

Fenners Limited

# Fenners Farm House

## 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



### Overall summary

This inspection took place on 22 July 2015.

Fenners Farm House provides accommodation and support for up to nine people. People using the service have learning disabilities.

There was a registered manager in post. 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'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were some shortfalls in the way the safety of the service people received was assessed and managed. This included a concern for the way medicines were managed. Systems for monitoring service quality and addressing risks had not properly identified where improvements were needed to ensure the service continued to comply with expected standards and regulations. This included the failure to identify when documents, including the fire safety risk assessment were overdue for review.

There were enough staff and they had a good understanding of the needs of each person. They were

# Summary of findings

skilled and competent in meeting individual needs. Staff were flexible in the amount of support they offered people when their needs changed. They acted to promote people's health and welfare and to encourage people to be as independent as they could be. Staff supported people in a kind and caring manner and promoted people's privacy and dignity and were clear about their roles.

Staff had training in the Mental Capacity Act (MCA) 2005 and, where people were not able to make decisions about their care, staff understood the importance of acting in their best interests. The manager understood when an application to deprive someone of their liberty under the MCA and associated Deprivation of Liberty Safeguards should be made to promote people's rights, but had not attended to this promptly.

Staff supported people to raise any concerns or complaints and people were confident that their views

would be listened to and addressed. People had the opportunity to discuss the running of the service and their views at regular meetings within the home. Relatives were regularly asked for their views and expressed a high level of satisfaction with the quality of care people received.

We found that the service was in breach of three regulations. Systems for managing medicines were not as safe as they should be. Action had not been taken promptly to ensure best practice in this area was maintained, to assess and manage other risks within the service and to ensure that records were kept up to date. The provider had also failed to notify us of events happening within the home that affected people's care and welfare.

You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 consistently safe.

Systems for ensuring that medicines were managed safely were not sufficiently robust. The safety of the premises in the event of fire was not properly monitored.

There were enough suitable staff to support people safely and staff understood the importance of reporting any suspicions that someone may be being abused.

Requires Improvement



### Is the service effective?

The service was effective.

Staff understood how to support people to make decisions about their care and, where they were unable to do so, how to act in their best interests. Although delayed, action was being taken to promote the rights of people whose freedom was felt to be restricted.

People were supported to maintain a healthy diet and to access advice from health professionals when necessary.

Good



### Is the service caring?

The service was caring.

People were supported by kind and compassionate staff who offered reassurance when it was needed. People were encouraged to maintain their independence and their privacy and dignity was promoted.

Good



### Is the service responsive?

The service was responsive.

Staff understood the needs of each individual and responded flexibly when these changed.

People were supported to make complaints if this was needed, and were confident their concerns would be addressed.

Good



### Is the service well-led?

The service was not consistently well-led.

The systems for monitoring safety, mitigating risks and for improving the service when it was needed, were not implemented effectively. The service had failed to notify the Care Quality Commission about specific events happening in the home.

Care staff had a clear understanding of their roles and were supportive of one another in the way they worked.

Requires Improvement



# Fenners Farm House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 July 2015 and was carried out by one inspector. We gave the provider short notice on the day before our inspection that we intended to visit. This was because the service was a care home for people with learning disabilities who were often out during the day. We needed to be sure that someone would be in. The service also supported people with autism and we wanted the provider to be able to prepare people for our visit.

Before the inspection we reviewed the information we held about it. This included a Provider Information Return (PIR)

that was completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information about specific events such as incidents taking place within the service. The provider is required by law to notify us of these, including events affecting people's safety or accidents occurring to people while they are receiving care.

We spoke with four people who used the service and a professional from the community learning disabilities team providing support to some of the people using it. We also spoke with three members of staff, the registered manager, general manager and one of the provider's representatives. We observed the way staff interacted with people and the staff handover meeting.

We reviewed care records for three people and medicines records for four people. We also looked at other records relating to the safety and management of the home.

# Is the service safe?

## Our findings

We reviewed the findings of a pharmacy visit to the service completed in January 2015. The report from this set out actions that were needed to ensure improvements were made to the way medicines were managed. However, we found that action had not been taken in response to all of these in the six months between their audit and this inspection. The registered manager assured us that the medicines policy had been updated in February 2015 as the pharmacist required. However, the copies available within the service at inspection for staff reference indicated the last amendment was made in 2009, with the last review in May 2014. We also found that, although staff had medicines leaflets from packages to refer to, there was no up to date reference book for staff and the manager agreed this had not been obtained.

