

Priorcare Homes Limited

Fernlea

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We completed an unannounced inspection at Fernlea on 10 May 2017 and 12 May 2017. At the last inspection on 21 November 2016, we found breaches of the regulations. After the last inspection, the provider wrote to us to say what they would do to meet the legal requirements. We undertook an inspection to check that they had followed their plan and to confirm that they now met legal requirements.

As a result of our last inspection, this provider was placed into special measures by CQC. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Fernlea are registered to provide accommodation with personal care for up to 13 people. People who use the service may have physical disabilities and/or learning disabilities. At the time of the inspection the service supported 12 people.

There was a manager at the service, but they were not currently registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider told us they had plans to submit an application for a registered manager.

Some further improvements were needed to ensure that staff had sufficient guidance when administering people's 'as required' medicines.

We found that some further improvements were needed to ensure that effective systems were in place to consistently maintain care records that were accurate and up to date. When care records are not accurate and up to date, people are placed at risk of receiving inconsistent or unsuitable care.

We found some monitoring systems that had been implemented were effective. However, some further improvements were needed to ensure that care plan audits were effective in identifying and rectifying concerns.

People felt safe when they were supported. Staff understood how to recognise possible signs of abuse and the actions they needed to take if they had any concerns.

People's risks were assessed and managed to keep people safe from harm.

There were enough suitably qualified staff available to keep people safe and the provider had a safe recruitment procedure in place.

People were supported by staff who had received training, which gave staff the knowledge and skills to provide appropriate care that met people's needs.

People consented to their care where able and the provider followed the requirements of the Mental Capacity Act 2005 (MCA) where people lacked the capacity to make certain decisions about their care. Staff understood their responsibilities and followed the requirements of the MCA when they provided support.

People told us that they enjoyed the food. People's nutritional needs were assessed and plans were in place to ensure risks when people were eating and drinking were lowered.

People were supported to access other health professionals in a timely manner to maintain their health and wellbeing.

People were supported in a caring and compassionate way by staff who knew people well. People's privacy and dignity was protected when staff provided support and staff promoted and listened to people's choices in care.

People were involved in their care. People received care that met their preferences because staff knew people well and knew how they liked their care to be provided.

People were encouraged to be involved in meaningful hobbies and interests within the service to promote their emotional wellbeing.

The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

There was an open and honest culture within the service and the manager was approachable to people and staff.

Plans were in place to ensure improvements to the service were continually reviewed and changes were made where needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Some further improvements were needed to the way medicines were managed.

People were protected from the risk of abuse, because staff had a good understanding of the various signs of abuse and knew their responsibilities to report any concerns.

People's risks were planned and managed to protect them from potential harm.

There were enough staff available to meet people's needs who had been employed in line with the provider's safe recruitments procedures.

Is the service effective?

Good ●

The service was effective.

Staff received training to carry out their role effectively.

People were supported to make decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005, which ensured decisions were made in people's best interests

People were supported effectively with their nutritional needs and they were supported to access health services when required.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and showed patience and compassion when they supported people. Staff treated people with dignity and respect and their right to privacy was upheld. People were able to make choices in their care, which were respected by staff.

Is the service responsive?

Good 

The service was responsive.

People were supported to be involved in hobbies and interests that were important to them.

People received individual care that met their personal preferences and were involved in the planning and review of their care. The provider had a complaints procedure which was available to people and their relatives.

Is the service well-led?

Requires Improvement 

The service was not consistently well led

Some improvements had been made to the way the service was led. However, further improvements were needed to ensure records were accurate and systems to monitor the service were effective.

People and staff were able to approach the manager who was supportive. People and their relatives were encouraged to give feedback about the quality of the service.

Staff were supported in their role and the provider was open and transparent about the improvements that were needed at the service.

Fernlea

Detailed findings

Background to this inspection

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

We undertook an unannounced inspection of Fernlea on 10 May 2017 and 12 May 2017. This inspection was carried out to check that planned improvements had been made by the provider in order to meet legal requirements following the last inspection on 21 November 2016.

The inspection team consisted of one inspector.

Before the inspection, we reviewed information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries, safeguarding concerns and deaths that had occurred at the service. We also gained feedback about the service from local authority commissioners.

