

Avvsim Care Limited

# Fernleigh Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Fernleigh Care Home is a residential care home providing accommodation and personal care to 26 people aged 65 and over at the time of the inspection. The service can support up to 27 people accommodated over three floors.

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

Medicines were not always safely managed. As a result, people were at increased risk of receiving medicines not in line with the prescriber's instructions.

Risk was not always safely managed. As a result, people who had been identified as being at risk of malnutrition were at increased risk of developing health issues related to malnutrition.

The provider had quality control systems in place, however these were not always effective enough to ensure the quality and safety of the service was maintained.

The provider did not always learn lessons when things went wrong. Audits did not always identify issues and effective actions plans were not always developed or did not always result in improvements being made.

People were supported by staff who had been recruited safely, who were caring, respectful and knew people well. Staff demonstrated a good understanding of safeguarding, including the signs of abuse, and were able to describe how to report concerns.

There were enough skilled and experienced staff to meet people's needs. Staff were adequately trained and had regular competency checks.

Effective infection prevention and control (IPC) policies and procedures were in place and the service was following best practice and Government guidance in relation to the management of COVID-19 and other infections.

People and their relatives were involved in developing and reviewing their care plans and risk assessments. People's relatives and staff felt they were able to contribute to the development of the service.

People's relatives and staff felt supported by the management team and provided positive feedback about the quality of communication throughout the COVID-19 pandemic.

Accidents and incidents were documented and reported on appropriately and lessons were identified and learnt from to reduce the risk of re-occurrence.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 22 January 2019).

Why we inspected

The inspection was prompted in part by notification of a specific incident, following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of falls and the environment. This inspection examined those risks.

We also received concerns in relation to medicines, infection prevention and control, staffing levels, record keeping and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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.

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

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

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fernleigh Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Fernleigh Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

Fernleigh Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives of people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, care workers and domestic staff.

We reviewed a range of records. This included three people's care records and seven people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- 'As and when required' (PRN) medicines were not always managed safely. Where people were prescribed PRN medicines, protocols were either not always followed or were not always in place to guide staff on when these medicines should be administered. Some people received PRN medicines at the same times every day. This meant people were at risk of receiving medicines when they were not required.
- Medicines Administration Record (MAR) charts were not completed safely. Staff had not recorded the prescribed dosage of one person's medication on their MAR chart. Staff were not routinely recording what time one person's time-critical medication had been given to them on their MAR chart. Staff were not recording in enough detail the reason PRN medication was being given to people and the effect it had on them. Staff were not recording stock levels on people's MAR charts. This placed people at risk of harm.
- Medicines were not always stored safely. We found topical creams were left out and accessible in four people's bedrooms. This placed people at risk of harm.
- Risk assessments were not always effective in ensuring people were supported to remain healthy. A risk assessment identified one person was at risk of malnutrition and needed to be weighed regularly. This person's weight had never been recorded. The registered manager advised this person refused to be weighed, but this was not recorded in their care plan. Two people's weights were not recorded over a four month period with no explanation. We raised this with the registered manager who said weights had not been taken for any person in the same period. This placed people at risk of harm.

The failure to protect people from the risk of harm was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to these concerns immediately by developing an action plan on the day of the inspection. The registered manager provided evidence these issues had been rectified following the inspection.

- Staff were trained in the safe administering of medicines. We observed staff administering medicines and this was done in a safe way, with staff treating people with dignity and respect. Staff demonstrated knowledge of each individual and were able to describe how each preferred to take their medicines.
- Risk assessments contained appropriate detail. We saw risk assessments which had been reviewed within the last 12 months and contained a good level of information on the type of risks presented, the severity of the risk and ways in which staff could manage those risks in order to mitigate them.
- People's individual risks were appropriately identified and assessed. Staff were provided with clear guidance to manage people's risks. We saw individual risk assessments were personalised to each person



using the service. Staff we spoke with knew about people's individual risks in detail and could tell us how risks were managed and monitored.

- Environmental safety checks were up to date and audits had been recently completed. We saw gas, electricity and legionella test certificates were within date and environmental audits had been completed in line with the provider's policies.

#### Staffing and recruitment

- Staff were recruited safely. For example, Disclosure and Barring Service (DBS) checks and previous employer references were obtained. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions.
- Whilst some relatives raised concerns over staffing levels, we found there were enough experienced and qualified staff deployed to safely meet people's needs. One staff member told us, "Staffing levels are fine" and another staff member said, "There are sufficient numbers of staff".

