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The Ferns

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Ferns is a residential care home providing accommodation and personal care to five people with a learning disability. A maximum of six people can live at The Ferns.

The Ferns is a large terraced home over three floors and has a cellar. Three people had their own bedrooms and two people shared a large bedroom. There was a shared lounge, dining room, kitchen and two bathrooms. Staff used a downstairs room as an office and sleep-in room. This room could also be used by people living at the home during the day, for example to use the games console or pool table.

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

Considerable improvements had been made in all areas following our last inspection. Safety concerns had been addressed and a lot of maintenance work had been completed in the building. Further re-decoration was planned. Quality audits had been reviewed and issues identified were acted upon. Current COVID-19 guidelines were being followed and the staff team used the correct personal protective equipment.

People had been involved in their care plans, which had been re-written in a person-centred way. Risks to people's safety had been assessed and plans were in place to manage them. People's end of life wishes had started to be discussed with people but had not been completed and recorded.

People were taking part in more activities as more staffing was available and people interacted well with the staff. Relatives were positive about the support their relatives received at The Ferns. Records were written in a dignified way.

Staff had completed required training, with additional training planned. Staff felt well supported and had regular supervision meetings. People received their medicines as prescribed and their health and nutritional needs were being met.

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. Where people were able to make some decisions and not others (called variable capacity), the provider said they would use a recognised capacity assessment tools to assess the person's capacity to make each separate decision.

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.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. We have made a recommendation that further support is provided for the staff team so the key principles of 'Right support, right care, right culture' are followed.

Additional staff hours were available to support people to access their local community and activities. Maintenance work had been completed to make the service more homely. A person-centred approach was being promoted by the management team. Discussions had been held in team meetings and staff training had been completed. Daily records were now written in a respectful way. Further support is required to embed this culture in the staff team.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 22 January 2021), there were multiple breaches of regulations and CQC took enforcement action. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Where a service has been rated inadequate at the previous inspection, improvements must be made and shown to be sustained within the service to be rated as good. The Ferns have made improvements in all areas where issues had been identified at our last inspection. We will continue to work with the service and the local authority, so the improvements seen at this inspection are sustained.

This service has been in Special Measures since 22 January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This comprehensive inspection was carried out to follow up on the enforcement action we took following the last inspection.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Ferns

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.

Service and service type

The Ferns 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 two managers 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. For the purpose of this report, we will refer to the managers as 'registered manager one' and 'registered manager two.' Since the last inspection, registered manager one was now less involved with the service. Registered manager two was present during our inspection.

Notice of inspection

Notice was given to the service just before our arrival. Short notice was given so we could check the COVID-19 status within the home.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager two, senior care worker and care workers. We observed interactions between people living at the service and members of staff throughout the inspection.

We reviewed a range of records. This included three people's care records and five medication records. A variety of records relating to the management of the service, including staff training and quality audits.

After the inspection

We reviewed information requested from the provider during the inspection to validate evidence found, including supervision records and the service improvement plan. We contacted the local authority quality team.

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 focused inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

Where a key question has been rated inadequate at the previous inspection, improvements must be made and shown to be sustained within the service to be rated as good. The Ferns have made improvements in all areas where issues had been identified at our last inspection. We will continue to work with the service and the local authority, so the improvements seen at this inspection are sustained.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- A programme of maintenance and repairs had been completed. The electrical installation now met legal standards. The cellar had been cleared of excess rubbish and the fire risk assessment had been written by a competent external company. Greater Manchester fire service had visited the home and stated it met current fire regulations and personal emergency evacuation plans (PEEPs) had been updated.
- Action had been taken to address previous concerns regarding hot water and radiator temperatures and risk assessments had been written to manage them. Improvements had been made in the back yard and people were now able to sit outside if they wanted to.
- Risks to people's safety had been assessed and appropriate plans developed to manage them.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection care staff had not completed training in safeguarding vulnerable adults and a safeguarding concern had not been responded to appropriately. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care staff had completed on-line training in safeguarding vulnerable adults. An incident had been raised and discussed with the local authority safeguarding team.
- Action had been taken to reduce the risk of accidents on the cellar stairs. An alarm had been fitted to the

cellar door to alert staff if the door had been opened when they were in the cellar completing the laundry.

