

Monarch Healthcare (Ferndene) Ltd

Ferndene Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ferndene Nursing Home is a residential care home providing personal and nursing care to 43 people aged 65 and over at the time of the inspection. The care home can accommodate 45 people in one purpose-built building.

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

The risks to people's care were assessed and measures were in place to mitigate these risks. Staff had access to personal protective equipment and followed national guidance around donning and doffing. Measures were in place to reduce the risk of infection to people living at the service. A quality monitoring process was in place however it had failed to identify some of the issues we found at inspection. People's medicines were not consistently managed in a safe manner. Medicine administration records (MAR) showed people had not received their medicines in a timely manner.

People were supported with adequate numbers of staff who had received training for their roles. Staff were recruited safely. The service was clean and there were effective cleaning schedules in place being followed by the housekeeping staff.

The registered manager responded to and undertook learning from any safeguarding concerns raised to them. Staff knew how to keep people safe from abuse and were confident to raise concerns with the registered manager or external agencies. When required notifications had been completed to inform us of events and incidents.

People and their relatives knew how to raise a complaint and would feel confident to do so if needed.

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 Requires Improvement report published 5 May 2020.

Why we inspected

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 coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to follow up on concerns we had received. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions were not looked at on this occasion. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service was Requires improvement.

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

The provider has taken positive steps to mitigate the risks to people's safety when we highlighted concerns to them.

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 well-led?

The service was not always well-led.

Requires Improvement ●

Ferndene Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

Ferndene 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, 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

We visited the service on one occasion. We gave the provider 24 hours' notice of the inspection. This was due to the COVID-19 pandemic to ensure we had prior information to promote safety.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team who work with the service. The provider had completed 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 briefly with three people, a nurse, the regional manager and registered manager. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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.

After the inspection

Following our visit we spoke by telephone with the relatives of three people, who used the service, about their experience of the care provided. We also spoke with five members of staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data, medicine administration records and staffing rotas.



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 requires improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment

- The registered manager told us they were now fully recruited and did not have to use bank and agency staff to cover shifts. During the inspection we saw no evidence of people waiting for care or of staff being unable to respond to people's needs. However, when we spoke to staff, they told us there were occasions when they felt they were short of staff. For example, delays in people receiving their medicines. We looked at medicine administration records for October and saw night time medicines were not always administered at times which were consistent with the times people's medicines were prescribed to be given. There was a risk people were not receiving their medicines as prescribed. When we spoke with the registered manager about this they told us they would audit the documentation and review the issue.
- People were supported by staff with up to date training to support them in their roles, to keep them safe.
- Care staff and registered nurses received regular update training to support their knowledge and skills for their roles.
- The provider used a dependency tool to support them calculate the number of staff required to support people safely. The rosters we viewed showed the majority of time the provider was meeting their established numbers of staff.
- There were safe recruitment processes in place to ensure people were supported by suitable staff. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

Using medicines safely

- We observed the medicine round and observed medicines were administered according to the providers policy. However, when we looked at the medicine administration records (MAR) for October we found occasions when people had received their medicines more than two hours after the prescribed time.
- We saw two people were prescribed medicines which should be given 30 minutes before food. It was not clear from the records if people had received their medicines at the correct time. This may have reduced the effectiveness of the medication.
- Guidance for 'as required' medicines (PRN) was consistently in place.
- Medicines which required specialist arrangements for storage were stored correctly.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. We found that risks to people's safety and the environment had been assessed. People's plans included risk assessments. These told the staff

about the risks for each person and how to manage and minimise these risks.

- People had personal emergency evacuation profiles in place.

Preventing and controlling infection

- People were protected from the risks of infection. Staff had access to personal protective equipment (PPE). Staff followed national guidance in relation to wearing and removing PPE.
- The home was clean and well maintained. Regular checks had been carried out to ensure cleaning regimes were effective.
- Staff had received training with reference to preventing infections and working within the pandemic.

Systems and processes to safeguard people from the risk of abuse

- Where the registered manager had been made aware of any safeguarding concerns, she had worked with the local authority safeguarding team to investigate and learn from events. Using supervisions, handovers and external training providers to support ongoing learning.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns and information available in the office supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Learning lessons when things go wrong

- Incidents were identified, recorded and action taken to keep people safe. The registered manager ensured that all accidents and incidents were recorded. This allowed the manager to monitor the action taken to keep individuals safe. For example, records showed care plans had been reviewed following incidents.
- The registered manager monitored the trends in areas such as falls and pressure care. This allowed them to identify if there were any patterns which could be addressed through a change in people's care plans.

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 requires improvement. At this inspection the rating has remained the same. 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

- Where people were unable to consent, capacity assessments were in place.
- Quality monitoring processes were in place. The provider had installed an electronic recording system for care plans and medicines. However, we observed that audits had not identified issues regarding times of medicine administration and minor inconsistencies in records.
- Monitoring and analysis of issues such as people's weights and falls were undertaken each month, and actions staff needed to take to support people were communicated to them.
- The provider had put in place arrangements to ensure staff had appropriate responsibilities for their skill set. For example, because the registered manager was not clinically qualified the provider had put in place arrangements for regular clinical support and oversight. This ensured staff received clinical support in their roles.

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

- Relatives we spoke with, felt able to raise issues. We observed where issues were identified at the inspection the registered manager had addressed these in a timely manner.
- Of the staff we spoke to three told us they thought that occasionally the registered manager did not always respond in a timely manner to concerns raised. The registered manager had put in place arrangements to have regular meetings with staff.
- Most relatives we spoke with felt the communication between themselves and the staff team was good.
- Relatives told us they were aware of the changes to visiting their family member and staff worked with them to ensure they could safely visit their relation. On one occasion a relative had expressed concerns about understanding what was happening to their family member and the registered manager had put in place arrangements to provide weekly communication.
- Staff told us they felt supported by the registered manager and provider.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities to inform us of significant events at the service as they are required by law to report to us. We receive regular communication and notifications from the registered manager on events at the service.

- We saw that complaints had been responded to in line with the provider's policies and procedures.

Working in partnership with others

- We saw evidence of referrals being made to external agencies including doctors, dietitian and the falls team.
- The registered manager told us they worked collaboratively with other agencies, for example, the local GP practices and pharmacy.