

Mr & Mrs K Bhanji

Fernbank Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fernbank Nursing Home is a nursing home providing personal and nursing care to older people, some of whom were living with dementia. Fernbank Nursing Home accommodates up to 30 people in one adapted building. At the time of the inspection there were 20 people living at the home.

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

People were comfortable and well supported at Fernbank Nursing Home. Relatives told us that they were assured that their family member was safe and received good, person centred care. Safeguarding processes were in place to help protect people from the risk of abuse.

Risks associated with people's care had been assessed and guidance was in place for staff to follow to keep people safe. People were protected from the risks associated with the spread of infection. The service was clean and well maintained.

There were enough staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

Medicines were managed and administered safely.

Staff received the required training and support and applied learning effectively in line with best practice.

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 were seen to eat and drink well and were supported to maintain a healthy and balanced diet. People were supported to maintain healthy lives and had access to health and social care professionals where required.

Staff were caring and kind and relatives confirmed this. We observed staff responding to people's needs with dignity and respect.

There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required.

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 requires improvement (published 24 March 2021) and there were

breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider assessed and addressed health and safety issues identified as part of the inspection. We also recommended that the provider apply best practice guidance when recruiting staff. At this inspection we found that the provider had acted on both recommendations we had made and had implemented the required improvements.

Why we inspected

We carried out an unannounced focused inspection of this service on 21 January 2021. Breaches of regulations 9, person centred care; 11, need for consent; 12 safe care and treatment and 17, good governance were found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fernbank Nursing Home on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fernbank Nursing 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 Health and Social Care Act 2008.

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

This inspection was carried out by one inspector, one specialist advisor nurse and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One Expert by Experience contacted people's relatives and friends by telephone to request their feedback and one Expert by Experience met and spoke with people living at the home.

Service and service type

Fernbank Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the action plan the provider had submitted and all subsequent updates. We also looked at notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

One Expert by Experience contacted relatives of people living at the home to gather their feedback on the quality of care people received. This exercise took place on 04 March 2022 and we spoke with 10 relatives.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the registered manager, the nominated individual, one nurse, one agency care staff and the activity coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included 10 people's care records and nine people's medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance and health and safety were also reviewed.

Following the onsite visit, we spoke with one nurse and four care staff. We further reviewed two care plans and associated records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess risks relating to the health and care needs of people. This was a breach of regulation 12(1) 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.

- Risks associated with people's health and care needs had been clearly identified and assessed, with specific guidance to care staff available on how to manage and minimise risk.
- Assessed risks included risks associated with choking, behaviours that challenge, falls, and specific medical conditions such as diabetes and COVID-19.
- Personal emergency evacuation plans in place outlined people's specific support needs in an emergency.
- Relatives spoke highly of the care staff team and were confident that staff knew people's risks and managed them well. Feedback included, "They know very much what [person's] condition is and that means they fall very easily. I know they take every precaution to ensure he doesn't fall" and "In terms of the fact [person] is immobile she is either in a chair or her bed. When she is moved it is done so sensitively and carefully too."
- Care staff knew people well and told us that all the information they needed was within people's care plans. One care staff told us, "All the information is in the risk assessment. For example, risk of choking you must know what to do to support them, if they have any thickener, make sure they are upright and make sure nothing happens to them."

At our last inspection we recommended the provider assess and address all health and safety issues within the home including those identified as part of the inspection. The provider had made improvements.

- Health, safety, equipment and environmental checks were routinely completed to ensure people's safety.
- Specific issues such as exposed radiators and certain furniture which were found in a state of disrepair had been identified and repaired. The provider had implemented an ongoing service improvement plan which included redecoration of the home as well as ongoing maintenance when concerns were reported.

Staffing and recruitment

At our last inspection we recommended the registered manager follow best practice when recruiting and

employing staff. Improvements had been made.

- People were supported by care staff who had been assessed as safe to work with vulnerable people.
- Recruitment checks had been completed and assurances about staff suitability had been obtained which included criminal record checks, identity verification and verification of conduct in previous employment.
- Throughout the inspection we observed there to be sufficient staff available to meet people's needs safely. We observed positive and meaningful interactions between people and care staff. One relative told us, "The experience I have had so far is brilliant. I know as far as [person] is concerned there is always someone available for her."

Systems and processes to safeguard people from the risk of abuse

- We observed people to be comfortable in the home. People approached care staff with confidence and without fear.
- Relatives told us that they felt their family member was safe living at Fernbank Nursing Home and that they had every confidence in the care staff who supported them.
- Staff understood safeguarding and described how they would identify, and report concerns or signs of possible abuse. Staff told us they had received safeguarding training which was refreshed.
- The registered manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission.

