine people's care records and records relating to staff training and supervision. We also looked at a variety of records relating to the management of the service, including audits and quality assurance reports, and minutes of staff meetings.

Following our inspection visit we received information of concern regarding staffing levels, staff competence, and lack of communication with relatives. We wanted to explore these issues further so requested, and received, additional information from the manager in relation to these areas up until 11 November 2019.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service and if they had any concerns they could speak with the manager. One person said, "Yes, I feel safe here. The staff are always around, and they make sure you are comfortable." A relative said, "[My family member] is safe here and it helps me." They told us when they cared for their family member they were not getting much sleep. They said, "Now we are both feeling better."
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm.
- Records showed the manager reported potential safeguarding concerns to the relevant local authority in a timely way. This ensured action could be taken promptly to safeguard people when the need arose.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff followed the guidance to help keep people safe. For example, to help people reduce the risk of falls, to move safely, and maintain the condition of people's skin.
- Staff carried out checks and ensured equipment was safe to use and well maintained. One person told us they had a new piece of equipment to help them move. They said, "The staff are keeping an eye on me to make sure I am okay with it." Staff members had received training and knew how to use various pieces of equipment to help people stay safe and maximise people's independence. For example, equipment to help people move such as hoists.
- Emergency plans were in place. For example, to ensure people were appropriately supported in the event of a fire.
- Staff reported all incidents and accidents. The registered manager assessed for trends to check if any improvements could be made.

Staffing and recruitment

- There were enough staff to meet people's assessed needs safely. People told us staff responded when they called for help. One person said, "Sometimes you might have to wait five minutes for them to answer the alarm, but it hasn't caused me any problems." Another person said, "The staff will always come to you if you need them, they are quite quick." A relative told us, "There were not enough staff and the manager] has got that sorted out really quickly."
- Staff told us that at times there had not always been enough staff to meet people's need safely. However, this had recently improved. In addition to care workers providing personal care, activities co-ordinators provided social stimulation and 'front of house' staff provided help to people at mealtimes. Senior staff also provided personal care when required.

- The manager used a recognised tool to assess people's needs and work out how many staff were required to meet people's needs safely. The manager told us they had reviewed staffing levels since taking up post and recruited more staff.
- Staff were recruited safely to ensure they were suitable to work at the service. Staff confirmed they had to wait for the manager to receive checks, such as a criminal record check and employment references, before they started working with people.

#### Using medicines safely

- People told us staff supported them with their medicines. One person said, "[Staff] always wait with you while you take your tablets."
- Staff received, stored, administered and disposed of medicines safely. Staff involved in handling medicines had received regular training, and had their competence checked.
- Staff encourage people to manage their own medicines where possible. A person said, "I look after my own medication, I know what I am doing."

#### Preventing and controlling infection

- The service was clean, and people told us this was always the case. One person told us, "[Staff] keep your room clean. The other day they took everything off every shelf and cupboard and gave it a really good clean."
- Staff had been trained in infection prevention and control and they knew what to do to minimise the spread of infections. This included them regularly washing their hands.
- Staff had access to personal protective equipment, such as disposable gloves and aprons. Where required, staff used these when supporting people to ensure they protected everyone against acquired infections.

#### Learning lessons when things go wrong

- There were systems to record and learn from incidents or accidents that occurred at the service. Staff told us they always reported to the registered manager as soon as incidents happened so that they could be dealt with quickly.
- Incidents and accidents were investigated and, where appropriate, the manager took action to reduce the risk of recurrence. For example, Records showed the registered manager reviewed incidents and they put appropriate measures to reduce the risk of recurrence. For example, a staff member received additional training and support after they made an error in recording the medicines they had administered.



# 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 remained the same. 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 care was planned and managed in line with good practice guidance. People told us they received good care and their needs were met. One person said, "I am not easiest customer to deal with, but I can say that I am well looked after."
- Where people's needs changed, staff reassessed their needs and referred people to appropriate external professionals.
- People's care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.

