

Fern Leaf Carehome Limited

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Inspection report

38 Bedford Road
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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fern Leaf Carehome (38 Bedford Road) is a care home registered to accommodate and support up to five people with mental health needs, learning disabilities and/or autism. At the time of the inspection, five people were living at the home. The home has three floors with separate adapted facilities and ensuite rooms.

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

We expect health and social care providers to guarantee 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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People had control of how their care and support was arranged. People were supported to integrate into the local community and be as independent as possible.

Right care: Staff ensured people's dignity, privacy and human rights were respected. People received care and support that was personalised for their needs.

Right culture: The values and attitudes of staff and managers in the home enabled people to be as independent as possible and feel empowered in their daily lives.

People told us they felt safe in the home. Systems were in place to protect people from the risk of abuse. Risks to people's health were assessed so staff could support them safely. Medicines were administered safely to people. However, we made a recommendation for the temperature of the storage room to be monitored because the medicine cabinet could be exposed to strong sunlight which could affect the quality of medicines.

The provider recruited staff appropriately and checked they were suitable to work with people. There were enough staff working in the home to support people. Systems were in place to prevent and control infections, such as COVID-19. Lessons were learned following accidents and incidents in the home.

Staff were trained to carry out their roles and received an induction upon their employment. Staff felt supported in their roles. People were encouraged to maintain a balanced diet and their nutritional needs were monitored. They attended health appointments with professionals to help they remain in good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

People and staff got to know each other well. Care plans were person-centred so people could receive care that met their needs and preferences. Their future end of life wishes were discussed with them. People pursued their interests and were supported to avoid social isolation. Systems were in place to manage complaints. People's communication needs were met. Feedback was sought from people to help make continuous improvements to the home.

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

Rating at last inspection

At the last inspection, the service was inspected but not rated (report published 20 October 2020) because we carried out a targeted inspection that looked at specific areas.

Why we inspected

This was a planned inspection based on a review of information we held about the service and because the service was unrated.

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.

Follow up

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?

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?

Good ●

The service was 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.

Fern Leaf Carehome Limited

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 one inspector.

Service and service type

Fern Leaf Carehome (38 Bedford Road) 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 home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. They and the registered provider 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

The inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with two people who lived in the home, the registered manager, the director, who was the provider of the service and two support staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed four care plans, which included risk assessments. We looked at other documents such as medicine management, infection control records and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one relative for their feedback about the home.

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 inspected but not rated. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems to protect people from the risk of abuse were in place. The provider had implemented safeguarding procedures for the home to ensure abuse was identified and reported. One person said, "I feel safe and secure." A relative told us, "I think it is a safe home for [family member]."
- Staff had received training in safeguarding people from abuse. One member of staff told us the procedures they would follow should they identify people at risk. This included whistleblowing to external agencies such as the local authority or the police if they were unable to report concerns about people's safety to the management team.

Assessing risk, safety monitoring and management

- Risks associated with people's health and support needs were assessed so people could be supported safely.
- Risk assessments were developed for people and contained guidance for reducing their associated risks. These included risks relating to people's nutrition and hydration, their health conditions, personal care and mobility. For example, one person required the use of a catheter and there were measures in place for staff to monitor that it was kept clean and secure to prevent infections.
- Staff told us risk assessments were helpful and gave them an understanding of people's needs and how to support them safely.
- The registered manager maintained safety checks of the environment and premises. Gas, water, fire alarm and electrical installations had been serviced by professionals to ensure the premises was safe for people. Equipment such as pressure relieving mattresses were checked to ensure they were at the correct settings and were in good working order.
- Each person had a personal emergency evacuation plan, in the event of a fire or other emergency, that set out how to evacuate them safely out of the home in accordance with their individual needs.

Staffing and recruitment

- There were suitable numbers of staff in the home to support people. The home had staff present for 24 hours a day and the registered manager was on call for any out of hours emergencies, to provide additional safety for people.
- The registered manager shared a rota with staff to confirm who was allocated each shift during the week. A staff member told us, "There is enough staff. The manager gets cover when we need it."
- Staff were recruited safely. Records showed the provider carried out criminal background checks, sought references and obtained proof of identity and the eligibility to work of new staff they employed.

