

# New Beginnings (Gloucester) Ltd

## Fern Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Fern Court is a residential care home providing accommodation and personal care to up to 13 people. The service provides support to people who may have a learning disability, mental health condition or autism. At the time of our inspection there were 12 people using the service.

Accommodation was divided between two buildings; Fern Court and Fern Lodge. Some rooms provide en suite accommodation. Everyone living at Fern Court had access to a communal living room, kitchen and dining area and had access to a shower and bathroom. The grounds around the property were extensive, accessible and secure.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Based on our review of safe and well-led the service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture

### Right Support

Staff supported people with their medicines. Staff had not always followed good practice in relation to medicine management, however this had not impacted on people's medicine support.

People were being supported to have choice about their living environment and were being encouraged to personalise their rooms. The manager and provider had plans to redecorate and personalise the home to make it "homely" for people.

Staff enabled people to access specialist health, dental care and social care support. Staff were now supporting all people living at Fern Court to access the local community. For some people who had not left the service premises for nearly two years, there was early progress in supporting people in the community. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

### Right Care

People's care, treatment and support plans often reflected their range of needs. People's care plans sometimes provided conflicting information, which was raised to the manager and addressed.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs. Staff were starting to receive effective training

and support to provide care effectively.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could take part in activities of their choosing at home or in the wider community and pursue their own interests.

Staff were now supporting all people living at Fern Court to access the local community. For some people who had not left the service premises for nearly two years, there was early progress in supporting people in the community.

#### Right culture

People were now being supported to lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The manager and provider recognised there was still room for improvement regarding this.

The provider had sought support from external professionals to help implement a stable and supportive management and staff team who support people to receive consistent care.

#### Mental Capacity Act

Staff supported people in the least restrictive way possible and in their best interests. Where people were living under Deprivation of Liberty Safeguards; staff understood the support they required.

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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Inadequate (published 30 March 2022).

#### Why we inspected

This was a focused inspection based on the rating of the service and the service being in Special Measures. We followed up on enforcement action taken following our February 2022 inspection and the improvements the provider told us they were going to make.

We undertook this focused inspection to check if they now met legal requirements. This report only covers our findings in relation to the safe, responsive and well led.

#### Exiting special measures

This service has been in Special Measures since 30 March 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fern Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will work with the 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 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** ●

# Fern 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two Inspectors carried out the inspection.

#### Service and service type

Fern Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fern Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been in place since March 2022, they are in the process of registering with CQC.

#### 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 considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in May 2022 in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four people who lived at Fern Court. We spoke with two people's relative and two professionals about their experience of the care and support provided by the service.

We spoke with eight staff including the manager, acting deputy manager, two senior support workers, three support workers and an activity co-ordinator. We also spoke with a consultant who had been contracted by the provider to provide support to Fern Court and the provider's other services.

We reviewed a range of records. This included three people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating had improved to requires improvement. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Records relating to people's care and risk assessments were not always current or accurate. One person was at risk of choking. Staff understood the support they required to eat and drink safely but their care plan did not contain clear information around their choking risk for staff to refer to.
- People's medicine administration records were not always accurate. One person's medicine administration record had conflicting records in relation to one of their prescribed medicines. Additionally, staff had not always kept a clear record of when people's prescribed topical creams had been opened. Whilst this placed people at risk, they had not been impacted by these concerns.

The provider did not always ensure current and contemporaneous records of people's care and medical needs had been maintained. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since our last inspection the manager and support staff had reviewed and rewritten people's risk assessments and risk management plans. Assessments were mostly detailed and contained clear information on the support people required to remain safe. Staff could describe people's risk management strategies and this included how to keep people safe when they become anxious or agitated.
- The manager and provider had implemented systems to learn and change people's care based on incidents and accidents. The manager and support workers learnt from incidents, which enabled them to plan people's care and reduce the number of incidents for people living at Fern Court.
- Changes had been made to the environment following concerns identified at our last inspection. Checks were now in place in accordance with good practice in relation to fire safety, including ensuring fire doors were fit for purpose which reduced the risk to people living at Fern Court.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt Fern Court was safe. One person when asked if they were safe, responded: "Yes, I am happy here." One relative told us, "I feel [relative] is safe. I feel things have improved. They are happy at Fern Court."
- Staff had read the provider's whistleblowing policy and procedures and felt able to report any concerns



about poor practice or inappropriate staff behaviour.