We spoke with five people who used the service, one relative, four staff, the registered manager, a manager from an independent consultancy company and the provider. We observed how staff supported people throughout the day and how staff interacted with people who used the service

We viewed five records about people's care and people's medicine records. We also viewed records that showed how the service was managed, which included quality assurance records, seven staff recruitment and training records.



Our findings

At our last inspection, we found that people's risks were not managed and mitigated to keep them safe. We also found that people's medicines were not managed in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the service was no longer in breach of the Regulation. However, some further improvements were needed.

We found people were supported in a safe way and their risks had been planned and managed. People we spoke with told us staff supported them to move safely and they felt safe when staff helped them. One person said, "I have to have help getting out of bed and the staff help me with a hoist. I always feel safe when they are doing this because the staff know what to do". Staff explained people's risks and had a good understanding of how they needed to support people to remain safe from harm. However, although staff knew how to support people with their risks the records we viewed did not always match what staff had told us. For example; one person's level of independence with their mobility fluctuated. Staff we spoke with explained how they supported this person when they were unable to move without assistance, but the care plan's we looked at did not contain guidance on how this person needed to be supported at times when their mobility was poor. This meant that there was a risk of people receiving inconsistent support from newly employed staff who did not know people well.

We found that some improvements were still required as there were no protocols in place to give staff guidance to follow for people who needed "as required" medicines. Some people had difficulty communicating and protocols would provide staff with details of how to recognise these people needed their "as required" medicines. Staff we spoke with had a good understanding of people's ways of communicating but there was a risk that newly employed staff would not recognise when people needed their medicines, such as, pain relief. We spoke with the manager who agreed this would be beneficial and they would implement these. On the second day of our inspection, we found that the manager had already acted on the feedback we had provided and four people had protocols in place for their "as required" medicines. The manager told us that they will implement these for all other people who used the service. We will assess that these have been carried out at our next inspection. This meant that although improvements had been made some further improvements were needed to ensure staff had sufficient guidance when administering "as required" medicines.

We found that there had been improvements to the way medicines were stored. Medicines were stored in a locked room, which had a security key pad in place and we saw this was locked throughout the inspection.

Improvements had also been made to the Medication Administration Records (MARs). For example; we saw that medicines had been signed by staff after medicines were administered and where medicines had been refused by people the MARs contained the reasons that these had not been administered. We carried out a check of people's medicines in stock against the medicines recorded on the MARs and found that these balanced. This meant that improvements had been made to the way medicines were managed.

At our last inspection, we found that people were not safeguarded from the risk of abuse and appropriate action had not been taken to prevent possible harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the service was no longer in breach of the Regulation.

People we spoke with told us they felt safe when staff provided support. One person said, "I feel really safe here". Staff we spoke with had a good understanding of the various signs of abuse and the actions they needed to take if they were concerned that a person was at risk of abuse. One staff member said, "I would report any concerns I had to the manager straight away. I also know that I can contact other agencies to report abuse if I needed to". We saw that the provider had a safeguarding and whistleblowing policy available which contained guidance for staff to follow if they had concerns that people were at risk of abuse. The manager was aware of the procedures to follow if they had been made aware of concerns by staff. They said, "I would ensure people were safe and report concerns to the local authority". We saw that the manager had followed procedures and reported concerns to the local authority and to us (CQC) where needed. This meant that appropriate action had been taken to ensure people were safeguarded from abuse.

At our last inspection, we found that there insufficient staff available to meet people's needs and to keep people safe from harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the service was no longer in breach of the Regulation.

People and relatives told us there were sufficient staff available to meet their needs. One person said, "When I ask for something staff are straight there and help me when I need them. It's a lot better now and I am able to go out more than I used to". Staff also told us that staffing had improved since the last inspection and they were able to spend more time with people. One member of staff said, "Staffing has gradually improved and we have new staff which has really helped. The provider is constantly recruiting and we are getting more stable as a staff team. This has meant that people get the support when they need it and we are able to spend more time with people too". We saw that the manager had a dependency tool in place which assessed people's dependency levels to ensure that there were enough staff to meet people's needs. The manager said, "The dependency tool is really helpful to ensure that we have enough staff. I will keep this under review and this will be reviewed as people's needs change to ensure that appropriate staffing levels are maintained". This meant improvements had been made to ensure there were sufficient staff available.

