

Mr & Mrs L Arrowsmith

# The Ferns Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Ferns is a residential care home providing support with personal care needs for older people. The service can accommodate up to 36 people. At the time of the inspection there were 36 people living there. Accommodation was provided in one adapted two storey building. There were two communal lounges and one large dining room.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People had not had Deprivation of Liberty Safeguards applications made which put them at risk.

Staff did not receive adequate support in the form of regular supervision and appraisal.

There were systems to monitor safety and the quality of the service people received. However, these were insufficient to monitor changes in people's mental capacity and whether a Deprivation of Liberty Safeguard was required.

Staff had received regular training, although their understanding of the principles of mental capacity were insufficient to meet peoples needs.

We received mixed feedback from people and staff regarding whether they felt included within the service. Some people and staff told us they felt confident to express their views and raise concerns, others told us they did not feel comfortable to speak out.

Health and safety risk assessments were in place to ensure people's safety and environmental hazards were monitored and regularly reviewed.

Infection prevention control measures were robust. Visitors were checked before being permitted into the service and the provider had regular clean schedules in place. There were processes in place to protect people from the risk of the spread of infection and measures were in place to mitigate the risks associated with COVID-19.

Staff received safeguarding training, they told us how they protect people against abuse and how they would report any concerns.

The provider worked in partnership with other health and social care professionals to achieve good outcomes for people.

Medicines were stored and administered in a safe way. Quality audits were in place to ensure medicines were safely managed.

Staff were recruited safely, the registered manager ensured that all relevant staffing checks were conducted prior to employment.

Relatives told us people were safe living at the home and with the staff who supported them.

Health and safety checks were regularly carried out and contingency plans were in place to keep people safe.

Relatives felt involved in the service, they told us the registered manager was approachable and they had confidence in their abilities.

The mealtime experience was a sociable event. The food smelt and looked appetising. People told us how much they enjoyed their meals.

The home was decorated to a high standard, people's photographs were placed in communal places and each person's room was personalised to their own preferences.

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 11 December 2019).

Why we inspected

We received concerns in relation to the way the home was managed, communication and restrictions being placed on people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We inspected and found there was a concern with the absence of Mental Capacity assessments. A decision was made for us to inspect and examine those risks. We widened the scope of the inspection to include the key question of effective.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

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 The

Ferns Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to consent at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from 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 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# The Ferns Residential 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 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

The Inspection was carried out by two inspectors 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

The Ferns Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. The Ferns Residential home 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 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

This inspection was 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 and professionals who work with the service. The provider was not requested to

complete a provider information return (PIR). 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. We used all this information to plan our inspection.

During the inspection-

During the inspection, we spoke with nine people who used the service, to ask about their experience of the care provided and 12 family members. We spoke with ten members of staff, which included the registered manager, senior staff, care staff, catering and domestic staff. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether they were comfortable with the support they were provided with.

We reviewed a range of records. These included five people's care records and multiple 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 quality assurance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and requested additional policies and procedures.

# 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. 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 felt safe from avoidable harm. One person said "We feel safe and looked after. The building is locked when necessary, but we can go out when we want to."
- Staff understood what was meant by abuse and they told us how they would report safeguarding concerns. One staff member said, "It's definitely safe, if I had concerns or saw any poor practice, I would go to the registered manager or other seniors."
- Systems were in place to keep people safe from harm. There were regular staff meetings and handovers. These were used to pass on information and update concerns.

Assessing risk, safety monitoring and management

- People told us they were supported by the staff team and how risks were managed safely. One person told us, "They are always checking on you in the evening and throughout the night. I fell and help was there instantly."
- Relatives told us people were safe and risks were assessed. One relative said, "Yes, [my family member] is safe. They have a good relationship with the carers. There is a real feeling of care for [my family member]."
- Risk assessments were in place to meet people's health and care needs. These included moving and handling, nutritional and falls risk assessments.
- Each person had a personal evacuation plan to show the support they would need in the event of an emergency, such as fire. These plans help people to act quickly and safely in emergencies.