- The manager had notified CQC and local authority safeguarding with an allegation of abuse. Appropriate action had been taken by the management to promote people's safety.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The manager maintained a clear record of where applications had been approved and when authorisations were due to expire.
- One person living under DoLS was supported by staff with a monitor. Staff understood the purpose of the monitor and followed clear guidance on the use of the monitor in line with the person's DoLS authorisation.

#### Staffing and recruitment

- Since our inspection in February 2022, the manager and provider had increased staffing levels at Fern Court. Staff spoke positively about this change. One member of staff told us, "Things have definitely improved. Staffing has helped. We are able to spend more time with people which reduces their anxieties."
- Agency staff were used when necessary to ensure there were enough staff to support people, including supporting people into the community. All staff were being supported with training and the manager and senior staff monitored staff's skills and competencies by being visible and regularly working alongside staff.
- Staff were recruited safely. All required checks were made before new staff began working at the home. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicine administration records (MARs) confirmed people received their medicines as prescribed.
- People had clear protocols in place in relation to their 'as required' medicines, such as pain relief.
- People's medicines were mostly stored in accordance with recommended best practice. However, some topical creams had not always been dated when opened. We raised this concern with the manager who took immediate action.

#### 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 somewhat assured that the provider was using PPE effectively and safely. We identified one PPE bin where staff had placed inappropriate items. We informed the manager who took action to address this concern.
- 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 somewhat 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.
- Visiting arrangements had followed government and local health protection team (HPT) guidance. People's relatives confirmed they had been able to visit.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

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

At our last inspection people did not always receive appropriate, personalised care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. Time was needed to ensure all people benefit from good personalised care, activities and engagement.

- Staff were supporting people with their personal care. Staff recorded when they supported people with their personal care, including washing and dressing. We observed staff engaging positively with people, supporting them with choice in how they wished to spend their day.
- People were now being supported with their care and support in a way which promoted their privacy and dignity. Staff were quick to act to prompt one person and protect their dignity during our observation.
- People were being supported with choice of activities they would enjoy. One person was sat with a member of staff watching some videos. The person was singing and enjoying their time with the member of staff. The member of staff asked them questions and gave them time to respond, respecting their choices.
- People's care plans were being rewritten by the management team. Some work was still required to ensure all care plans had been updated. Care plans we reviewed contained clear information, which reflected people's needs and preferences.

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 were supporting people to engage with the local community. For some people, due to COVID and concerns at the service, this had just started again. For example, one person was now being supported with drives, to build their confidence in accessing the community. This person previously rarely left their room, however, was now spending more time in the communal area. One member of staff told us, "We're working hard to get people out. It is small steps at the moment, and it's based on them."
- The home had an activities co-ordinator, who on one day of our inspection was supporting people with trips away from the service. They discussed some of the actions they had taken, including creating a sensory garden. They had clear plans in relation to developing activities and the wellbeing of people living at Fern Court. The manager and support staff shared these views.
- One person had been given choice regarding the activities they enjoyed. The person told us that

previously they had enjoyed horse riding, however they did not enjoy it now, so had been supported to start activities they enjoyed, such as knitting and cooking. During the inspection the person showed us items they were knitting and also told us how they liked to help in the office by answering the phone.