Using medicines safely

- Medicines were administered safely. People told us and records showed they received their medicines at the times prescribed. One person said, "I get my medicines when I need them. The staff do a good job." A relative told us, "[Family member]'s medical needs are well taken care of by staff."
- Medicines were stored securely in the registered manager's office in a small cabinet by a window, which meant it could be exposed to direct sunlight. However, we noted that the temperature of the room and of the medicine cabinet was not checked as part of medicine storage procedures.
- Due to the location of the medicine cabinet there was risk of the room temperature exceeding the recommended levels of 25 degrees during periods of hot weather. We discussed this with the registered manager who told us they had already identified this and would purchase a thermometer, although they had yet to implement it.

We recommend the provider seeks best practice guidance on monitoring the temperature of medicine storage settings to ensure the effectiveness and quality of all medicines.

- There were procedures in place to ensure medicines were recorded accurately. Staff completed Medicine Administration Records (MAR) after they administered medicines to confirm medicines were administered at the times prescribed.
- Risks relating to people's medicines were set out within people's medicine files to make staff aware of possible side effects. There were protocols for medicines that were used as and when required such as painkillers.
- Staff had been trained in medicines management. Their competency and understanding of procedures was assessed to ensure they practiced safe use of medicines. The registered manager completed daily audits of medicines to check people had received the correct medicines and to check any errors or gaps in records.

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.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the latest government 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.

- 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

- Accidents and incidents that involved people in the home were recorded and reviewed.
- The registered manager investigated and analysed incidents to learn lessons and minimise the risk of re-occurrence.
- Action was taken by staff and managers to ensure people remained safe and to help prevent a repeat of the incident.

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 not inspected. At this inspection this key question has been rated good. 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

- Prior to moving into the home, people's needs were assessed to determine if the home was a suitable place to help the person achieve effective outcomes for their care.
- Pre-admission assessments contained details of people's health conditions, mental health needs, and levels of independence. We looked at the most recently completed assessment, which was for a person who moved into the home 12 months previously. However, the assessment contained basic information and did not highlight the person's personal choices, wishes or any cultural needs. More detailed information was found in other parts of their care plan.
- We discussed this with the registered manager and provider who told us they had developed a more robust and detailed assessment template that they would use in future. We viewed the template which contained sections for people's different skills and abilities, their views, preferences and equality needs. This would provide a more comprehensive assessment of people's needs and choices in line with current standards.

Staff support: induction, training, skills and experience

- Training was provided to staff to give them the skills to provide support to people safely and effectively. The induction and training programme included the Care Certificate, which is a set of training standards of health and social care staff to work towards.
- Staff reviewed the provider's policies and procedures for the home to understand them and be aware of their responsibilities.
- Training topics included safeguarding adults, infection prevention and control, medicine administration, equality and diversity awareness and food and nutrition.
- A training matrix showed when staff completed their training. Refresher training was provided to staff to help keep their skills up to date. A staff member told us, "The training was very good and made me more confident as I was new to care. My colleagues are also very supportive and encouraging." A person told us, "The staff are fantastic and skilled at what they do." A relative said, "The staff really understand [family member's] needs and how to support them."
- Staff were supported in their roles and had opportunities to discuss their work, their performance and any problems in supervision meetings and yearly appraisals with the registered manager.
- Staff told us the registered manager was approachable and helpful. A staff member said, "[Registered manager] is very supportive and I've learned a lot from them."

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

- People were supported to have food and drink that they enjoyed and to maintain a balanced diet. This

included people who had specific cultural or religious nutritional requirements. For example, some people only ate meat that was permissible according to their faith and staff were able to provide this for them.

- People helped design a weekly menu with staff which included meat, fish and vegetarian options. They could also ask for a different meal, should they not wish to eat anything from the menu on any day.
- Food was stored safely and checked to ensure they did not exceed the recommended use by dates. A variety of fresh fruit and vegetables were available, to encourage people to eat healthily. A person told us, "I get food which I enjoy and which the staff prepare very well. I also enjoy a takeaway once a week and I am able to have this."
- People's nutritional requirements and risks were assessed and monitored. For example, some people had eating disorders or had choking risks and staff ensured they followed risk assessments to keep them safe.
- People's weights were recorded monthly to check if they had gained or lost weight, which could have a negative impact on their health. If there were concerns about people's nutrition they were referred to relevant health professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and were referred to health services such as the local GP, district nurses, physiotherapists and dentists. People's records contained a hospital passport, which held important information about the person that health professionals should be aware of, should they require hospital treatment.
- Care plans included the contact details of health professionals or agencies involved in their care.
- People's health and wellbeing was monitored to help them be in good health. Records showed people attended health care appointments. Staff told us they could identify if people were not well and knew what action to take in an emergency.

