

New Beginnings (Gloucester) Ltd

Fern Court

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Fern Court is a residential care home providing accommodation and personal care for up to 13 people. The service provides support to people who may have a learning disability, mental health condition or autism. At the time of our inspection there were 12 people using the service.

Accommodation was divided between two areas; the annexe and the main house. Some rooms provide ensuite accommodation. Everyone living at Fern Court had access to a communal living room, kitchen and dining area and had access to a shower and bathroom. The grounds around the property were extensive, accessible and secure.

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

The provider had made some improvements to the service. However, not all the requirements of the warning notice had been met.

The management had implemented a system to investigate and learn from incidents and accidents. However, this system was not fully embedded as staff had not always investigated incidents and taken effective action to prevent a reoccurrence.

People's care plans, risk assessments and positive behaviour support plans were in the process of being reviewed and rewritten by the management. At the time of our inspection, not all of these documents had been updated. The manager had prioritised which documents required completion first.

Infection prevention and control standards had improved; however, more work was needed to ensure visitors and staff were not placed at avoidable risk of harm from infection. Improvements were being made to the environment in relation to fire safety and legionella.

Monitoring systems were being implemented; however, they were not yet effective at driving improvements. The manager and deputy manager were developing leadership skills and a person-centred culture, however further action was required to ensure related systems were embedded. The management and provider were working closely with the local authority and other partners to address shortfalls.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well led, the service was not fully able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: The provider was not always able to demonstrate how they met the needs of people with a learning disability in line with best practice guidance.

Right care: Care was not always person-centred, however changes were being made to the culture of the service to address this. We saw examples where people's dignity and privacy were being promoted.

Right culture: The management of the service were implementing audits and responsibilities for staff, however, these weren't fully embedded.

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 Inadequate (published 30 March 2022).

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains Inadequate.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fern Court on our website at www.cqc.org.uk.

Follow up

We will work with the 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 safe.

Details are in our safe findings below

Inspected but not rated

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inspected but not rated

Fern Court

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 included checking the provider was meeting COVID-19 vaccination requirements. 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

Two Inspectors carried out the inspection.

Service and service type

Fern Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fern Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been in place since March 2022, they were planning to register with CQC.

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. We considered the feedback from the local authority and professionals who work with the service. We used the information the

provider sent us in May 2021 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. We used all this information to plan our inspection.

During the inspection

We used 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. We spoke with two people who lived at Fern Court. We spoke with one relative and one professional about their experience of the care and support provided by the service.

We spoke with seven staff including the manager, deputy manager, two senior support workers, two support workers and an activity co-ordinator.

We reviewed a range of records. This included four people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We also spoke with one person's relatives.

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 Inadequate. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key questions at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made to the environment and infection control practices. However additional actions were needed to ensure people were protected from avoidable harm and risk from their environment. People's care plans were being reviewed and rewritten to ensure staff received clear guidance to provide safe, person centred care, however, a number of plans still required to be rewritten.

At this inspection while improvements had been made, the provider had not fully met the requirements of the warning notice and was still in breach of the regulation.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had taken action to minimise the risk of potential exposure to legionella bacteria by checking water temperatures throughout the service. A legionella risk assessment had been carried out and the provider and manager were reviewing further actions needed to reduce legionella risks.
- People's care plans were being reviewed and updated by the manager and deputy manager. This included care plans for people who displayed behaviours of distress which others might find challenging. One person's care plans detailed clearly the support they required and we observed staff following this guidance. However, a number of people's plans had not yet been reviewed to ensure they reflected their current support needs.
- People were not always protected from the risks of their environment. The provider and manager were taking action, following our last inspection and action from local fire and rescue services, including repairing or replacing fire doors. Some actions were still to be carried out including completing a fire risk assessment and ensuring fire safety checks were carried out.

The provider did not always assess and do all that was reasonably practicable to mitigate the risks to people who received care. This placed people at risk of harm. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager had supported staff to implement systems to ensure people received their care. This included ensuring an additional member of staff was on shift to assist people who chose to spend time in their own rooms.
- Senior staff had implemented a new daily recording system which provided clear detail of the support

people needed and any actions staff should take to ensure people's needs were met.

- The deputy manager had implemented a new system to monitor and assess incidents and accidents. Staff used this system to identify why incidents had occurred and used this to inform staff practice. This had led to some improvements in people's care, however more time was required to embed this system into practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.

People had been supported to see their relatives safely throughout the pandemic. We saw that people had been supported to receive visits to the service or in the community.

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 Inadequate. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key questions at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made regarding the management of the service. The manager and provider had implemented new systems, however these were not always effective or embedded in practice.

At this inspection while improvements had been made, the provider had not fully met the requirements of the warning notice and was still in breach of the regulation.

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

- Monitoring systems were being implemented at this service, however, these were not always effective as they were not embedded. For example, systems for monitoring day-to-day care were not always completed by staff to ensure people received their care. The manager and deputy manager were addressing this with support staff.
- The manager was working to ensure the information in people's care records, risk assessments and positive behaviour management plans was detailed, clear and current for staff to refer to. The manager had a plan in place to ensure all records were effectively completed.
- The provider had developed their own action plan. Actions had been completed by the manager, however where further actions had been identified these had not always been added to the action plan. The manager was in the process of reviewing their action plan to ensure it was current and continued to drive improvements.

Quality assurance and monitoring systems were being implemented however these had not been fully embedded and were not fully effective at identifying and addressing shortfalls. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff were supporting people to become more involved in their care and the service. The manager and deputy manager were working with support staff to improve staff culture.

- The manager had made some changes to the service, including increasing the number of staff deployed to meet people's needs. This enabled staff to be responsive to people's needs and promote person centred care.
- The manager and deputy manager were engaging with people and their relatives and had provided time for them to voice their concerns. One relative told us, "Things are improving. Communication is better. [Relative] is happier."
- Some people living at Fern Court were subject to Deprivation of Liberty Safeguards (DoLS). The provider and manager had implemented a system of oversight of the legal applications submitted to the local authority.

Working in partnership with others

- The service was working closely with the local authority and clinical commissioning group to develop safe care practices for people. Health and social care professionals were visiting the service and working with staff striving to achieve good outcomes for people.