Preventing and controlling infection

At our last inspection the building had not been properly maintained to ensure good infection control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The external cellar door had been repaired so there was no longer a gap underneath it. This meant vermin could not enter the cellar from outside.
- Interior walls had been repaired, enabling better cleaning of the home. The home was observed to be clean throughout, with a daily and weekly cleaning schedule in place.
- Staff were observed to use the correct personal protective equipment (PPE), including masks and visors. People and staff took part in regular COVID-19 testing. The provider's policies for infection control were up to date.
- People had been supported to visit their families, following current government COVID-19 guidelines.

Staffing and recruitment

At our last inspection the provider had not ensured there were not enough staff on duty to support people to go out on a regular basis. This contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- Rotas and activity sheets showed there were more hours available to support people to take part in activities outside of the home.
- People's needs had been re-assessed by the local authority and a request made for additional staff hours to support people to safely go out into their community and follow social distancing guidelines. The additional hours, if deployed effectively, would provide additional staff resources to support people to go out.

We recommend the provider continues to review the rota's and recruit sufficient numbers of staff to effectively use the additional hours to improve people's access to their local community activities.

- No new staff had been recruited since our last inspection. Therefore, we did not look at any staff recruitment files at this inspection.

Using medicines safely

At our last inspection staff had not completed refresher training for administering medicines and competency checks had not been completed. This contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- Improvements had been made in relation to staff training in medicines administration and competency checks. Care staff had completed medicines administration training and competency checks had been completed. One staff member, who had recently returned to work at The Ferns, had yet to complete their medicines training. The provider said this training would be made a priority.
- People received their medicines as prescribed. Medicine Administration Records (MARs) were fully completed.
- Guidance was in place for homely remedies; however, information about how people would inform staff they needed the homely remedy was not recorded. The provider told us the guidance would be updated.

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.

This key question was not inspected at the last focused inspection published January 2021. At the last comprehensive inspection published in October 2019 this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last focused inspection, we only looked at the safe and well-led key questions. The lack of staff training and supervision meetings was reported within these key questions. At this inspection improvements had been made.

- The provider had purchased a recognised on-line training system. Staff had completed a range of training courses, prioritising safeguarding, medicines administration, emergency first aid and diabetes. Further relevant courses were allocated to the staff team each month.
- Staff supervision meetings had been held and recorded. Staff said they felt well supported by the provider and senior care worker. One member of staff said, "We can always speak to the managers anytime. I do have regular supervision with [senior care worker name]."

Ensuring consent to care and treatment in line with law and guidance

At the last focused inspection, we only looked at the safe and well led key questions. People not being involved in decisions about their care and support was reported within the well-led key question. At this inspection improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments and DoLS applications had been completed for two people in respect of the support they needed when going out to follow COVID-19 guidance for social distancing and the wearing of masks. Easyread information had been used to support people to understand the information about the COVID-19 guidance as part of the DoLS assessment.
- The service was not following the MCA code of practice fully for one person. Capacity assessments were not in place for each specific decision. The provider told us they would research this and complete them with people.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to attend all medical appointments as required. Health action plans detailed people's health care needs and any health care professionals' involvement. A relative said, "They're (the staff) on the ball with medical things and always let me know."
- Information was available to support one person to manage their diabetes. A new blood sugar monitoring device was being used. Staff had received training on how this worked and how to support the person if their blood sugar readings became higher or lower than the target value.
- People were supported to choose what they wanted to eat, with a menu compiled for the main meal. Alternative options could be made if people did not want what was on the menu.

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

- At the time of our inspection the people living at The Ferns did not need any specific adaptations for the home.
- People had personalised their bedrooms with photographs, posters and personal items.

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.

This key question was not inspected at the last focused inspection published January 2021. At the last comprehensive inspection published in October 2019 this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives we spoke with were complimentary about the staff team at The Ferns. One person told us, "I like the staff, they are nice people." One relative said, "The staff have always been kind and supportive, [name] tells me she's happy there."
- Staff knew people and their needs well. We observed kind and positive interactions between people and staff. Support plans included information about people's backgrounds, preferred names and likes and dislikes.

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

- People had been involved in the development of their care plans. Residents meetings had been held to discuss what people wanted on the menu.
- Since our last inspection people had been supported using easy read materials to understand the COVID-19 restrictions and guidance.