Using medicines safely

- People received their medicines safely and as prescribed.
- Records relating to medicine administration were complete. Medicines were received, stored and disposed of safely and checks showed that medicine stocks available at the home were correct and in line with stock checks completed.
- Where medicines were prescribed for use 'when required' (PRN) there was written guidance for staff to know when these medicines should be given. PRN medicines can be prescribed to relieve pain or anxiety.
- People's received their medicines from trained staff who regularly had their competency checked. One nurse told us, "I take medication very seriously, it is a big responsibility and I am very careful. I have support and good training."
- Periodic audits were also completed to ensure people received their medicines safely.

Preventing and controlling infection

- Procedures and processes were in place to prevent and control infection.
- We observed Fernbank Nursing Home to be clean. Daily cleaning processes were in place to prevent the spread of infections. Current guidance was also available on managing COVID-19 safely.
- Staff told us they had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control.
- Information was available to all visitors which specified the processes in place to facilitate safe visits. A designated enclosed visiting area in the garden was available to support safe visits, which was accessible through a side entrance which minimised foot fall through the main home, minimising risk of transmission of infection.
- Screening checks were undertaken to ensure all visitors were safe to enter the home in order to keep people safe from infection.

Learning lessons when things go wrong

- Safeguarding concerns, complaints, accidents and incidents were documented with details of the incident and immediate actions taken to ensure people's safety.

- The registered manager reviewed all accidents and incidents to identify trends and patterns, to ensure the required learning and improvement could be implemented within the team. One care worker explained, "All incidents have to be recorded. In the handover we have to tell all the team what happened and see what precaution to take to make sure it doesn't happen again. Everyone gives their suggestions."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found that people did not receive care and support that was person centred. People were not always provided with choice around meal options. People did not always have access to a healthy and balanced diet. This was a breach of regulation 9 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 9.

- People were supported and encouraged to eat and drink enough to maintain a healthy diet. We saw that people had access to a variety of snacks and drinks throughout the day which included fresh fruit. One person told us, "Lunch is about midday and we're given plenty to drink, teas and coffees and so on."
- People were offered choice and also shown pictorial menus to help them make a choice of what they wanted to eat. We saw people eating well.
- Where required, people were supported to eat their meal. We observed care staff spending time supporting people in a respectful way. One care staff said, "We concentrate on serving residents. Some residents can eat by themselves and some require support. We sit with the residents and support. We normally have the menu shown to them, they are in pictures."
- At the last inspection we had commented on the provider's use of a pre prepared powdered substitute to make soup. Following the inspection, the provider explained that they did try to introduce soup made using fresh ingredients, but that people did not enjoy this and requested for the old soup to be re-introduced.
- At this inspection we saw people enjoying the soup. Soup was also offered as an additional drink throughout the day and not just limited to mealtimes which the registered manager felt had a positive impact on people and their appetite.
- Where people had any specific religious, cultural or specialist dietary requirements including likes and dislikes, these were clearly documented within their care plan.
- Relatives spoke positively about the meals at the home. Comments included, "They actually asked me for a list of what [person] likes! She forgets she often has breakfast, but they let her eat again. My mum is tiny so it is not a problem in terms of weight gain" and "He [person] has absolutely thrived on the food. He says it is the best in the world. He was skin and bones when he came home from the hospital. They have sent us photographs too and my sister says when she has visited he looks much better."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection we found that people did not receive care and support that was person centred. People were not always effectively supported to maintain a healthy life. This was a breach of regulation 9 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 9.

- People were supported to promote and maintain their health and physical well-being.
- At the last inspection we found that people were not supported with their oral hygiene despite care records documenting that they were. People did not have access to a toothbrush or toothpaste. At this inspection we found that this issue had been addressed.
- We saw in people's bedrooms that they had access to toothbrushes and toothpaste. The registered manager explained that they had introduced a colour coded system which saw care staff replacing used toothbrushes every month. This enabled the registered manager to check and ensure people were supported with their oral hygiene appropriately.
- Where people required support to access specialist services, we saw records of appropriate referrals that had been made requesting this.
- We saw records within care plans that documented the monitoring of people's health and wellbeing which included charts completed to monitor weight, food and fluid intake and repositioning so that they could work together to ensure people received effective care and support.
- Relative spoke positively about the ways in which their family member was supported with their health and medical needs. One relative told us, "The nursing home always contacts me if they want to update or have concerns."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we found that there was a poor understanding of the MCA and that the service had failed to recognise, assess and document decisions made in their best interest. This was a breach of regulation 11 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 11.

- People and where appropriate, their relatives, had consented to the care and support that they received.
- Where required, people had appropriate DoLS in place. Records confirmed this.
- Mental capacity assessments had been completed to determine capacity. Where people lacked capacity, certain best interest decisions had been documented for decisions which included the use of bed rails, COVID-19 testing and the use of anti-psychotic medicines.
- During the inspection we observed care staff asking people's consent when supporting them and treating them with dignity and respect.
- Care staff demonstrated a good understanding of the MCA 2005 and how they delivered care in line with the key principles. One care staff explained, "It's that a person has been assessed to make their own decisions and choices. It takes into consideration how we work with them to give them the required care and enable them to live their life as they choose. If they don't want to do something we can't force them. Some choices might be risky but we have to minimise the dangers."

