

Anchor Hanover Group

Ferendune Court

Inspection report

Ash Close
Faringdon
Oxford
Oxfordshire
SN7 8ER

Tel: 01367244267
Website: www.anchor.org.uk

Date of inspection visit:
23 May 2019
29 May 2019

Date of publication:
18 July 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ferendune Court is a residential care home registered to providing care up to 48 people. 23 people were living at the service at the time of the inspection.

People's experience of using this service:

People told us they felt safe living at Ferendune Court. However, they told us that staff were not always effectively deployed and available at all times to meet people's needs.

There were group activities for people to join in, however, people told us little was offered to those who chose or needed to remain in their rooms.

Systems were in place for the recording of incidents and accidents. They were monitored and analysed over time to look for any emerging trends and themes.

People were kept safe from abuse. Staff understood their responsibilities and knew how to report any concerns. People's risks associated with their care were managed to help ensure people's safety and freedom were supported and maintained.

People were cared for in a clean and hygienic environment. Staff were aware of processes to reduce the risk of cross infection. Appropriate arrangements were in place in relation to the management and administration of medicines.

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 told us that staff were well trained and kind and caring. We observed positive interactions between people and staff. People's privacy and dignity were promoted and staff were aware of the importance of supporting people to sustain their independence.

There was a complaints policy in place and any concerns that had been raised were investigated and responded to by management. The service regularly sought the views of people and relatives to identify improvements.

There was no registered manager at the time of the inspection. The provider had put measures in place to support the day to day management of the home. The management team were open and transparent, and keen to improve the service. There were quality assurance systems but these were not always effective as we identified shortfalls which had not been discovered through the provider's own processes.

During our inspection we identified one breach of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Rating at last inspection: Good (Published 21 July 2017)

Why we inspected: This was a scheduled full comprehensive inspection carried out in line with our inspection methodology which is based on the last inspection rating.

Follow up: We have asked the provider to send us an action plan detailing how they will make improvements to the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive 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 ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one inspector 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.

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. Ferendune Court accommodates up to 48 people on three floors in one purpose-built building.

There was no 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 and associated Regulations about how the service is run. The provider had put measures in place to support the management of the home in their absence and the regional support manager and the district manager were overseeing day to day management of the service.

Notice of inspection:

We carried out this unannounced inspection on 23 and 29 May 2019.

What we did:

Before this inspection we reviewed all the information we held about the service including statutory notifications that we had received from the provider. Statutory notifications are reports of important events that providers are required by law to tell us about. We contacted commissioners and reviewed information

submitted to us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We obtained feedback from the local authority following their last quality monitoring visit.

During the inspection we spoke with nine people, five relatives, three care staff members, the head of housekeeping and one kitchen staff member. We also spoke with the regional support manager and the district manager. We reviewed a range of documents concerning people's care and running the service. We looked at five care plans, medicine administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

After the inspection we contacted a health care professional working closely with the service.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Staffing and recruitment