We saw that the provider had a recruitment policy in place and checks were carried out on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service.



Our findings

At our last inspection, we found that staff were not sufficiently trained to meet people's needs. This was a further breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the service was no longer in breach of the Regulation.

Newly employed staff told us they had received an induction when they were first employed at the service. One staff member said, "I had an induction before I started work. I carried out online training. We are now completing practical training too, which I think is helpful as I can ask questions". Staff also told us they received training, which had recently been refreshed and updated. The records we viewed confirmed this and we saw that competency assessments had been completed, which ensured staff had understood the training provided. One member of staff told us how the training had helped them to support people in a dignified way. They said, "I had training in dignity in care and this was really useful. It highlighted where I didn't realise that certain practices could be undignified. It changed the way I supported people". This meant that staff were trained to support people effectively.

People we spoke with were happy with the food. People told us that they were able to choose the meals they had and they were able to have something different if they didn't like what was on offer. One person said, "The food is very good. We talk about what we want to eat in meetings and if I don't like the food I can have something else". We saw that people were given choices at lunch and where people wanted something different the staff ensured people were supported to have the food they wanted. For example; one person decided they didn't want tomatoes with their lunch and staff patiently asked what they wanted. This person was given time to decide and was swiftly provided with their choice. We saw a member of staff sat with people and chatted with them giving encouragement and asked if they were okay. We saw people were happy and the mealtime experience was enjoyed by people.

Staff we spoke with understood people's nutritional needs and knew people's nutritional risk and how these needed to be managed. For example; one person was at risk of choking because they had difficulty swallowing food. We saw that support plans gave staff guidance on how to prepare food in a way that kept the person safe from harm. This person's care plan also stated that they needed a member of staff to supervise and provide encouragement at mealtimes. We observed this person being supported with their lunch and saw that their meal was prepared as stated in their care plan. A staff member was present throughout their meal and gave encouragement when needed. This meant people were supported with their nutritional needs to keep them healthy and well.

People were supported to access health professionals. One person said, "Staff help me to go to my hospital appointments when I need to". Another person said, "If I tell staff I am not feeling well, they arrange for me to see a doctor". We saw that people accessed health professionals when required such as; G.P's, district nurses and consultants. The records we viewed showed that people's health was assessed and monitored regularly by staff. For example; we saw that people were weighed regularly and where concerns were identified there were actions in place to ensure that people's health was maintained. For example; one person's weight had increased and advice had been sought from a health professional who had advised that this person was supported with a low fat diet. The records we viewed showed that this person had steadily lost weight and advice had been followed.

We observed staff gaining consent from people before they provided support and talking with people in a patient manner and in a way that met their communication needs, which enabled them to make decisions about their care. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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. Staff were aware of the actions they needed to take when a person lacked capacity to make decisions and we saw that mental capacity assessments had been completed for people who used the service, which ensured decisions were made in their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where it was felt a person's liberty was being restricted there had been a referral forwarded to the local authority to assess the restriction in place. For example; one person needed supervision in the community and support from staff with all their personal care tasks. This meant where restrictions were needed actions had been taken to ensure these were lawful and in people's best interests.

Staff told us how they supported people who displayed behaviour that challenged and they had a good understanding of how to support people in line with their assessed plans of care. One member of staff also stated that the changes made to the service meant that the atmosphere is more relaxed and people's behaviours had decreased in frequency. We saw that the care plans contained guidance for staff to follow and any triggers to people's behaviours to help staff to recognise when people may display behaviours that challenged. For example; care plans stated that one person may display behaviour that challenged when it was too noisy and they benefitted from quiet time in their room with staff, which settled them. During the inspection we saw that this person was supported to have quiet time in their room with staff. They appeared settled and comfortable with this support from staff. This meant that people were supported effectively where they displayed behaviours that challenged.



Our findings

At our last inspection, we found that people were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the service was no longer in breach of the Regulation.