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

- Fern Leaf Carehome (38 Bedford Road) is located in a quiet residential area and there were no obvious signs it was a care home. The local town was easily accessible for shops and services. The service was designed and decorated to help people with learning disabilities and/or mental health needs. There was suitable access for wheelchair users.
- We saw that people felt comfortable in the home and could choose where they wanted to spend their time. People were able to personalise their rooms with items of their choosing and were afforded privacy.

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.

- People's ability to consent to decisions made about their care was assessed. This included aspects of their care, such as their medicines, finances, relationships and personal care. One person said, "I can consent and choose everything and make decisions. The staff listen to my requests."
- Staff understood the principles of the MCA and told us they asked for people's consent at all times before

providing them with support.

- The provider had ensured authorisations for DoLS were in place for people whose liberty was being deprived. Records showed specific conditions applied to people's DoLS by the local authority were being met by the service.

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 not inspected. At this inspection this key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff were kind and caring. One person said, "The staff are very nice, polite and respectful and always there to help. I think they are all excellent." A relative told us, "The staff are very caring and very respectful. They are excellent staff and I am happy with how they care and support [family member]."
- People's privacy was respected and staff ensured they protected people's dignity. Staff told us they made sure doors and curtains were closed when providing people personal care. If people wished to be left alone, this was respected.
- Care plans contained information about people's levels of independence and daily living skills. For example, washing and dressing themselves or walking independently. A staff member said, "I encourage people to be as independent as possible."
- Staff told us they understood the home's confidentiality policy and did not put people's personal information at risk.

Ensuring people are well treated and supported; equality and diversity

- People were well treated and supported. Staff told us they had got to know people and we observed staff and spending time with people during the day. A relative told us, "The staff treat [family member] like their own family. They really care and [family member] is always well dressed and well turned out."
- Staff understood equality and diversity and were aware of how to not discriminate people. Staff told us they respected people's beliefs. A staff member said, "Yes I understand this. For example, it is important to respect all people, such as their sexuality or race and not discriminate them because of this or stereotype them."
- People's religious beliefs or practices were recorded in their care plans. Staff told us they supported people to practice their religion and fulfil their cultural needs.

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

- People were supported to express their views and make decisions for themselves. We observed staff respecting people's wishes.
- People and their relatives were involved in decisions about their care. One person told us, "I have seen my care plan and I agreed it."
- People had monthly one to one meetings with their key worker, who was a member of staff allocated to work with the person closely and update their care plan. They were supported to express their thoughts and provide feedback to staff.

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 not inspected. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had choice and control of how they wished to receive their care and support. They discussed their goals with staff and what they wanted to achieve, such as more contact with their relatives or improved health. One person said, "I like it here and get a good service from staff and manager."
- People received support that was personalised. Their written care plans provided information about their personal story and history. This helped staff understand their needs and how to support them. A staff member said, "The care plans help me get to know the person. I understand their health needs, routines, characteristics and behaviours so that I can support them."
- Care plans contained sufficient details of people's hobbies, interests, likes and dislikes, such as watching films, socialising, sensory activities, seeing family and friends and shopping in the local area.
- People were supported to lead independent lives. Keyworker meetings and monthly reports for each person contained a summary of their health, their wellbeing and achievements over the month.
- Handover meetings took place between shifts so staff could update incoming staff of how people were and to report on actions that required following up. Staff also completed a communication book to relay messages from relatives, other stakeholders and report any matters related to the home. The communication book was read by all staff to ensure they were aware of the information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People's interests and hobbies were understood and they were supported to follow or pursue them. For example, two people attended a local college for most of the week for a few hours each day. Staff also arranged group activities, such as board games and garden games for people to take part in if they wished. Staff also supported people to attend activity centres in the local area, such as trampolining and sensory sessions.
- At other times people followed their own personal pastimes such as listening to their favourite music, painting, watching films or going for walks. One person said, "I am not into games and quizzes. I enjoy visits from my family, and watching TV in my room. The staff respect this."
- People were supported to maintain relationships with family and friends to avoid social isolation. They were able keep in regular contact with them by telephone or video call. For example, if a person was self-isolating and were unable to have visitors. This helped to ensure people did not feel cut off from their relatives and other loved ones.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were set out in their care and support plans.
- Staff told us they used signs, gentle touching and gestures to communicate with people who were less verbal and followed the person's communication plan. For example, staff understood basic Makaton to help communicate with one person. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate. Guidance on Makaton techniques to communicate with the person was made available to staff.
- The provider ensured information was made available to people in easy read formats to help them understand what the information was trying to say, such as understanding how to report abuse or make a complaint.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people should they wish to make a complaint if they were unhappy with something. There had been no complaints about the home since it became registered under the current provider in March 2020.
- The registered manager told us complaints would be investigated fully and people would receive an outcome for their complaint should they arise in future. A relative said, "Whenever I have raised a concern, they [managers and staff] have always responded and resolved it quickly."