Staff support: induction, training, skills and experience

- New staff received comprehensive training and induction into their roles, and regular refresher training in key topics, such as moving and handling, dementia care, understanding behaviours that may challenge, and health and safety.
- As well as receiving training in a variety of subjects the provider deemed mandatory, staff also received training to help them meet people's specific needs. For example, stoma care. Staff were supported to obtain professional qualifications relevant to their role. For example, the Care Certificate.
- Staff received regular supervision and annual appraisal. They said they found the manager and other staff supportive. One staff member told us, "Now we've got a new manager, you can just go to her and she gives you the information you need. We work as a team."

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

- People were supported to have enough to eat and drink. However, people's meals were not evenly spaced, with people receiving breakfast and lunch close together, and or with a long gap between their last meal one day and breakfast the next. For example, in one area of the home we saw people eating breakfast at 10am and their main meal being served to them before 12 noon. One person's record showed they had their last meal at 5.20pm, and then nothing until their breakfast at 8.30am the next day.
- During the lunch time meal we saw each meal was plated up in the kitchen and brought to the dining rooms in hot trolleys. This meant that although people had chosen the meal, they did not choose their portion size. Some people were offered drinks at the start of their meals, but others had to wait until they were halfway through their meal before being offered a drink. Some people became frustrated because they had to wait for around 15 minutes between staff clearing away their main course, and their dessert being served. In another area a person called out to staff asking for their dessert. A care worker explained the meals were being served over three floors and it would be with them soon. The manager told us they would look into these issues.

- People told us there was always enough food and drinks, and plenty of choice. One person told us, "The food is quite good. I don't like [a particular meat] so they are doing me [something else] today. They will always find me something I like." A family member said, "There is always plenty to drink. You wouldn't get dehydrated here." Snack and drinks were available throughout the day.
- Staff supported people who needed help to eat and or drink. Where there were concerns that people were not eating or drinking enough, staff had sent referrals to appropriate health services. Staff followed professional's guidance. For example, by providing food and or fluids or a specific consistency or using a specific size of spoon when helping the person to eat. Records showed people ate and drank enough to maintain their health and wellbeing.

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

- People told us, and records confirmed, staff supported them to access health services such as GPs, community nurses, chiropodist, and dietitians.
- An external care professional told us staff followed their guidance and referred any concerns to them promptly.

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

- People had access to the equipment they needed to receive safe and effective care, or to help them be more independent. For example, hoists to make it easier for staff to support people to move.
- One person told us, "The premises are lovely, and I have a nice room." However, a relative said, "The premises are nice although it is starting to look in need of some TLC. That door hasn't been fixed for a while and there are a few other things that need sorting. I like the building though. The corridors are nice and wide, and they have some nice areas for relatives to meet." The manager told they had recently appointed a maintenance person who was addressing minor repairs.

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. We found these were met.

- Staff had received training, had a good working knowledge of, and on whole worked within the MCA and DoLS.
- Some people had variable mental capacity and they needed support to make some decisions. Overall, we found that, where appropriate, staff had consulted people's relatives, legal representatives, external professionals, and or independent advocates, to decide how to best support each person. However, this had not consistently been the case. To ensure relatives and relevant others received the level of information they wanted, the manager told us staff were reviewing this information to ensure it was up to date and accurate.

- People confirmed that staff asked for their consent before they provided care and support. For example, before helping people to move, staff spoke clearly with the person, explaining what they planned to do.