- Staff were not always deployed in sufficient numbers to provide activities and other carry out care related tasks. We found that the service had decided to introduce a new programme. According to the programme, staff were to provide people with activities instead of the activities coordinators who had been previously employed by the service. However, only 21 hours of staff's working time were devoted per week to activities. Staff told us they were not always sure what was the priority: activities or providing assistance to people. A member of staff told us, "Most of the daily activities are for staff to provide. Some of them struggle they feel too much has been put on them".
- People and their relatives told us there were not enough staff to meet people's needs effectively. One person told us, "They don't have the staff - I think they need more staff". Another person told us, "The girls just have not got enough time". One person's relative told us that low staffing levels resulted in the lack of personal care provided to their relative. The person's relative told us, "He hasn't been shaved and his hair is dirty. I don't think he's had a bath or a shower and he his toe nails really need cutting. I don't think they have enough staff on shift looking at the state of my father". The service took immediate action and provided the person with personal care and contacted healthcare professionals in relation to further support
- Some people told us that low staffing levels resulted in other people walking unnoticed into their rooms. One person told us, "We've had some unwelcome visitors here sometimes. They wouldn't leave and I found that uncomfortable". Another person told us, "One resident used to come in here every day but I didn't mind, it didn't bother me".
- Staff provided us with mixed feedback on the staffing levels. One member of staff told us, "There was a time I didn't feel we had enough staff. If two carers went to help an individual on the middle floor, this would leave all the other people on their own.". Another member of staff told us, "We need more healthcare assistants". However, another member of staff said, "We have enough staff on shift".
- Staffing numbers were calculated using a dependency tool, however, on the first day of the inspection we noted the tool cannot have always been used correctly. As we saw, one person with high dependency needs was counted as an individual with medium dependency needs. As a result, the dependency tool generated a number of hours that was lower than the actual one needed to meet the person's needs. The service management reviewed the dependency tool on the day of our inspection to assess the correct number of hours required.
- During our inspection we noticed there were two recent official complaints raised by relatives of people. Both complaints concerned the time people had to wait for staff to assist them with care related tasks.
- People were protected against the employment of unsuitable staff as the provider followed robust, safe recruitment practices.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about types and signs of abuse, and the actions they were required to take to escalate any concerns. A member of staff told us, "If I witnessed abuse, I would inform the manager, the police and raise a safeguarding alert".
- The service had contacted the local authority safeguarding team appropriately and had sent CQC required notifications.
- Staff told us and records confirmed that staff had received ongoing safeguarding training.

Assessing risk, safety monitoring and management

- People's care plans contained regularly reviewed risk assessments relating to the development of pressure ulcers, moving and handling, mobility, and use of paraffin based creams.
- Risk assessments contained guidance for staff to minimise the risks identified. These included specific recommendations from specialists such as tissue viability nurses and speech and language therapists.
- The service actively supported people's positive risk taking. The benefits of positive risk-taking can outweigh the harmful consequences of avoiding risk altogether and support a person's well-being. One person told us that they were supported in independent walks around Faringdon and trips to Oxford. The person was prone to falls due to their condition, initially unfamiliar with the local area and did not speak English. The person used a mobile phone with a translator and was able to contact the service immediately in case of an emergency. The person used a printed map of the local area with the highlighted route of their choice. Staff and the managers were aware of the route so could intervene if needed. As a result, this person was able to maintain their independence while enjoying longer trips out on their own.
- Regular checks and tests were completed to promote safety in the home, such as weekly fire alarm tests. The service took appropriate action to reduce potential risks relating to Legionella disease. Staff reported any maintenance requirements and these were resolved in a timely manner.
- Each person had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure that people can be safely moved away from danger in the event of an emergency.

Using medicines safely

- Medicines were safely received, stored, administered and disposed of when no longer needed.
- We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about how much to give, when to administer and what signs to look for that would indicate the medicine may be required.

Preventing and controlling infection

- Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons to minimise the risk of infection. Clinical waste was stored appropriately.
- Staff had the right equipment for cleaning. For example, colour coded mops, buckets and bins to ensure that clean and dirty items did not come into contact. This reduced the risk of cross-contamination.

Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. Staff always asked for people's consent before providing them with care and support and we saw this in practice during our inspection.
- Staff told us that they assumed people could make decisions unless assessed otherwise, and always supported people to make independent decisions where appropriate. A member of staff told us, "You consider individuals to have capacity unless proven otherwise".

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

- People's needs were assessed prior to their admission to ensure their needs could be safely and effectively met at Ferendune Court.
- Assessments covered people's health and social care needs, as well as their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had so that those needs could be met.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, that all staff members received regular supervision and appraisals where they could discuss their concerns and share ideas for improvements. A member of staff told us, "I think it is good to give someone opportunity to talk. We can contribute to the service".
- Staff had undergone a thorough induction programme which had given them the basic skills to care for people safely. The induction programme was linked to "Skills for Care". This meant care workers completed

the Care Certificate training. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.

- The management team had oversight of what training staff had completed and when they were due for refresher training. Training sessions included moving and handling equipment, first aid, infection control and safeguarding adults. A member of staff told us, "Training is a combination of both e-learning and face-to-face training. For dementia, first aid, safeguarding, and GDPR training we were sent to London which we really enjoyed".