#### Systems and processes to safeguard people from the risk of abuse

- People were being cared for by staff who had undertaken training in safeguarding procedures. Staff demonstrated awareness of safeguarding and whistle-blowing procedures and were able to describe how to safeguard vulnerable people. One staff member told us, "I am confident issues would be appropriately dealt with by the management team".
- The registered manager understood their role and responsibilities in relation to safeguarding. We saw safeguarding referrals had been made to the Local Authority promptly and, where necessary, information had been shared with partner agencies and CQC.
- People and their relatives told us they felt people who used the service were safe. One person told us, "I feel safe and happy here. There is nothing I have an issue with. Everything is good here". One relative said, "I do feel [name] is safe at Fernleigh. I have never had any cause for concern".

#### 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and measures were taken to reduce the risk of incidents reoccurring. Accident and incident forms demonstrated lessons were learnt when things went wrong.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes were in place to maintain oversight of the service, but these were not always effective in identifying areas of concern. Medicines audits were not fit for purpose and had not identified issues as detailed in the Safe section of this report. This failure to maintain oversight of medicines meant people were unnecessarily exposed to the risk of harm.
- Action plans were not always developed. When they were, actions were not always completed in a timely manner and it was not always clear who was accountable for each task. Failure to implement effective action plans meant opportunities to improve the service were missed.
- The provider did not respond in a timely manner to issues identified by partnership agencies. The Local Authority undertook a compliance visit in July 2021 and identified several concerns with medicines. Action plans were not developed, improvements were not made, and subsequent medicines audits did not acknowledge these issues. We found these issues remained at our inspection. This meant the Provider was not learning from past mistakes and could not demonstrate they were improving people's care.
- The environment did not always promote dignity and respect, and this had not been identified by registered persons. The shower room on the first floor was overlooked by houses opposite and the upper windows were not opaque. There were no curtains or blinds to protect people's privacy and dignity. The registered manager had not identified this issue during environmental checks. This meant people were at risk of their privacy and dignity being compromised.

The failure to maintain oversight of the service is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans were concise and regularly audited. We saw care plans were routinely reviewed monthly. However, when people's needs changed their care plans were updated more frequently. We saw one person's care plan had been updated three times in a one month period. Information which was no longer relevant was moved into a separate archive file in the registered manager's office.

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

- People's relatives and staff said the management team was approachable and they felt supported by them. One relative said, "The manager and the deputy manager listen to me if I have anything I need to

discuss with them". One staff member told us, "I have regular supervisions and feel supported in my role".

- People and their relatives felt people were supported by staff who knew them well. One person told us, "I feel staff know me well and know what I like and what I don't like". One person's relative said, "Staff do tell me if there are any changes to [name]'s care and support needs and whether there have been any changes to [name]'s medication. It feels like they know [name] well".

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

- The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider had implemented a complaints policy and had provided information to people and their relatives. There were posters in the communal areas advising people of who to contact if they had concerns. Relatives were able to tell us about complaint processes and who they would contact if they had concerns.

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

- People's relatives and staff said they felt engaged and involved with the service. One relative told us, "I received a survey not long ago which allowed me to give feedback on my views. I do think things change as a result of feedback". Another relative said, "I think [name] is encouraged to express their views. Things are acted upon when [name] raises them". One staff member told us, "I am able to raise issues and these are dealt with by the registered manager".
- The registered manager developed alternative methods of communicating with people's relatives when they were unable to visit. We saw people were in touch with their relatives via video calls. We saw evidence of a monthly newsletter sent to people's relatives. The newsletter informed people's relative about what ongoing and planned activities were available, facilities upgrades and staff training. The service had a social media page where relatives could keep up to date with information.
- People's equality characteristics were considered when sharing information, accessing care and activities. We saw information was available in accessible formats to allow people to make choices. The registered manager was able to tell us how they would cater to people of different cultures and religions.

Working in partnership with others

- The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as general practitioners, district nurses, social workers, dieticians, opticians and chiropodists.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered persons did not ensure all aspects of medicines and risk assessments were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered persons did not ensure systems and processes were either in place or effective enough to monitor the safety of the service.