# 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 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 told us they were happy with the way staff treated them. One person told us, "[The staff] are really nice and it is a nice atmosphere here." Another person said, "[The staff] will do anything for you, you only have to ask." A family member told us, "The staff are really nice, and they know how to look after people." Staff had received several written compliments about the service. One relative wrote, 'It was comforting to know [my family member] was in safe hands.' Another relative said, 'You made [my family member] feel loved and comfortable.' Several compliments referred to the 'kindness' and 'care' people had experienced.
- We saw numerous friendly and caring interactions between people and staff. Staff knew people well and understood their needs and preferences. A family member told us their family member didn't sleep well at night. They said the person "loves music and adores [a musical]. The staff know this and will put the DVD on for in the night if [my family member is not sleeping]." Another person liked to have toy bears in their bed, so much so that they started sleeping on the floor, so the bears had their bed. Staff had put an additional bed in the person's room to accommodate this.
- Staff told us they would be happy with a family member receiving care at this service. One staff member told us, "I see how [people] are treated, I'd be quite happy for [my family members] to be here."
- Relatives told us they could visit their family members as often as they wanted, and they felt welcomed. An area of the home had been converted into a café, with hot drinks and snacks, such as cakes, available.

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

- Staff supported people to make decisions about their care and daily lives. People said staff asked for their views and listened to them. For example, where they would like to sit, what they would like to eat and how they would like to spend their time. We saw staff asked people before they supported them and explained what they were going to do and talked them through the process. For example, when helping people to move.
- Relatives told us staff consulted them about their family member's care. However, this had not consistently been the case. The manager told us staff were reviewing the information they held to ensure all relatives were happy with the level of information they received.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respect their privacy and dignity by shutting doors and curtains when delivering personal care.
- Staff promoted people's independence by encouraging them to do as much as they could for themselves. For example, giving people space to help themselves at mealtimes, but offering help when people were

finding it difficult to manage. One person told us, "I can be quite independent, and the staff let me get on with my life." However, we saw some missed opportunities for people to be more independent. For example, staff plated people's meals up in the kitchen rather than people being able to help themselves.

## 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 deteriorated to requires improvement. This meant people's needs were not always met.

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

- Some people felt there were not enough staff to spend time chatting with them. One person told us, "The staff don't have time to sit and talk to you, they are always short staffed. You can get a bit lonely." Another person said, "I would like to see more films in the cinema room, but they don't have the staff to do that."
- Care staff told us that although staffing levels had improved, their work was task driven. One staff member said, "We don't get a chance in our work time, so it has to be your day off if you want to spend quality time with [people]. We do talk to [people] if you've got a minute. I will always talk to them, but I can never stay for long." Another staff member said they frequently helped people at meal times, but this meant less time supporting people with activities. They told us, "Yesterday I assisted three [people] to eat breakfast. Then by the time I'd done [that] it was lunch time so there were no activities in the morning."
- Staff could explain person-centred care but said they often couldn't provide it because there were not enough staff. One staff member told us, person-centred care "is helping [each person] the way they would like to live so that things are their choice and not mine." They said, "We all know what person-centred care is but often don't have the staff to give it."
- Whilst staff told us they encouraged people to be involved in activities of daily living, we saw numerous missed opportunities to encourage people, particularly those living with dementia, to take part in such tasks. The regional manager agreed this was an area that needed further development.
- Staff offered a range of activities and supported people with their interests. The provider employed activities co-ordinators and various structured activities were advertised and on offer. These included entertainers, clubs, yoga, crafts, singing, and quizzes. People told us they enjoyed the activities on offer. One person said, "I like the activities, I do everything. They do ask us what we want to do." Another person commented, "I like to take part, we have a good laugh."
- In addition to group activities, some people also received individual support for to pursue interests, chat among themselves or with activity co-ordinators, or reminisce. One relative told us their family member preferred to stay in their bedroom. They said one of the activities co-ordinators, "Makes a point of coming in and sitting with [my family member] and chatting. They have done [my family member's] life story together."
- There were numerous areas within the service and grounds for people to socialise or to spend time alone. These included a music room, cinema, library, and gardens with seating areas and an aviary. One person told us, "I have been out in the garden to feed the birds which I like. I am not really bothered about the other activities." Another person told us how they used the hairdressing room, "the hairdresser is here every week and I have my hair done every week. It is something to look forward to."
- Staff supported people to maintain relationships. Relatives confirmed they felt welcome to visit people at the service at any time and a room was available for people to have a private meal with their relatives if they wished.