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

- People and their relatives we spoke with provided us with positive feedback about the food provided and confirmed people received enough to eat and drink. People could request alternative meals if they changed their minds about what they had previously asked for. One person told us, "Food has never been much of an issue for me here, I certainly get what I want to eat". One person's relative told us, "The food is good. He can have a cooked breakfast every day if he wants it".
- Special dietary requirements were accommodated by the service. If people required puree or soft diet, this had been accommodated by the service. One person was following their own diet and needed a particular menu which was delivered by the kitchen staff.

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

- People's rooms were personalised to meet their individual preferences and tastes.
- The environment within the home was dementia-friendly and had been adapted to meet the needs of people who lived there.
- Accessibility was good throughout the home and people could choose to sit in quiet or more social areas. People and their relatives had access to a well maintained garden area.

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

- Guidance from professionals, such as speech and language therapists and occupational therapists, was included in people's care files. This guidance helped inform both risk assessments and the care planning process.
- People told us and their relatives confirmed that people were supported to live healthier lives through regular access to health care professionals such as their GP, a dentist or an optician. One person's relative told us, "An occupational therapist visited whilst I was here last week". The outcomes of these appointments were recorded and any actions needed were reflected in people's care plans.
- If a person's health was compromised, healthcare staff reacted quickly. They contacted GPs out of hours and called an ambulance if needed. During our inspection we observed that the service reacted quickly to a person's fall and immediately arranged emergency care for the person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's diverse needs were known to staff and respected. Care and support were delivered in a non-discriminatory way and people's rights were protected.
- People and their relatives told us staff were kind and compassionate. One person told us, "Staff are very pleasant and helpful". Another person told us, "I am happy here, I would not change any aspect of my life here".
- Where people were unable to verbally express their needs and choices, staff understood their way of communicating. We saw that staff used body language, eye contact and simple sign language to interpret what people needed.
- During the inspection there were occasions when people became distressed or anxious. Staff were quick to offer reassurance and stayed with people until they were calm.

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

- People were supported to communicate their needs and their care plans provided relevant guidance for staff. For example, staff described how they provided individualised choice by offering different objects including items of clothing, simplifying language and giving people time to process what had been said and to respond.
- People and their relatives were asked for their views of the service regularly. For example, feedback cards were placed in the communal area at the entrance so that people, their relatives and visitors were able to provide feedback on the quality of the service.
- Care records showed that people or, where appropriate, their relatives were consulted when care plans were written.

Respecting and promoting people's privacy, dignity and independence

- We observed staff talking to people in a respectful way and showing genuine warmth towards them.
- Staff were aware of the need for privacy and maintaining people's dignity. Staff provided personal care behind closed bedroom or bathroom doors. Staff kept in mind privacy while talking to their colleagues about people and informed us they always knocked on the doors of people's rooms and sought permission before entering.
- People also told us staff promoted their independence by letting them do what they could for themselves. One person told us, "When I first came in here, I lost my independence but now with a combination of help from staff I regain my independence".
- Records containing people's personal information were kept in the main office which was locked so that only authorised persons could enter the room. People knew where their information was and they were able

to access it with the assistance of staff. Some personal information was stored on a password protected computers.

Is the service responsive?

Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were able to participate in group activities such as visits to the local cinema, trips to a garden centre, visits by a local nursery school or seated exercise activities. However, there was a lack of activities provided to people who stayed in their rooms. Most of the activities entries in records referred to staff chatting with people often while providing people with other care related tasks such as personal care or assistance with food. It was not recorded for how long this interaction took place and how people benefited from this. In other entries staff wrote 'relaxing in bed'. However, it was not clear if this had been people's choice, if staff's attempts to offer another activity had been rejected or if people had been simply offered no alternative. We noted that activity planners recorded specific activities to people who were bed bound to be provided on specific days. People were to be provided with such activities as reading poetry, hand massage, sound stimulation, doing crosswords, music therapy. However, it was clear from the records that people were very rarely provided with this type of activities.

