

Bondcare (London) Limited

Fern Gardens Care Home

Inspection report

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10 February 2021
11 February 2021

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Fern Gardens Care Home (previously known as Coniston Lodge Nursing Home) is a care home with nursing for up to 92 older people. Some people were living with the experience of dementia. The service offers care and support to some people at the end of their lives. The home was also providing a 'designated care setting' service in a separate unit, set up in January 2021. This is a service the Local Authority and local Clinical Commissioning Group has identified as suitable to care for people discharged from hospital with a positive COVID-19 status. People only stay on this unit for a short time to pass their isolation period before moving on to their home or another care setting. We only visited this setting at this inspection, which 11 people were using at the time of our inspection.

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

The provider had infection control and protection processes in place in the designated setting and they monitored and ensured that these were implemented.

Staff assessed, recorded and monitored people's eating and drinking needs.

The provider completed pre-admission assessments and risk management plans to assess and reduce risks to people's health, safety and well-being.

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 4 February October 2021). The service had been identified for use by the Local Authority and local Clinical Commissioning Group as a designated care setting, so we carried out a focused inspection on 12 January 2021 to ensure the service was compliant with infection prevention and control measures. We also checked the provider had followed their action plan to improve the service's ratings of the effective, caring and well-led key questions and to check whether a breach of regulation in relation to privacy and dignity (Regulation 10) had been met.

Since January 2020, the provider has been required to send us action plans each month to show us what they are doing to improve the service. This is because we had imposed conditions on their registration telling them they must do this.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the designated setting service supporting people's safety, nutrition and hydration needs. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this report.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. As a result, this report only covers our findings in relation to the safe, effective, and well-led key questions.

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 coronavirus and other infection outbreaks.

Follow up

We will continue to monitor information we receive about the service until we 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Fern Gardens Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This was a targeted inspection to check on a specific concern we had about people's safety and nutrition and hydration needs. 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

One inspector undertook this inspection.

Service and service type

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

The service had a manager who had applied to be registered with the Care Quality Commission. This application was being assessed at the time of our inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with six members of staff, including the manager, two senior managers, a nurse, a care assistant and the housekeeping manager. We spoke with one person who used the service. We reviewed a range of records. This included four people's care records and a variety of records relating to the management of the service, including staffing rotas and infection prevention and control processes.

After the inspection

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. The purpose of this inspection was to check a specific concern we had about service supporting people's safety.

Assessing risk, safety monitoring and management

- The provider completed risk assessments and management plans to assess and help reduce risks to people's health, safety and well-being for their short stay on the unit. These considered risks such as people's skin integrity, mobility, COVID-19 and nutrition, and set out actions to help mitigate those risks. For example, one person's risk management plans identified they had cellulitis (a type of skin infection) and the dressings that staff needed to apply to this. Care records showed staff provided this support as required.
- People's care and risk management plans were informed by detailed pre-admission assessments. These identified risks to people's health and safety, such as pressure sores, allergies and equipment required to support them safely, like supplies of continence aids or dressings for wounds. We found that when a person was admitted with skin wounds or marks which the service had not been informed about, the provider had not always reported this back to the relevant statutory agencies so the cause of this could be investigated. We discussed this with a senior manager so they could make improvements to this practice.
- Nursing staff completed a discharge checklist when people were leaving the short stay service. This recorded that the nurse in charge of the shift had physically checked the person was safe to leave the unit and sufficiently dressed in a way to keep warm and safe while they travelled to their next care setting. We observed a person leave the unit being supported by staff with sensitivity.
- People had personal evacuation plans in place setting out how to support them safely in the event of an emergency.

Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.
- The provider had safe protocols in place to help prevent visitors from catching and spreading infections. Only health care professionals essential to people's care were permitted to visit the designated care setting unit.
- Staff were provided with suitable personal protective equipment (PPE) to keep themselves and others safe. This included gloves, aprons, face masks and hand sanitiser and we saw supplies of this were easily accessible to staff. The provider promoted a safe environment with clearly marked areas on the unit where staff needed to safely put on or remove and discard their PPE.
- Housekeeping staff completed regular cleaning of the short stay unit, including areas used for staff breaks and frequently touched surfaces. We saw records of this cleaning and observed this cleaning take place during our visit. The unit appeared clean and free of offensive odours when we visited.
- People who used the service had tested positive for COVID-19 before being admitted and we saw this recorded on their pre-admission documents. The provider accessed regular testing of staff. This and other arrangements in regard to infection prevention and control helped to prevent the spread of the infection.

and promote people's and staff's safety.

- The provider audited infection prevention and control measures on the unit to make sure they were safe and effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. The purpose of this inspection was to check a specific concern we had about supporting people with their hydration and nutrition needs.

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

- Care staff supported people to eat and drink to meet their nutritional needs.
- Records of daily care indicated staff supported people to eat and drink to help maintain adequate nutrition. Staff recorded what people were offered and how much they ate and drank. We noted that sometimes staff did not always record a clearly defined amount of fluid that a person drank or the total amount a person drank throughout the day. However, the records we saw indicated care and nursing staff were monitoring people's intake. We discussed this with the senior managers so they could improve recording practices in relation to people's oral intake.
- Care records also showed staff had contacted healthcare professionals, such as a GP, when there was a concern about a person's nutritional intake.
- People's pre-admission assessments identified if they had specific eating and drinking needs. For example, one person's assessment noted they needed encouragement to eat and would only accept certain foods in small amounts. Their care records indicated staff had then encouraged the person as required, supporting them with foods they were known to prefer.
- Staff told us they had enough time to encourage people to eat and drink.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. The purpose of this inspection was to check concerns we had about managing the support for people's safety and nutrition and hydration needs.

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

- The provider carried out checks on the short stay service to monitor safety and quality and make improvements. These included checking records of people's care, such as daily care notes by nurses and care staff, shift handovers, charts to record regularly turning people when in bed, and checking people's condition.
- Staffing rotas indicated and staff told us that in the first few weeks of the short stay service being operational, most staff working on the unit were agency (temporary) staff. However, we saw senior managers had recently reviewed and improved the management of the staffing rota. This ensured more staff who were familiar with the service consistently worked in the designated setting in the week before our inspection.
- The manager maintained a running log of actions taken to help coordinate people moving on from the unit after their COVID-19 isolation period had elapsed. This recorded people's previous living arrangements prior to their stay in hospital, initial proposed discharge requirements, and actions taken to liaise with people's family and statutory agencies to support people to move to their next care setting, including arranging their transport when required. The log helped managers to monitor actions to promote people's safe discharge from the unit.
- Senior managers maintained a record of referrals and admissions to the designated care setting, the length of people's stay based on when they tested positive for COVID-19, and when people were discharged. This was shared with the local Clinical Commissioning Group each day to provide statutory partners with an overview of the ongoing service provision.