- The manager and staff had clear plans to develop people's access to activities both at Fern Court and in the community. One member of staff told us, "We still have a long way to go, however we're supporting people and it's lovely to see them out and about."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's communication needs. We observed staff engaging with people in accordance with their communication needs. One person was excited to go out on an activity. Staff engaged this person in a positive way, redirecting them with clear communication and direction to support them to get ready for their activity.
- People's care plans contained clear information about people's communication needs, including any words or sentences which may cause people to become agitated.

#### Improving care quality in response to complaints or concerns

- The manager kept a record of compliments, concerns and complaints they had received. This included feedback received from people's relatives.
- Since our last inspection, there had been no complaints to the manager. However, relatives told us they knew how to complain. One relative told us, "I know I can speak to [manager]. I haven't had to raise concerns with [manager] because things are improving."

#### End of life care and support

- At the time of our inspection, no one was being supported with their end of life care and support.

# 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 Inadequate. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key questions at the next comprehensive inspection of the service.

At our last inspection systems were not in place to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made regarding the management of the service and the manager and provider had implemented new monitoring systems. However, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

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

- While new monitoring systems had been introduced, some of these were still not fully effective. For example, while care plans were being updated, a clear process was not in place to ensure people's care plans would be reviewed routinely to ensure they were current and accurate. Therefore, the record concerns we found had not been identified.
- Medicine monitoring systems had not been fully effective in identifying concerns in relation to people's medicine administration records. We discussed this with the manager who was advising staff on action they should take to ensure people's medicine records were correct and all topical creams were dated when opened.

Quality assurance and monitoring systems were not fully embedded and were not fully effective at identifying and addressing shortfalls. While this placed people at risk of harm, people had not been impacted by these concerns. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Monitoring systems had been implemented at this service which were now being followed by support staff. For example, systems for monitoring people's day-to-day personal care were now being followed, which provided the manager with assurances people had received their care. The manager and deputy manager were addressing this with support staff.
- Since our last inspection the provider had sought the guidance and support of an external consultant in health and social care. They were providing support and management guidance to the provider and manager of Fern Court. The consultant spoke positively about the service and improvements they had made.

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; Continuous learning and improving care

- The manager started working at Fern Court in March 2022. At the time of our inspection the manager was not registered, however had applied to CQC to become the registered manager.
- The provider spoke openly about how they had reflected on concerns within the service. The provider also explained they were changing the management structure to provide greater management to Fern Court and other services they operate. This had led to the creation of a new role which was starting in August 2022.
- The provider and manager had implemented systems in relation to incident and accident monitoring. This enabled staff to learn from incidents within the home and improve people's care. The provider and manager ensured people and their representatives were informed of any concerns. One relative told us, "The communication has improved and Fern Court is calmer."

At our February 2022 we found the provider had not always notified the Commission without delay of the incidents which occurred as a consequence of the carrying on of the personal care to people. This was a breach of regulation 18 (1) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager had notified CQC regarding incidents which had occurred since our February 2022 inspection. The manager was aware of their responsibility to notify CQC.

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

- The manager and provider were implementing systems to routinely seek the views of people and their representatives regarding their care. While staff were seeking people's views, the manager had plans to involve people in planning their care.
- People's relatives spoke positively about their involvement and felt communication had improved since the manager had been in post. One relative discussed how they were involved and informed of their loved one's care.
- Staff spoke positively about working at Fern Court and the improvements being made. The manager and provider were focused on developing a positive and open culture at Fern Court. One member of staff told us, "We do get lots of support. At February I was concerned, however things are improving. I feel appreciated."

Working in partnership with others

- The service was working with funding local authorities and clinical commissioning group to develop safe care practices for people. Health and social care professionals were visiting the service and working with staff striving to achieve good outcomes for people. We received mixed feedback from professionals involved with Fern Court. One healthcare professional spoke positively about the support a person they supported received, however other healthcare professionals raised concerns in relation to the progress against their action plans.

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  Systems to manage the quality of care were not always fully embedded or effective. There were not always current and contemporaneous records in relation to people's care and medicine support. Regulation 17.