We found that medicines in stock were not recorded on new medicine administration record (MAR) charts when the previous chart was complete if they were carried over at the end of the month. This meant that medicines could not be properly audited to ensure that they were being managed safely. We also found an anomaly in the stock that should have been available. One person's records showed 200 soluble Paracetamol tablets had been recorded as received on their MAR chart. They had been given 38 doses based on the record but we found a deficit in the stock of tablets remaining. The registered manager was unable to account for the shortfall. We also noted that another person had been prescribed a short course of six tablets. Each of the six doses was signed for on the chart but it had been annotated to show that two tablets remained in the pack at the end of the course. This meant that the person had not received the medicines as intended by the prescriber to treat their condition.

We concluded that systems for managing medicines were not as safe as they should be. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

One person told us that staff supported them to manage their medicines and they were happy with the way this was done. Staff confirmed that they had training in the management and administration of medicines. We found that medicines such as eye drops, inhalers and creams were dated when they were opened to ensure they remained safe and effective to use.

The way the safety of the home was assessed and monitored had deteriorated from previous inspections. The management team told us that either the registered manager or general manager checked the safety of the premises on a weekly basis. We found that the recorded checks did not always show that fire alarm points were regularly tested. However, some of the gaps for tests not shown in the manager's records were accounted for in the housekeeper's records. We also found that the fire risk assessment for the safety of the premises had been completed in 2012 and was due for review in 2013 to ensure it remained appropriate. We found that this had not happened and it was not updated promptly following some alteration to the premises. During our visit the manager confirmed that an appointment with a fire safety consultant had been made to ensure the assessment was reviewed and updated. However, we were concerned that there remained some risks arising from the first assessment, for example with the storage of combustible materials and the effectiveness of the store room door in containing a fire. We have referred our findings to Norfolk's fire safety service.

We found that individual risks to the safety of individuals had been assessed. This included risks associated with people's mobility, not eating or drinking enough, and their safety when they were out in the community enjoying activities. Staff were able to explain how they supported people to minimise risks and took into account fluctuations in one person's welfare which could increase their risk of falls. We noted that one person also had a specific guidance for staff about the way they needed to minimise risks associated with the person's complex health care needs.

Two people told us that they felt safe in the home. Our discussions with staff showed that they were clear about what might constitute abuse and understood their obligation to report concerns. They confirmed that they had relevant training. One staff member told us that, if they could not report to the management team for any reason, they knew how to contact the local safeguarding team and the Care Quality Commission. The management team confirmed that concerns had been reported to the safeguarding team, when necessary, so that they could be properly followed up.

Staff confirmed that staffing never fell to unsafe levels and it was only occasionally that activities had to be curtailed

## Is the service safe?

because of last minute shortages. They said that staffing was flexible according to people's activities and appointments. During our inspection we observed that there were sufficient staff on duty to engage people in activities both inside and out of the home. People needing support or assistance were offered this promptly. Staff also told us that the management team were 'on call' to provide support or assistance if it was needed.

The management team told us about the checks that were completed before applicants started work and we saw that offers of employment were conditional upon the completion of satisfactory checks and interview. We

reviewed the recruitment file for one new member of staff. This showed that appropriate checks were completed to ensure the staff member was not barred from working in care and references were taken up. The application form only asked for details of employment for the last three posts the applicant held but there was a separate and detailed list for the person's full employment history. The management team also told us how disciplinary procedures were implemented where appropriate if the conduct of staff was not satisfactory.

We concluded that people were supported by enough suitable staff to meet their needs safely.

# Is the service effective?

## Our findings

We noted from information sent to us that no one living with in the home was subject to an authorisation under the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). This was despite some people receiving high levels of supervision, particularly when they were out. We discussed with the manager that consideration was needed of whether the arrangements in place could be seen as depriving people of their freedom and so requiring an application to comply with DoLS. The manager showed us that she had one application form in progress to ensure a person's rights were protected although this had not been attended to promptly.

Staff confirmed that they had training to help them understand how to support people who found it difficult to make decisions for themselves. They were able to describe how they tried to explain things to people in a way they would find it easier to understand so that they were complying with the requirements of the MCA and associated code of practice. The management team were able to describe where one person experienced difficulties in understanding the importance of taking their medicines. We found that others who knew the person well had been involved in agreeing what was in the person's best interests.

We received some varying views from staff about how well they were supported and supervised by the management team. They said that the management team was available for advice if this was needed but that supervision was "...occasional." They felt that this support had declined recently. However, staff did confirm that there were staff meetings and 'keyworker' meetings with the manager to talk about how they worked with individuals.

