

Anchor Hanover Group

Ferendune Court

Inspection report

Ash Close
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Oxford
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ferendune Court is a residential care home registered to provide care and accommodation for up to 48 people. Thirty-two people were living at the service at the time of the inspection.

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

There were systems in place to ensure people safely received their medicines. However further improvement was needed due to recording errors and while audits had been completed, they did not always demonstrate action was taken where shortfalls had been identified.

We received mixed views from the staff team about working at the service. Some told us they were supported and received training, whilst others said there were not enough staff which impacted the quality of care provided.

People experienced person centred care from staff who were compassionate and knew people's needs. Staff treated people with kindness, dignity and respect.

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 protected by the provider's recruitment procedures. The provider made appropriate preemployment checks to ensure that only suitable staff were employed. Staff understood their responsibilities in terms of safeguarding and knew how to report concerns if they suspected abuse. Care plans detailed people's support needs and how care workers should support people to meet those needs. Information varied, with some records being very informative whilst others were written more broadly and lacked details on people's individual preferences.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 18 July 2019). There was a breach in relation to person-centred care. 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 some improvements had been made and the provider was no longer in breach of Regulation 9 HSCA RA Regulations 2014 (Person centred care). However, the provider was now found to be in breach of Regulation 17 HSCA RA Regulations 2014 (Good Governance).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 and 29 May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care.

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, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings 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.

We have found evidence that the provider needs to make improvements. Please see the Well-Led section of this full report.

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

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 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 ●

Ferendune Court

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 conducted by two inspectors and one Expert 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.

Service and service type

Ferendune Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, team leaders, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service. We received further feedback from relatives and staff.

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 requires improvement. At this inspection this key question has remained the same. 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

- People's medicines were not always safely managed. For example, one person who had medicine 'as required'(PRN) did not have an individual protocol detailing how and when these medicines should be administered. Staff told us, "We don't have anything written down for that." This was followed up with the registered manager who acknowledged that one person did not have the appropriate protocol in place and provided evidence following the inspection that this had been addressed.
- Access to some medicines were not restricted to authorised staff. Prescribed creams were found in the storage cupboard which was not locked. This was raised with the registered manager on the day of inspection and action was taken to secure them immediately.
- Staff had received training in the safe management of medicines, and their competency had been assessed. Staff could describe clearly how they supported people to safely receive their medicines.

Staffing and recruitment

- People and staff provided us with mixed feedback on staffing levels. One person told us, "I don't think there are enough staff, they sort of manage but we could do with a few more. They are all pretty good, they know what they are doing." Staff told us, "I do have concerns around staffing levels, we are short on the floor, which is stressful and impacts on the quality of care."
- On the day of inspection, we observed there were sufficient staff in place and people were assisted promptly. Staff were polite and courteous towards residents and did not appear to be rushed in their work activities.
- The registered manager explained there had been challenges with both frontline care workers and team leaders staff leaving during the pandemic. Recruitment of new team leaders was ongoing, and the provider had developed a plan to support the registered manager to recruit to vacant posts. The registered manager and deputy manager had covered team leader shifts as well as use of agency staff.
- We discussed the concerns raised with the registered manager and the area manager. They explained how staffing levels had been maintained at the same number despite a reduction in the number and level of people's needs at the service. The registered manager used dependency tools and reports to calculate the number of staff required and we observed rotas for staff on shift met the required number of staff.
- The provider followed safe recruitment practices to ensure people were protected against the employment of unsuitable staff. The staff recruitment file we viewed contained the necessary checks and references.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to

ensure these risks were managed and that people were safe.

- Staff understood what support people required to manage the risk of avoidable harm. Care plans contained explanations of the measures staff needed to follow to keep people safe. People's risk assessments included areas such as nutrition, mobility and positive behaviour support plans.

Systems and processes to safeguard people from the risk of abuse

- People living at Ferendune Court told us they felt safe. One person told us, "They do look after you well, they keep us safe, if anything is needed, they get it for you, they're pretty good."
- Staff were aware of the policy and procedure to follow if they suspected or witnessed abuse. A member of staff told us, "If I was concerned, I would report to the team leader or the manager. Or I can raise things to [area manager] or safeguarding team."
- Staff received training in safeguarding people from abuse and safeguarding reporting and were knowledgeable about the provider's policies and procedures.

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

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Incidents were raised at team meetings to share and discuss lessons learnt with staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement as we found the provider had failed to always support people with activities and meaningful social interactions. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made the provider was no longer in breach of regulation 9 and the rating has improved to Good. This meant people's needs were met through good organisation and delivery. However, the improvements were still being embedded into the provision of activities.