Staffing and recruitment

- People told us there were enough staff on duty. They said they did not have to wait long for a member of staff to respond. One person said, "There are always plenty of staff. If we ring the bell, then someone responds quickly."
- The numbers and skills of staff matched the needs of people using the service. Staff told us, "There are enough staff on duty, people never have to wait long." Another staff member said, "We have good staffing levels, the staff are really pulling together, working well as a team."
- Staff were recruited safely. Pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Using medicines safely

- There was a robust system for identifying and acting on errors, we observed how medication errors had been acted upon quickly.
- Medicines were managed safely by suitably trained staff. People got their medicines at the right time and



medicines were reviewed regularly. One person told us, "I self-medicate and they stay whilst I take it."

- Medication Administration Records (MAR) matched the correct quantities of medicines and medicines were stored safely in line with manufacturer guidance.
- Medication quality audits were robust and carried out regularly by a member of the management team.

#### 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 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 assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- There was a culture of openness when things went wrong. One family member told us about how they had raised concerns over denture care. They explained how the provider had responded quickly and rectified the issue.
- The service responded to concerns from people. One person said, "If you report any deficiency it is usually dealt with in the same day, such as the temperature of the radiator."
- Accident and incident forms were completed and investigated by the management team. Trends such as falls were examined, and referrals made to other agencies such as occupational therapists and falls teams.

# 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. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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.

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.

- People did not always have their capacity assessed when necessary and best interest meetings had not taken place to ensure decisions made were appropriate and least restrictive. Examples included whether a person could leave the home without supervision, the safe use of bed sides and treatment of skin care.
- The registered manager had not made appropriate Deprivation of Liberty Safeguard (DoLS) applications for people who required this level of protection to keep them safe and meet their needs.
- People were not always assessed as being able to make their own choices or take their own risks. Some people had been deemed as lacking capacity to make their own decisions, such as leaving the home unaccompanied. There were no best interest decisions made in line with the law to support these people.
- Staff had attended Mental capacity Act training. However, they were unclear of the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate care and treatment of service users was being provided with the consent of the relevant person. This potentially placed people at risk of harm because some people were unable to give such consent because they lacked capacity to do so. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the registered manager responded immediately and submitted DoLS applications with the local authority.
- Despite these concerns, people were asked for their consent prior to being supported and people told us they were given choices.
- People who were able to make their own decisions told us they were given choices and had control over how they wished to spend their day. One person said, "I am happy. I was very ill when I arrived and have continued to improve. They have treated me as an individual."
- People's care plans contained a range of assessments related to their physical health and emotional wellbeing. We saw how these were reviewed on a regular basis.

#### Staff support: induction, training, skills and experience

- Staff told us they had not received the appropriate support in the form of continual supervision and appraisal. The registered manager confirmed how supervisions and appraisals had lapsed due to the pandemic. Although, now the restrictions were easing, they were rescheduling them to take place.
- Staff told us they received regular training. One staff member told us, "We are constantly training all the time." Another staff member confirmed they had received all induction and mandatory training. Staff could clearly describe safe medicines and safeguarding practices.
- We saw training records to confirm staff received induction and training. The registered manager was working on a new training matrix, this appeared robust and would clearly show if refreshers were needed.

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

- People received support to eat and drink enough to maintain a balanced diet. People told us how much they enjoyed the food one person said, "The food is excellent, we have a lovely dinner and a good breakfast. There is always another choice, such as vegetarian. We are asked in the morning what we would like for lunch." Another person said, "The meals are just lovely, superb."
- The mealtime experience was a sociable event. People told us they sat next to their friends at mealtimes. We saw people laughing and talking throughout the meal. The food was home cooked, it looked and smelt very appetising.
- People with complex needs received support to eat and drink in a dignified way. We saw adapted plates and cups to help people remain independent when eating and drinking. People who required additional support cutting up food were assisted patiently by staff members.
- Relatives told us how good the food was. One family member told us, "I have eaten there, the food was fantastic." Another family member told us, "The food is lovely". A relative told us how their family member is forever telling them how good the cakes were.

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

- Peoples bedrooms were individually designed and personalised. People were encouraged to bring in personal items to help them feel more at home.
- There were photographs of people engaged in activities in the corridors, these images displayed the people's names and helped people to connect to the home.
- The design, layout and furnishings in the home were completed to a high standard. Handrails were fitted around the home to ensure people could walk safely.