- The service had become involved in the 'postcards of kindness' scheme. This is an initiative where people send postcards to people living in care homes. The postcards generated conversations and reminiscences.

#### 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.

- The registered manager told us they would provide information in other formats if this was required to support people to understand it. This included providing information in large font or other languages. However, we found information in the service, such as menus, were in very small, faint print, making them difficult to read. We heard staff describing some dishes to people, but picture menus were not available to help people make choices.

#### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us staff supported people in a way that met their individual needs and preferences. A person said, "I am looked after very well here, and I am quite happy." A relative told us how staff knew their family member's preferences and supported them to shower every day.
- Care plans provided guidance to staff on the support people needed. Although, not all information was available electronically, staff were very aware of people's needs.

#### Improving care quality in response to complaints or concerns

- People knew how to raise concerns and complaints about the service and felt listened to. One person told us they sometimes got other people's clothes delivered to their room, but that staff quickly sorted this out.
- Staff followed the provider's complaints procedure which was available in the service.
- Complaints had been acknowledged, thoroughly investigated and the complainants responded to. This included information about any action they had taken to reduce the risk of recurrence.

#### End of life care and support

- The service supported people at the end of their lives and staff had received training in end of life care to enable them to meet people's needs in this area.
- Staff worked closely with people, their relatives, and external healthcare professionals to ensure people's needs and wishes were met.
- Most people's care plans contained clear guidance on how people wanted to be supported at the end of their lives.

# 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 remained the same. 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

- The regional manager told us they had recognised the need to make improvements in the service. As a result, a new manager had been appointed and taken up post six weeks before the start of our inspection.
- People, relatives and staff made very positive comments about the impact the current manager had had on the service. A person told us, "The staff are very good at sorting things out and the new manager seems nice." One relative told us, "It is a much better atmosphere here and the staff seem happier and it is better organised."
- A staff member told us there had been "a general change in how [staff] are working... Things don't get missed anymore." Another staff member said the manager, "Is really approachable, she finds solutions to problems." They explained some new systems that had been implemented to help the home run more effectively. Staff told us they felt much more supported and had confidence in the new manager.
- The service had scored 9.8 out of 10 on an external reviews' website where people and or relatives had posted very positive comments about the care people received.

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

- The manager understood their regulatory role and responsibility. The manager understood their legal responsibilities, including appropriately notifying CQC about any important events that happened in the service. The previous registered manager cancelled their registration with the CQC in August 2019. The current manager took up post six weeks before the start of our inspection. They told us they would submitting their application to register with the CQC as manager for the service shortly. We will continue to monitor this.
- The manager and staff had clearly defined roles and responsibilities which they understood. The manager and the provider understood their responsibility to be open and honest when things go wrong. We saw evidence of learning from this, and how staff had put systems in place to reduce the risk of things going wrong again.
- The provider and registered manager had governance systems in place that helped ensure staff delivered a quality service, which met people's needs and kept them safe. The manager had introduced additional audits to further monitor the care people received. These included monitoring accidents and incidents, pressure care, and people's weights. In addition, the manager completed a daily 'walk round' the service,



and short 'flash' meetings with key staff. This helped ensure the service was effectively managed.

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

- Staff encouraged people to regularly feedback about their care and support and to participate in the development of the service. They did this both formally, through meetings and surveys, and more informally on a day to day basis. One person told us, "They have residents meetings and if you give your opinion they listen."
- The manager told us they had an 'open door' policy and welcomed feedback on the service. People, relatives and staff told us the manager was approachable and did listen and act on their views.
- Staff were encouraged to attend regular meetings. They told us they felt well supported, valued, and encouraged to contribute to the development of the service.
- The manager told us they were working hard to forge links with the local community. A religious group met monthly at the service and one person living at the service attended these meetings. The manager said they were in talks with various other local groups, including a local primary school.

Working in partnership with others

- The service worked well with external health and social care professionals who were involved in people's care. An external care professional described staff as helpful and informative when they requested information about people at the service.