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction when they started working at the home which included a period of shadowing an experienced member of staff and mandatory training. One care staff told us, "We get regular training, refresher courses, if we feel like we want more training we can ask for it."
- Topics covered through training included manual handling, first aid, MCA 2005 and safeguarding. Where required, specialist bespoke training was also available to enable staff to effectively deliver care in response to people's needs.
- Care staff told us that the registered manager was very supportive and that they received regular supervision and support. One care worker said, "Oh yes we get regular supervision. Every two to three months. Should there be an issue this is discussed. Yes, we had an annual appraisal and yes, I really feel supported."

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

- The provider had improvement plans in place to ensure that the design and decoration of the home met people's needs.
- All areas of the home were being redecorated as per a planned schedule of works which took into consideration the use of appropriate signage which, supported way finding around the home and promoted people's independence especially for those people living with dementia.
- People were able to access all areas of the home including the garden and outdoor areas, with the support of a staff member.
- People's bedrooms had been personalised with items, photos or pictures that meant something to them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in line with current standards, guidance and the law to ensure the home was able to meet people's needs safely and effectively.
- The pre-admission assessment considered each person's care needs, preferences, cultural needs and specific equipment that may be required.
- Following the assessment care plans were created using the information gathered.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection we found that systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at the possible risk of harm. This was a breach of regulation 17 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.

- The registered manager and provider were clear about their role and understood the importance of monitoring quality and risk. Since the last inspection, the required systems and processes had been implemented to maintain quality and safety. The provider told us, "I'm here couple of times a week, look through the files, looking at upgrades, chat with the registered manager and administrator, talk to residents, staff."
- Audits and checks completed looked at health and safety, medicines management, infection control and night-time spot checks.
- Where minor issues were identified during the inspection, these were discussed with the registered manager and senior staff who promptly acted on our feedback and provided evidence and assurance that the concerns identified had been and would be addressed going forward.
- The registered manager encouraged and promoted learning, development and improvements within the home.
- The provider had a service improvement plan in place which listed areas of concern or issues identified as part of the management audit process. This was regularly updated with timescales within which issues should be addressed.
- Where accidents/incidents had occurred, or complaints or safeguarding concerns had been raised these were discussed with the staff team so that change and improvements could be implemented where required.

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

At our last inspection we found people did not always receive care and support that was person centred,

open, inclusive and empowering. This was a breach of regulation 17 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 were happy living at Fernbank Nursing Home. One person told us, "I'm well looked after here."
- Relatives spoke highly of the home and all staff including the registered manager, stating that their family members received good quality care which met their needs. One relative told us, "They go above and beyond. They take a real personalised approach. In the open area of the coffee area where residents can make coffee, with a safety kettle, they will let her tidy up from all the other cups and plates left there."
- Throughout the inspection we observed the registered manager to be visible around the home, speaking with and supporting people as required. People were seen to respond positively and appeared to know and recognise the registered manager and care staff.
- Relatives told us that they found the registered manager to be open and approachable. Communication was positive. Feedback included, "She [registered manager] is very, very approachable. When [person] had COVID we got a text every day to say how she was and report any changes, if any. As a family we have a lot of confidence in her" and "[Registered manager] makes things happen and she is very good at that."

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 understood their responsibilities around duty of candour and being open and honest when something had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives knew the registered manager and the care staff team and felt confident in approaching them with their comments and concerns. They also told us that they were fully involved in their family member's care provision.
- Relatives also told us that communication during the pandemic had been good and that the home kept them regularly updated through emails, telephone calls and newsletters. One relative told us, "I would informally talk to the manager if I had any concerns. There is a WhatsApp group and regular emails. We are kept up to date certainly. The communication has been excellent."
- The registered manager explained that due to the pressures of COVID-19 they had not been able to carry out satisfaction surveys with people, relatives or other involved stakeholders. However, despite the lack of formal engagement, relatives confirmed that the registered manager was in regular contact with them and kept them updated about their family member. Relatives' feedback included, "We have group Whats Apps and individual Whats Apps. I certainly don't feel shut out" and "They focus effectively on always improving care. Communications are effective and frequent."
- Care staff told us that the registered manager was very supportive, approachable and listened to their ideas and suggestions. Regular staff meetings enabled staff to receive regular updates, share experiences and review practices.
- The home worked in partnership with other agencies to support people with their physical health.
- Records seen confirmed that referrals had been made to various healthcare practitioners and these were followed up appropriately.