

Monarch Healthcare (Ferndene) Ltd

# Ferndene Care Home

## Inspection report

Park Springs Road  
Gainsborough  
DN21 1NY

Tel: 01159844839  
Website: [www.monarchhealthcare.co.uk](http://www.monarchhealthcare.co.uk)

Date of inspection visit:  
09 March 2020  
10 March 2020

Date of publication:  
05 May 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

### About the service

Ferndene Care Home is a residential care home providing personal and nursing care to 43 people aged 65 and over at the time of the inspection. The service can support up to 48 people.

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

Care plans required development to ensure they reflected people's diverse needs and preferences.

Managers were aware of this and had developed a plan to review and improve all care plans in the service.

Care was delivered by staff who understood the needs of people they were supporting. People knew how to complain and raise concerns and were listened to. People were given the opportunity to take part in regular activities of their choosing. The activities coordinator was committed and keen for people to try new things.

The service did not currently have a manager registered with the Care Quality Commission. Two managers had recently been recruited, a general manager and a clinical manager. Both had begun the process of applying to be registered with the commission. They had clear plans about how they were going to develop and improve the service. Staff were complimentary about the support they received from them. People and relatives were complimentary about the management and staff culture within the service. Systems were in place to ensure the safety and quality of care was monitored and checked regularly. The managers and staff team had developed positive partnerships with other health and social care professionals and were building strong links in the community.

People were protected from abuse by staff who were trained to recognise and report signs of its occurrence abuse. Systems designed to reduce risk were in place to ensure people's safety. Medicines were managed appropriately. People received their prescribed medicines safely from competent staff who were trained. Systems to audit the administration of medicines were effective and had identified shortfalls, as a result medicines administration had improved recently. Enough staff were employed to meet people's needs. Staff were recruited safely and in line with current regulations. Accidents and incidents were reported and recorded, measures were taken to improve and learn.

People's needs were assessed prior to moving into the service. Nutritious food and fluids were available. People were given the support they needed to eat and drink and told us the food was of good quality and they enjoyed the meals on offer. The layout of the building promoted inclusion and people moved around the home safely. Care staff received regular training to support them in their roles. Nursing staff told us they were supported to maintain their professional registration. 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.

Staff were observed throughout the inspection to be caring, thoughtful and kind. People and relatives consistently told us staff were kind and caring and they were treated well. People were given the opportunity to express their views regularly and were involved in their care. Staff were knowledgeable about

how to maintain privacy and dignity.

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 requires improvement (published 10 December 2018) and there was a breach of regulation. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

The provider registered this service with us on 5 February 2019, this was a planned inspection based on the date it was registered.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.  
Details are in our well-Led findings below.

# Ferndene 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and a specialist advisor who was a nurse.

#### Service and service type

Ferndene Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The provider had recently appointed two managers who, following the inspection confirmed they had submitted an application to register. Throughout the report we refer both managers as 'the clinical manager' or the 'general manager'.

#### 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. 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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the regional manager, general manager, clinical manager, nursing staff, care staff, and the cook. We also spoke with two visiting healthcare professionals. We reviewed a range of records. This included six people's care records and multiple medicines administration records (MAR). We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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.

#### After the inspection

We looked at training data and policies sent to us by the provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse by staff who were trained and knew how to recognise signs of abuse and how to report them. They told us they felt safe and protected. One person told us, "I feel safe, I feel absolutely safe with the staff."
- The provider had a safeguarding policy which had been recently reviewed. Staff were aware of this and told us they provider had a whistleblowing policy to support this. One staff member said, "[The whistleblowing policy] is near the front door [to the service] when you walk in."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and reviewed monthly. Actions to reduce risk were implemented. For example, staff told us about additional measures which were put into place for a person who had frequent falls. This included moving the person to a new bedroom on the ground floor and introducing sensor equipment.
- People were protected from risks associated with pressure ulcers, staff ensured people were repositioned regularly in line with best practice.
- Risks associated with the environment and building were managed effectively. Regular maintenance of the building was carried out and certificates were in place to demonstrate compliance with safety standards. Risks associated with fire were managed, people had evacuation plans in place and fire equipment was maintained.