Two people told us that staff gave them the support they needed. The provider's quality assurance questionnaires showed that people's relatives had no concerns about the competence of staff and the way people were supported. For example, one relative had commented, "We find it hard to think of any deficiencies in your provision of care." A visiting professional described the staff team as receptive

to their recommendations about meeting people's needs. They went on to say that, where staff might interpret guidance in different ways they were willing to engage in discussion and to work consistently with people to meet their needs.

Staff told us that they had access to training that was relevant for their roles and ensured they were able to meet people's needs. This included core training, for example in moving and handling and first aid. They said they also had access to further qualifications in care. The management team gave us information indicating that the staff induction programme had been reviewed to take account of the new Care Certificate. Staff told us how new members of the team had 'shadowing' shifts as part of their induction so that they learnt how to meet people's needs from more experienced members of the team. We concluded that staff were competent to meet people's needs properly.

One person told us they liked their food. People were encouraged with a healthy diet and we saw that people were offered choices. Staff discussed with one person what they would like for their tea, after lunch was over. They said this was because they knew the person could be anxious until they had settled what they would have at the next meal. Another person went out for shopping and lunch during our visit. Where necessary, people received encouragement and prompting and their weight was monitored in case they were at risk of poor nutrition. For one person we saw that their food intake was monitored to see what the person enjoyed most. Our discussions with staff showed that they were aware of the importance of monitoring people who may have swallowing difficulties and securing professional advice if it was needed.

We could see from people's care records that they had access to health advice and that any concerns were followed up promptly. People had access to advice from their doctors when they became unwell. We could also see that people received support from other professionals such as psychology, psychiatry, occupational therapy and physiotherapy services where necessary to promote their health and welfare. We concluded that people's health care needs were met.

# Is the service caring?

## Our findings

People told us that they liked the staff who worked with them. One person told us how much they liked their key worker. A visiting professional told us that they felt the staff were "...open and friendly." They went on to say that, "There is a family atmosphere and a high level of care." One relative commented in their survey for the provider that, "Both you and your staff are very caring." We observed that there was a warm and friendly atmosphere in the home during our visit.

We observed that staff interacted with people in a kind and compassionate manner. They responded to people's requests for assistance promptly. We saw that there was a lot of chatter and laughing with someone when they returned from an outing and engaged with the staff on duty to make a joke. For another person, requiring structure and routine, staff responded in a firm, clear but kindly manner.

We saw in people's care records that, where they were able to do so, they had signed to show their agreement and participation in making decisions about their care. We heard a staff member explaining clearly to one person what was due to happen that afternoon when they had become anxious about a shopping trip. They encouraged the person to make a decision about it and offered reassurance that it was to go ahead as planned.

We noted that people received support from their family members at review and to advocate on their behalf if it was

needed. People also received regular support from professionals at the community learning disabilities team who could assist them to understand aspects of their care and make decisions about it. Representatives of the "Friends of Fenners" checked the service regularly and involved people in expressing their views about their care.

Throughout our visit, staff spoke with and about people in a respectful manner, including during the staff hand over. This was held in private so that people who lived at the home could not overhear information about others. We noted that people's individual care records were held securely so that their confidentiality was promoted.

We also noted that people's ability to manage keys for their rooms was assessed. This meant that, if they were able to handle these safely and wished to do so, they could maintain privacy by locking their rooms. We also observed that, where people went to use the toilet and may not have been aware of promoting their own dignity, staff ensured that the door was closed discreetly behind them. They explained to the person what they were doing so that their privacy was promoted.

We saw that people were encouraged to take a pride in their appearance. For example, arrangements were made for one person to have their hair coloured and cut. We concluded that staff helped to promote people's self-esteem.

# Is the service responsive?

## Our findings

We found that plans of care for some people had not been reviewed or updated for a number of years. For example, we found that one person's plan of care contained no information indicating it had been reviewed since September 2011 to ensure it reflected the person's current needs and goals. We discussed with the manager that this presented a risk that new staff would not understand where to find up to date information about people's needs. However, staff were able to tell us in detail about people's needs and preferences and that new staff completed shadowing shifts with experienced staff so that they would find out the best way to meet people's needs.

Staff told us how they responded flexibly to people's needs. For example, we observed that one person needed assistance with their mobility. Staff told us how sometimes, depending on the time of day and the person's activities, the person needed more assistance from them. They were aware of how people's needs had changed as a result of the ageing process.