Respecting and promoting people's privacy, dignity and independence

At the last focused inspection, we only looked at the safe and well-led key questions. Records not being written to uphold people's dignity was reported within the well-led domain. At this inspection improvements had been made.

- Staff knew people well, including the support they needed and their daily routines.
- Staff meetings had been used to discuss with the staff team how to write appropriate records. Daily records were written using respectful language that upheld people's dignity. However; staff were not aware of the principles of 'right support, right care, right culture' and how this could benefit people living at The Ferns.

We recommend further support and training is provided for the staff team to follow the key principles of 'right support, right care, right culture'.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This key question was not inspected at the last focused inspection published January 2021. At the last comprehensive inspection published in October 2019 this key question was rated as good. At this inspection this key question has remained the same. 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; End of life care and support

At the last focused inspection, we only looked at the safe and well-led key questions. The lack of person-centred care plans and people's end of life wishes were reported within the well-led key question. At this inspection improvements had been made.

- We found there had been big improvements in the care plans. Care plans had been re-written in a person-centred way, individual to each person. The care plan contained information and guidance for staff on how best to support the person, including what individuals like to do, what time they like to get up and the personal care routines they liked to follow.
- National best practice guidance for good care planning had been consulted when re-writing the care plans.
- The senior care manager told us they had started to have conversations with people, and their relatives, about their wishes at the end of their lives. This included a discussion about what people would want if The Ferns was no longer able to meet their needs in the future. The information was not yet written into people's care plans as the discussions were currently ongoing.

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.

- Easy read documents had been printed to support people understand the COVID-19 restrictions and guidance.
- People had been involved in developing their care plans. However; further development of the care plans was needed to ensure they were also in a format that people could easily read and understand. We discussed this with the senior carer who told us they would work on making the care plans more accessible.

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

At the last focused inspection, we only looked at the safe and well-led key questions. The lack of staff

support for people to be able to go out when they wanted to was reported within these key questions. At this inspection improvements had been made.

- More hours were available within the service to support people to participate in different activities. This had been assisted with the easing of COVID-19 lockdown restrictions.
- People had started to go swimming, to the gym and to be involved in the weekly house shop. People had also been supported to visit their families. One person had decided they did not want to go back to the day centre they used to attend as they preferred going out with members of staff and taking part in different activities. One person said, "I do go out for walks with staff and recently been swimming; I love this."
- Recording of activities had improved and was captured individually in people's care file.

Improving care quality in response to complaints or concerns

- No formal complaints had been received since our last inspection.
- People would speak directly with a member of care staff if they had any grumbles. These would be addressed by the member of staff or senior care worker.

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 focused inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

Where a key question has been rated inadequate at the previous inspection, improvements must be made and shown to be sustained within the service to be rated as good. The Ferns have made improvements in all areas where issues had been identified at our last inspection. We will continue to work with the service and the local authority, so the improvements seen are sustained.

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

At our last inspection the quality assurance systems were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The building had also not been well maintained which was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of either regulation 17 or 15.

- Quality audits had been updated and were more robust. Audits were completed for health and safety, medicines and infection control. Issues identified within the audits had been actioned. For example, the pharmacy had been contacted to ensure the medicines administration records contained all the relevant information and a plumber had altered the hot water temperatures when they had been found to be too high.
- A range of maintenance work had been completed at the home. One member of staff said, "They have done so much work done; we are having new flooring to be installed soon and the garden is much better and now secured."
- Although improvements had been made since our last inspection, areas such as assessing people's capacity to make decisions and meeting the requirements of right support, right care, right culture required further action. These changes needed to be embedded into the practice at The Ferns and shown to be sustained.

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

At our last inspection service was not person-centred and people were not involved in decisions about their

lives. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People had been involved in the re-writing of their care plans, which were now person-centred. Staff had completed required training and more staffing was available to support people to access their local community.
- Relatives were complementary about the service and communication with the staff team was good. One relative told us, "I'm always kept in the loop; staff phone me and [relative name] gets on the phone. They keep me up to date everything that's necessary."

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 home had notified the CQC of the applications made for Deprivation of Liberty Safeguards (DoLS) and had referred one incident with the local authority safeguarding team. The provider and registered manager two were aware of the types of events that needed to be notified to CQC.

Working in partnership with others

- The home worked with the local authority commissioning team who monitor the service. They had supported the home with their improvement plan following the last inspection.