- People and their relatives told us that people who stayed with their rooms lacked any social interaction. One person told us, "The girls don't have the time to chat. They are far too busy". Another person told us, "I am looked after very well but I do desperately need more people to talk to". One person's relative told us, "She is stuck in a chair and bored stiff most of the time". Another person told us that staff have chat with them, however, this was not their favourite activity. The person told us, "The ladies (staff) do come in and have a chat sometimes but I like things like the ballet and piano. Now, if they brought in two ballet dancers or had a big quiz I would be down there like a shot".

- The service was not always responsive to people's needs. Some people told us that instead of the service adapting to their needs they had to adapt to low staffing levels at the service. One person told us, "I used to wait to nearly lunchtime sometimes for my wash but I changed it and now I get up early and arrange for the night shift to do it for me". The service took immediate action to ensure this person's preferences would be met in the future.

This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans were detailed, personalised and regularly reviewed. There was evidence that people's relatives were invited to participate in care plan reviews with people and felt their opinions were considered.

Improving care quality in response to complaints or concerns

- People and relatives told us they would approach the manager if they had a complaint or a concern. People's relatives told us the management team was friendly and approachable and that they were confident and comfortable about raising any concerns with them.

End of life care and support

- People were asked about their wishes and preferences concerning the way they wanted to be cared for at the end of their lives, and people had advance care plans in place for this. Staff told us they felt proud they had been able to provide people with end of life care in the past and they told us this was something in which the service excelled. A member of staff told us, "We are so proud to have Gold Standards Framework (GSF) accreditation in the end of life care. It is very personal and related to things such as faith and we are respecting that". The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. At the time of our visit no person required end of life care.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team were aware of their responsibility regarding the duty of candour. The duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. We found the provider to be open and honest providing us with information their notifications. They contacted us each time the staffing levels were below the planned minimum and specified what actions they were taking to minimise the impact of low staffing levels on people.
- There was a clear focus on developing team work, reflective practice and training in relation to dementia and end of life care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were quality assurance systems in place. These were completed into various aspects of the service. However, the quality assurance systems had failed to identify the issues found at this inspection in relation to deployment of staff and the lack of activities provided to people who stayed in their rooms.
- There was no registered manager in post. The provider had put measures in place to support the management of the home in their absence and the regional support manager and the district manager were overseeing day to day management of the service and were in the process of appointing a new manager.
- The management team understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed at the service.
- Records showed that where required, the provider had notified CQC of events that they were required by law to do so. The management team demonstrated a good understanding of when to report to the CQC and the local authority. Incident records showed that relatives and healthcare professionals had been informed where incidents had occurred.
- Staff told us they were well supported and felt they all worked as a team. They told us there were clear lines of responsibility through their roles and embedded practices.

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

- The manager and staff sought people's views about people's care and support. Residents and relatives'

meetings were used to seek people's feedback. People and their relatives were welcomed to provide their feedback by completing a survey on the quality of the service provided to them. We saw that the most recent survey revealed a number of issues complained about. These related to problems concerning choosing what time people wanted to go to bed, staff being able to provide people with the care they need, encouragement to participate in hobbies and interests and people being able to stay as mentally and physically active as they can be. However, we saw no action plan in place to address the issues revealed by the survey.

- Staff had opportunities to make suggestions and contribute to the development of the service at staff meetings and through the provider's appraisal procedure.
- The provider had developed links with the local community and people benefitted from running the 'Blue light breakfast' programme. The management team showed us examples of where they had engaged police constables, healthcare professionals and fire service members to visit the service, meet the residents and staff and have a cup of coffee with them as well as enjoy a home cooked breakfast. The aim of the project was to help people get to know these members of the community and to break down barriers around people's understanding of what a care home is like.
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care, Working in partnership with others

- Ferendune Court was also establishing partnership working with dental services during 'The smiles project' and taking part in research on the use of probiotics with the University of Cardiff.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had failed to ensure that the care provided met people's needs and reflect their preferences.</p>