End of Life care and support

- The home did not support people with end of life care at the time of our inspection. However, end of life care plans were in place and showed that some people had made advanced decisions. For example, their funeral arrangements in case they became unwell and needed palliative or end of life support.
- People's cultural requirements around funeral arrangements were discussed and considered to ensure their wishes would be met.
- The registered manager explained they would provide end of life care training to staff and seek support from end of life professionals. This would help to provide people with appropriate and sensitive support.

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 inspected but not rated. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff were clear about their roles and responsibilities. The registered manager was recruited after our last inspection in September 2020. They told us they were well supported by the director and provider of the service, who also attended the inspection. The registered manager demonstrated an understanding of regulatory requirements and of monitoring the quality of the service.
- Records showed quality assurance systems were in place to ensure people received the standard of support expected and keep them safe. The registered manager maintained audits and checks of medicine records, care plans, infection control processes and carried out environmental checks of the building.
- The risk of COVID-19 outbreaks was assessed, as was the risk to each person, should they be infected with the virus. This meant the provider was taking reasonable steps to prevent and control outbreaks.
- We noted some minor inconsistencies in some of the information in care plans and risk assessments. For example, where dates of the last review were not entered and some typos and errors. We fed this back to the registered manager to review and make any necessary corrections.
- Staff told us they were encouraged and supported by the registered manager to perform in their roles. One staff member told us, "[Registered manager] is very good and very approachable. They are willing to teach and make sure we do things the right way."
- People and relatives we spoke with were positive about the home and staff. One person said, "The staff, owner and manager are very friendly. All the staff listen to me and respect me."

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

- People received support to help them achieve positive outcomes. We observed that staff were able to support people in a measured and calm way which helped to maintain a pleasant atmosphere. For example, people were able to play their music loudly, as long as it did not upset other people in the home.
- There was an open-door culture. One person told us they could approach the registered manager or staff with any concerns or complaints they had. A relative told us, "I think it is a very good home. It feels like a family; a home from home and my [family member] is very happy and settled." A staff member said, "I have enjoyed working in the home. We can have a lot of fun supporting residents. There are challenging days and amazing days. If I can help make someone's day better, that's a great result."

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

- People were engaged with and their views were listened to. They met with staff to discuss what was important to them. They and their relatives were kept informed and updated on any changes, for example around COVID-19 visiting guidance. Relatives told us they felt involved in their family member's care. "The communication is excellent. I always get updates and am involved in [family member's] reviews. I attend the care review meetings."
- Staff meetings were used to share important information, discuss any issues and remind staff of procedures and their professional responsibilities.
- The registered manager ensured they monitored the home and made necessary improvements identified through audits or incidents. For example, lessons were learned to ensure there was more effective communication with other public services that people used, such as the local college, after a person sustained an injury in the home, prior to attending their class.
- People's equality characteristics were considered and recorded.
- The provider sent out surveys and questionnaires to people relatives, staff and professionals for their feedback about the home. We saw that all comments were positive.

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 provider was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
- The registered manager and provider were open and transparent to people and relatives when things went wrong.

Working in partnership with others:

- The registered manager and provider worked well with other social care agencies and professionals. A social care professional told us, "[Provider] is extremely reasonable and always there to accommodate people. Families of and people with learning disabilities say their loved ones have enjoyed staying in the service."
- The home had established links with other services. For example they utilised other services such as sensory and activity centres in the local area and they supported people to attend them.
- The provider kept up to date with new developments in the care sector and shared best practice ideas.