Staffing and recruitment

- People told us they thought there were enough staff to meet people's basic needs but felt the service would benefit from some additional staff so they would not have to wait when they asked for support. Staff told us they thought there were enough staff to meet people's needs. The managers used a dependency calculator to calculate how many staff the service required. Records showed the service regularly deployed the calculated number of staff.
- Safe recruitment systems were in place, which meant all staff recruited had checks carried out regarding their previous employment and character. The provider routinely carried out checks of criminal records to ensure potential new staff were suitable to work with vulnerable people.

Using medicines safely

- People received their prescribed medicines from staff who were appropriately trained and competent. Medicines administration records (MAR) were kept electronically. These were accurately completed by staff.
- Some people were assisted to take their medicines on an 'as needed' basis. Each person had a protocol to describe how and when they should have this administered.

- The provider had a system for checking the administration and storage of medicines. At the time of the inspection an audit was being carried out by a pharmacy. Some very minor issues were identified during the audit; however, the managers were aware of the issues as their own audits and checks had identified them. The issues were in the process of being addressed.

#### Preventing and controlling infection

- Systems and processes were in place to reduce the risk of the spread of infections. Cleaning schedules were in place to ensure regular cleaning of communal areas and people's rooms took place.
- Records showed staff were provided with infection control training and staff confirmed there were plentiful supplies of personal protective equipment such as single use gloves and aprons. Antibacterial hand sanitiser was available throughout the service and staff were encouraged to regularly wash their hands.

#### Learning lessons when things go wrong

- The provider had a process for recording and reporting accidents and incidents, which staff were aware of.
- The managers monitored and analysed all incidents and accidents to identify any trends, so action could be taken to reduce risks. Any learning from incidents was shared with staff.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to using the service. This enabled the managers to ensure staff had the skills, knowledge and experience to provide care and support to people and understand people's needs.
- Assessments were completed in line with best practice guidance, for example, using the nutritional risk assessment tool. All aspects of a person's needs were considered including the characteristics identified under the Equality Act such as religious and cultural needs.

Staff support: induction, training, skills and experience

- All new staff were required to complete an induction when they first began working at the service. Staff told us they went through a period of 'shadowing' a more experienced staff member to show them how to provide care to people.
- Training records showed new staff completed the Care Certificate. This is a set of standards which ensure staff had the basic skills needed to provide safe care. The training covered health and safety and promoting person-centred care.
- Records showed, and staff confirmed they were provided with regular and ongoing training to equip them with the knowledge they required to carry out their roles effectively. One staff member told us, "We can ask [general manager] if we need more training and we can access lots of different training online."
- Nursing staff were provided with the support and training they required to maintain their professional registration. The clinical manager was a registered nurse and provided clinical guidance and support to the nursing staff.

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

- People were provided with healthy and nutritious food and drinks which they enjoyed. One person told us, "The food is quite good, they give you a choice."
- The dinnertime experience for people was positive. People who required support to eat their food were assisted by attentive staff. People were offered regular drinks throughout their meal and were offered choices of deserts.
- The cook had systems in place to ensure people with allergies and choking risks were provided with safe options. People's food and drink preferences were established when they moved to the service. Menus were planned to ensure people received the food and drink they liked.
- Kitchenette areas in the service were provided so people could help themselves to snacks and drinks whenever they wanted them. People who spent time in their rooms were provided with regular snacks and drinks.

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

- The clinical and general managers had developed positive relationships with other health and social care professionals in the local area. We spoke with one visiting social care professional who told us they were confident in their abilities to provide good standards of care to people.
- Records showed people were supported to access a wide range of healthcare services such as dieticians, speech and language therapists and GP's. People had access to a dentist and oral healthcare assessments were completed.
- People told us staff contacted the GP quickly if needed. One person said, "I knocked my arm and they called the doctor right away. If you need the doctor, they get them."

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

- People moved around the home independently and safely. Lounge and dining areas were provided so people could spend time together. Relatives told us they spent time with their loved ones in private areas of the home.
- The clinical manager told us they had plans to make the home more accessible for people living with dementia and were considering making an unused space into a sensory room.