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

- Staff made attempts to engage people with activities. Rather than the advertised activity, three people sitting in the ground floor lounge were joined by three staff. One person excused himself and another was asleep and woken gently by a member of staff to inform them they would be doing some singing, the person replied, "You'll be singing by yourself then".
- We were not assured that all activities being offered completely reflected people's interests and choices as stated in their support plans. One person told us, "I like Bingo, but it has only been on once."
- The registered manager showed us developments around the home since the last inspection such as redecoration work and themed areas such as a library area, a shop, a pub and knitting corner. The registered manager told us they had purchased smart TV equipment for activities during the pandemic, utilising social media, music and dancing for activity sessions. The provider asked people what their preferences were in terms of likes and dislikes. There was a weekly schedule for activities which included some of these preferences such as word games, arts and crafts, music quizzes.
- People were supported to maintain relationships that mattered to them, such as family and friendship. Staff encouraged communication with relatives via phone calls or multimedia calls.

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

- People we spoke with told us they felt they received care that met their needs. One person said, "They always come in and get me up when I want, sometimes they are a bit late I suppose if there is an incident somewhere but they do come and tell you first if they are going to be late."
- People's individual needs had been thoroughly assessed and implemented into care plans. Care plans were developed as an on-going process to reflect what was important to the person.
- Lunch was a positive social experience with people's choices being respected in where they sat and what they wanted to eat.

Meeting people's communication needs

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

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

- People's care records contained information about their assessed communication needs and whether they required the information in another format or language.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways.

Improving care quality in response to complaints or concerns

- Staff were aware of the complaints policy and told us they would immediately help people to raise an official complaint if needed.
- There was a complaints policy available to people and the registered manager had a system to log complaints and was knowledgeable about the status of complaints under review.

End of life care and support

- No people received end of life support at the time of our inspection visit.
- Information about people's end of life wishes including their resuscitation wishes was included in their care plans.

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 requires improvement. At this inspection this key question has remained the same. 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

- Audits had been signed off as compliant although not all actions had been completed. This meant the quality and safety of all areas of the home were not always assured as the systems in place had not ensured compliance in areas such as safety of medicines and fire safety.
- The records required some improvements to ensure that they were accurate and up to date. The provider did not complete regular checks around fire safety. Staff told us, "Fire check log is in the office, but those have not been completed for a while." Fire safety checks had not been completed since June 2021.
- Audits of medicines were carried out, and actions identified, however some of the actions remained incomplete following the audit. For example, the audit noted medicine without a label detailing the date of opening. We identified the same issue which had not been addressed.
- There were gaps in records around PRN protocols which were not picked up during internal audits carried out by the service.

The provider failed to ensure that their systems and processes operated effectively to improve the quality and safety of the service they provided to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed at the service.
- The registered manager was supported by the provider and the area manager who was present at the service on the day of the inspection. The area manager told us that they recognised lots of changes were needed after the last inspection and demonstrated the progress the registered manager was making amid difficult external factors such as the pandemic.

Working in partnership with others

- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

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

- Relatives told us communication could be improved and that it was sometimes very difficult to speak to

the registered manager. A relative said, "It is very difficult to get information and sometimes very difficult to get to speak to the manager, if you phone up they say she is too busy, she always seems to be too busy and often it is not easy to get to speak to her, you have to make do by speaking with Team Leaders."

- The service had regular visits from other professionals. We spoke with two visiting professionals who raised concerns and felt communication needed to improve. A district nurse told us, "There is a problem with communication, I try to phone the manager who never returns calls. I have to turn up at the office door and hope that she is there." The registered manager recognised this as an area for improvement and decided to schedule meetings to find ways to improve people's care between the service and visiting professionals.
- We received mixed feedback from relatives and staff about the management of the service. Some staff told us they did not feel supported and there was an inconsistent response from management. Another staff member told us, "I get on alright with [registered manager], I like to work with someone who is strict, and she is quite strict. She listens and tries to rectify problems."
- The registered manager was visible, and people knew her, we saw people recognised and communicated with the registered manager and several people used her first name. The deputy manager also spent time working among staff which enabled them to monitor staff practices. One person told us, "[Registered manager] is lovely, she is very good, she is excellent. She has a cheerful nature, if you have a problem you can go to her and talk to her with no fear, little niggly things they all got sorted straight away."
- The registered manager showed a passion for improving outcomes for people, demonstrating a good understanding of the challenges and day to day operations of the service. She told us, "The residents are most important thing in my world and I always want to achieve the best for them."

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 the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to report notifiable events through submitting a notification form appropriately to CQC.

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

- Staff were invited to discuss any concerns they had or raise useful suggestions to make improvements by attending regular meetings. A member of staff told us in relation to meetings, "We have a monthly team meeting and daily briefing at 10am, which is a good chance to communicate so things are not getting lost." Another said, "The daily meetings are good, everyone gets the communication which is a big thing in a care home."
- Since the last inspection the service had completed listening and acting satisfaction surveys as well as staff and resident likes and dislikes forms to improve service provision. The registered manager told us that they hadn't done a staff survey for some time due to conflicting priorities with the pandemic, but the national colleague survey is an annual process and was underway at the time of our inspection.

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 17 HSCA RA Regulations 2014 Good governance Actions identified from audits had not been completed or followed up.