People told us they were happy with how the staff treated them and the staff were kind and caring towards them. One person said, "Staff are nice. I like it here because everyone is friendly". Another person said, "Staff speak with me in a nice way. They make me feel comfortable". Another person said, "Things are a lot better now, the staff are great. I feel very happy now". We saw staff were caring and compassionate with people and showed patience when they provided care. People were comfortable with staff and spoke with them easily, when they needed support, reassurance or just wanted a chat. For example; we observed staff talking with people throughout the day, asked if people were feeling okay and spent time with people. One member of staff asked a person if they were feeling okay and the person replied, "Much better for seeing you". Staff we spoke with were positive about their role and told us they cared about the people they supported and how they made sure people felt comfortable.

We saw people were able to access their rooms whenever they wanted and if they wanted to have their own private time alone. One person said, "I like to watch TV in my room. I choose if I want to be on my own or if I want to spend time with other people". People also told us that staff respected their privacy when family visited. We saw a relative visited on the day of the inspection and they were given privacy and time alone with their relative. Staff told us that they ensured that they were sensitive to people's privacy and ensured that people felt comfortable when they were providing personal support. One staff member said, "I always make sure personal care is carried out in private and I speak with people using their names. The dignity training I received helped me realise that some practices were undignified but I know better now". We saw that staff talked with people in a way that made people feel that they mattered and in a respectful way. For example; staff talked with people about their favourite things and spent time talking about family that were important to them.

People told us that they were able to make choices about their care. One person said, "I choose lots of things. I choose what I want to wear, where I want to go and staff listen to me". Another person said, "I didn't feel listened to before. Lots of things have changed and staff listen to me now". We saw people were given time to speak and staff listened to people's wishes and acted upon them. Staff told us how they ensured people were given time to answer questions and explained how they supported people's individual way of

communicating. One member of staff said, "[Person who uses the service] has difficulties communicating and this can cause frustrations. I have known them for some time so I know what they are saying, but if I am unsure they like to write it down. This alleviates any frustration and I can help them in the way they want". This meant that people were able to make choices about their care because staff supported people in a way that met their individual communication needs.



Our findings

At our last inspection, we found that people did not always receive care that met their individual needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the service was no longer in breach of the Regulation.

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One person said, "There have been lots of improvements and I go out a lot more now. I'm never in these days!" Another person said, "I like going shopping with staff and I have asked to go to the Bullring shopping centre. Staff are organising this for me. I'm really looking forward to it". People also told us that they had a holiday planned for the summer and they had chosen the same place to go as previous years because they had really enjoyed themselves. We saw that people were occupied with various interests throughout the day, which included a visit from a relative for one person, making cakes, chatting with staff and some people were happy watching television in their rooms. Records we viewed contained details of people's interests and where people had been out such as, regular shopping trips, attending local clubs, meeting friends and family and visiting local attractions and holidays.

We saw that improvements had been made to some people's care records. The improved records we viewed contained people's preferences and interests, which showed people's lifestyle history, current health and emotional wellbeing needs and what is important to people. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. We saw staff supporting people throughout the day in line with their preferences and staff we spoke with knew people well and explained how they supported people in a way that met their preferences and needs. However, we found that some care records needed further improvements to ensure that new staff had the same detailed information about all the people who used the service. The manager told us they were still working through some of the care records and they would be ensuring that all records were personalised.

People and their relatives were involved in reviews of their care. People told us and we saw that they had meetings to discuss the service provided and people were given the opportunity to raise any concerns they had. We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their health and wellbeing. For example; one person's pain management had been changed and we saw that this had been reviewed and evaluated to ascertain whether this had helped with their pain. This meant that the provider was responsive to people's individual

needs.

At our last inspection, we found effective systems were not in place to act on complaints about the service provided. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the service was no longer in breach of the Regulation .

People and their relatives told us that they knew how to complain and they would inform staff or the manager if they needed to. One person said, "I could tell staff if I was unhappy. The manager is always about and I could tell them too". A relative we spoke with told us that they felt able to raise any concerns directly with the provider and these had always been dealt with satisfactorily. The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. There was a system in place to log any complaints by the manager. There had been no formal complaints received at the service since our last inspection. This meant that there was a complaints system in place, which people and their relatives were able to access if required.



Our findings

At our last inspection, we found that effective systems were not in place to monitor, manage and mitigate risks and records did not contain an accurate and up to date reflection of people's needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the service was no longer in breach of the Regulation. However, some further improvements were needed.