We noted that there was clear guidance for staff about the daily monitoring and support they needed to offer to someone to manage their diabetes. We noted from hand over and from the person's daily records that the care delivered matched what the person needed and with the guidance given. We also noted that staff provided someone with assistance and support with their hearing aid which had not been working as it should.

We observed that staff encouraged people to do as much as they could for themselves. This included participating in domestic activities, such as cleaning their rooms or making

sandwiches for their 'pack up' in preparation for the following day. One person also showed us the shopping list they had been encouraged to prepare so that they knew what they needed to buy during the afternoon.

One person told us how much they had enjoyed their recent holiday in Spain and that they had been swimming in the pool. Another person told us that they had chosen not to go away but had been out for days which they enjoyed.

People had full programmes of activities to help meet their interests and their preferences or hobbies were recorded in their plans of care. During the morning of our visit we saw that two people had been involved in decorating clock faces for working clocks that they could use. Another person had done some painting and during the afternoon, had produced two pictures that they told us they were going to put on their bedroom wall. One person had been identified as having an interest in gardening and was spending the day at Thornham Walled Garden. Staff discussed and considered one person's health to ensure it was appropriate to assist them to plan for horse-riding later in the day.

We concluded that the care people received was flexible and focused on their individual needs and preferences.

One person told us that they were very happy with their care. They said, "I'm happy. I've got no complaints. If I did I would speak to the boss." They were confident that any concerns and complaints would be dealt with. People were supported by staff to raise concerns if they had any. Staff gave us an example of how someone's quality of life had been affected by the conduct of another person and how they had raised their concerns with the management team. These had been addressed and resolved.

# Is the service well-led?

## Our findings

At our last inspection in 2013 we identified that some information contained in records was out of date or conflicting. At that inspection we suggested that the provider took note and considered addressing it to reduce risks that staff might misunderstand the support people needed. We found that, although some work had been undertaken since that inspection to identify what was important for people and to present this in a pictorial form, other information about their care had not been reviewed for over four years to ensure it remained appropriate.

Action had not been taken promptly to ensure the risk assessment for the safety of the service in the event of fire was reviewed in 2013 when this was due. This was needed to ensure it remained appropriate and because of structural changes in the building.

We found that the routine checks on the quality and safety of the service were not always taking place regularly and robustly. This meant that, where there were issues of concern, these were not always followed up promptly. For example, the provider's policy for managing and receiving medicines into the home was not being implemented. This stated that medicines should be recorded on a stock control sheet but those seen had not been completed since December 2014. Medicines audits were not sufficiently robust and regular to identify the anomalies and concerns that we found at this inspection. The recommendations arising from the pharmacy audit in January 2015 had not been fully implemented to promote best practice, despite many of these being identified as for action as soon as possible.

These concerns represented a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted from our discussions and from information that the provider sent to us before our inspection, that there

had been incidents reported to the safeguarding team which had not been notified to the Care Quality Commission as required. We also observed that one person who lived at the home had sustained an injury. This too had not been notified as it should have been.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager confirmed that they covered some relief shifts to provide care and support people with activities. They were also present in the office on a very regular basis. Staff told us that they felt confident to raise their views or issues with the management team. However, they did not feel that the managers were as 'visible' and regularly present in the service as had previously been the case. They said that sometimes this meant that they did not feel they always got support when things had been difficult or appreciation for what they had done. They said that the frequency of supervision had declined, although there were still staff meetings and key worker meetings. We raised this with the management team who acknowledged that this had been the case over recent months.

People were supported with regular weekly meetings to comment on what had gone well for them, to suggest what they would like to do and to talk about the service. We found that people's relatives were asked for their views about the service in a formal questionnaire. These showed a high level of satisfaction with the care that staff delivered. There were also checks on the quality of the service completed by the charity "Friends of Fenner's" to ensure people were receiving good quality care.

Our discussions with the staff team showed that they had a clear understanding of their roles and duties and how they were expected to support people. They described their colleagues as very supportive and told us how much they enjoyed coming to work for the people who lived at the home and with other staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not always provided in a safe way for people because their medicines were not consistently managed appropriately and safely.

Regulation 12(1) and (2)(g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes for monitoring and improving the quality and safety of the service and for assessing and managing risks were not effectively implemented. Records were not always maintained as up to date.

Regulation 17(1), (2)(a), (b) and (c)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The registered persons had failed to notify the Commission of specific events happening within the home and affecting the welfare of people who lived there.

Regulation 18(1), (2)(b) and (e)