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

- Family members told us the home worked closely with healthcare service. One relative said, "My family member had an issue with a toe, it was addressed by the GP and podiatrist." Another relative told us how the provider ensured their family member attended health appointments.

- During the inspection we met with district nurses visiting the home who were attending to the people living there. This showed how the home worked closely with health care professionals.
- People had healthcare records in place. These showed how people's health needs were regularly assessed and reviewed.
- People were registered with a local GP who regularly visited the home. We saw records of their visits.

# 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. At this inspection the rating has changed 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.

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

- Systems had failed to identify how people did not have all the necessary Mental Capacity assessments in place and a DoLS had not been applied for, despite their care files being reviewed.
- Managers and staff were not always clear about quality performance, risks and regulatory requirements. Training in Mental Capacity and DoLS was insufficient to ensure staff understood their duties under the law.
- Relatives told us they had confidence in the registered managers ability to support their family member. One relative told us, "[My relative] gets the best care. It is a relief for me to know she is so well looked after."
- Staff understood their role. They knew people well and could tell us about each person's individual support needs.
- The registered manager notified us of all significant events which had occurred in the home in accordance with their legal responsibilities.
- The previous inspection rating was being displayed, as necessary.

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

- The culture did not always promote inclusivity. We observed one person being spoken to in a child-like manner by a staff member and we heard one staff member using an inappropriate term to describe people. We addressed this with the registered manager who arranged extra support and guidance for the staff members.
- People told us the culture promoted good outcomes. One person said, "It is well run, the manager has their finger on the buzzer. The manager is about every day and available every day. I would go to them first if anything was wrong and they would listen."
- Relatives told us the culture was person-centred. One family member said, "I am always informed of any changes and they regularly get my opinions and feedback; they have such personalised care."
- Care plans included details regarding people's health, social, emotional and sexuality needs.

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

- We received mixed feedback from staff regarding how the service promoted an open and empowering culture. One staff member told us they did not feel able to bring concerns forward, whereas another staff member told us how they felt confident to raise any matters with the registered manager. The registered manager suggested ways to improve feedback from the staff members.

- Some people we spoke with felt involved in the service and able to share their opinions. One person said, "I can say things to the manager, we couldn't do any better." Other people told us they were reluctant to share their concerns with staff and management.
- Relatives told us they felt included in the care provided and able to confidently raise concerns. One family member said, "They involve me in all aspects of care, its lovely how they really know my [family member]. I know how to complain, I would be confident to make a complaint."

#### Working in partnership with others

- The provider worked closely with organisations to promote people's individuality and wellbeing. One person had personal preferences for following their religion. The provider had worked closely with the persons Church to arrange additional support. We saw communications between the Church and the provider in order to meet the person's needs.
- Relatives and people told us the provider worked in partnership with health care professionals to meet people's health and support needs. One relative said, "They always keep me well informed. They called me last week, explaining how the doctor called in to see [my family member]."
- Records showed collaboration with numerous health and social care professionals.
- We spoke to visiting professionals who confirmed collaborative working. They told us how they regularly visit the provider and attend to the people living in the home.

#### 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

- Relatives told us they were informed when things went wrong. Family members told us they were kept updated regarding accidents and incidents.
- The registered manager was clear about their duty of candour. We saw a staff handout which highlighted recent changes, incidents and events, these were shared with the staff team.
- Staff told us how incidents and accidents were shared and discussed within handovers in order to learn from them.

#### Continuous learning and improving care

- People told us they could offer suggestions. One person said, "We are able to raise anything we want, and manager is approachable and acts on what we say. Action is always taken."
- Relatives told us they were able to make suggestions to improve the care being provided. One family member told us, "They always include me in any decision and ask me whether I have any suggestions to improve [my relatives] care."
- Staff told us they were able to suggest improvements to the care practices. One staff member told us about an infection prevention control suggestion they had made, this had been implemented and feedback provided.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent  People were not always having their mental capacity assessed; DoLS were not always applied for in a timely manner