We found that some improvements had been made to people's care records. However, further improvements were needed to ensure that care records contained up to date and accurate information that reflected the support provided. For example; one person's mobility needs had deteriorated and their ability to stand fluctuated. The report from an occupational therapist stated that this person needed a sling and hoist to be used when they were unable to stand. The sling to be used to transfer this person safely had been ordered but we found that there were no details in the care plan to ensure this person was transferred safely until this arrived. Another person had received advice to reduce the amount of fat in their diet as their weight had increased. We found that this had not been updated in their care plan. However, we saw that this person had lost weight since this advice was provided. Staff we spoke with were aware of the changes in people's needs, but there was a risk that people may receive inconsistent care from new staff that did not know people well. The manager told us they would ensure records were reviewed and care plans were updated with new information when required.

We saw that the manager had completed audits which showed how they monitored the quality of the service provided to people. Some of the audits we viewed such as the medicine audit, infection control audit and bed rail audit contained details of the actions taken where issues had been identified. This showed that the audit had been effective in monitoring the service and the manager had used this to make improvements to the service provided. For example; the bedrail audit had identified that the bumpers in place to protect the person from harm were not suitable and needed replacing. We saw that this person had new bumpers in place over their bedrails. However, we found that some audits were not always effective. For example; we viewed care plan audits and found that the manager had not identified that the care plans were not always up to date. The manager told us that the audits checked that staff were completing daily monitoring such as turns and nutritional charts, but they did not check that records were up to date. The manager said, "This is a good idea and I will implement this straight away". This meant that some further improvements were needed to ensure all systems in place to monitor the service were effective.

People told us that the manager was approachable and they felt able to go to them if they needed to. One

person said, "The manager is great. They help me when I need them and I only have to ask once and they come". Another person said, "The new manager is smashing, very nice". Staff told us that the manager was approachable and supportive. One member of staff said, "The manager is good at their job. They are approachable and they listen to any concerns. They have made lots of improvements and there are more to come". Another staff member said, "The management has improved. The manager is approachable and supportive. If I have raised anything it has always been dealt with". We observed both people who used the service and staff approach the manager during the inspection and they were comfortable asking questions or advice. We saw that the manager made themselves available when people needed them and gave advice and encouragement to people.

People and their relatives were encouraged to give feedback about the quality of the service through meetings and questionnaires. One person said, "We have meetings to talk about different things, what we like and what we want". The minutes we viewed showed that the provider had been open and transparent with people and discussed the improvements that were needed after our last inspection. We also saw that questionnaires had been completed by people who used the service. The manager told us that they were in the process of analysing people's responses and an action plan would be implemented to ensure any issues were dealt with to make improvements to the service. This meant that people's feedback was gained to help inform service delivery.

Staff were encouraged to give feedback and were able to suggest where improvements may be needed. Staff told us and we saw that they had attended team meetings. One staff member said, "There have been quite a few staff meetings recently. We had discussions about the improvements that were planned and discussed changes in practice etc". We saw records of team meetings which included updates in care practice and discussions about the care standards expected from staff. This meant that staff were involved in the service and encouraged to give feedback on the standards of care.

Staff told us they received supervision on a regular basis, where they discussed any issues about the support they provided and their development needs. One member of staff said, "I find supervisions good. It's a chance for me to talk about my development and progression". Another staff member said, "Supervisions are helpful and structured. We discuss any areas that need improvement and also where I have supported people well".

We found that the provider had implemented improvements across the service since the last meeting. Without exception all of the people we spoke with told us that there had been improvements. One person said, "Things have really improved here. I am a lot happier now, it's really good". Another person said, "I really like the new decoration in the recreation room, it's nice and bright. I like sitting in there". Staff told us that the improvements made had made a difference to people and to the atmosphere within the home. One staff member said, "People are happier and calmer now. Staff are also happier, which makes a difference to people and how care is provided". We saw that there was an improvement plan in place, which ensured that there was a clear plan of actions to ensure the service was continuously improving. The provider told us that they had made a lot of improvements but were also aware that some were still in the process of being implemented fully. The provider told us it was important that these changes were sustained to ensure people received the service they deserved. This meant that the provider and manager were committed to ensuring that improvements were made to ensure people received care that met the required standards.