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

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some care plans did not include evidence of how decisions for people who lacked capacity were reached and whether capacity assessments had been carried out. For example, one person had a sensor mat in place to reduce the risk of falls, but the care plan did not describe how the decision to implement these had been reached. The managers were aware of this and had a plan in place to review all care plans following our inspection.
- People who were deprived of their liberty had appropriate authorisations in place. Systems were in place to ensure they were reviewed before the expiry date of the authorisation.
- Records showed staff were provided with mental capacity training. Staff confirmed this, one staff member told us, "It is about deciding if someone has capacity to make decisions for themselves. Fluctuating capacity needs to be taken into account. Finding out how much [the person] needs support without taking away their independence."

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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 and relatives consistently told us they were treated well by staff. One person said, "The majority are brilliant, they really are. They look after me, pamper me and treat me like a queen." A relative told us, "The staff are brilliant, nothing is too much trouble."
- It was evident staff knew people well and were aware of their needs from the interactions we saw. A relative confirmed this, they said, "The staff are lovely, [staff name] is lovely. They have taught me things about [relative]. [Staff name] has got to know [relative] really well, they click with each other."

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

- Staff were seen throughout the inspection offering people choices about their care. We saw several instances where staff used open questions to avoid yes/no answers and engage in conversation.
- Regular meetings were held to ensure people could discuss issues about the service and their own care. One resident said, "We have a regular residents meeting. I asked for the local church to do a communion. By the next week it was all arranged."

Respecting and promoting people's privacy, dignity and independence

- Staff were seen throughout the inspection knocking on doors before entering people's bedrooms. People and relatives told us staff respected their privacy.
- There was a positive culture around ensuring people could spend quality time with their relatives. Staff arranged for a person to have an afternoon tea with their relative in a private area so they could sit and chat without interruption.
- Staff knew how to maintain people's privacy and dignity while at the same time giving them their independence to do as much as possible for themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant although people's basic needs were met, opportunities to ensure people had choice and control of their care were missed because people care plans did not accurately reflect people's diverse needs.

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

- Each person had a care plan in place. An electronic care planning system was used which generated mostly generic statements about people's support needs. Some care plans contained contradictory information. For example, two people's care plans gave different frequency intervals for repositioning. In some places it stated two hours and in other places stated four hours. This increased the risk the person who not receive the care and support they required.
- Some care plans lacked important details about how staff should support people when they were distressed or showed challenging behaviour. For example, one person's care plan identified they displayed behaviours that challenge, but it did not describe how best to support the person. Nor did the plan describe the actions staff should take to maintain the persons safety and the safety of others.
- The electronic care planning system did not show how people were involved in developing and reviewing their care plans.
- At the time of inspection, the new managers had been in post for approximately three months. They were both aware care plans needed to improve but had prioritised more critical issues which needed resolving. Staff knew people's care and support needs well. We saw an example of an improved care plan and were assured by the managers that a full review of all care plans would take place following the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people's care plans did not have enough information in them to ensure staff could communicate effectively with people. For example, a person was unable to communicate verbally following a stroke. Their care plan stated they appeared to understand some simple information. Information later in the care plan showed their first language was not English. The care plan did not include any information to show whether the person understood information in their native language.
- Staff used communication aids with some people. For example, picture cards, writing words and one person used a handheld tablet to communicate.
- The managers told us they could provide information to people in different formats such as large print to audio.

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

- People told us they enjoyed participating in activities. One person said, "There are lots of activities to do, lots to get involved in." Another person said, "I go to the school and read storybooks to the children. I was invited to the school assembly. The children come here and talk to us."
- The provider employed an activities team, this was made up of an activity lead and activity coordinators. The activities lead showed us pictorial evidence of people participating in a wide range of different activities such as themed events and live entertainment. The activities coordinator was very enthusiastic about providing opportunities for people to engage with each other.
- During the inspection we saw people taking part in different activities such as games and music. On the second day of inspection we observed people taking part in a session which involved looking at and holding different animals such as rabbits and hedgehogs. People were smiling and laughing and appeared to be enjoying themselves.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which had recently been reviewed. The managers told us they had spent time responding to historical complaints which had not been resolved by the previous provider. The managers were very open about a recent complaint which had been referred to the safeguarding team.
- Records of complaints were kept on file and were responded to in line with the providers own policy.
- People we spoke with told us they had not had reason to make a formal complaint but were confident the managers would respond to their concerns appropriately.

End of life care and support

- Some end of life care plans contained a basic amount of information about people's wishes. One person's care plan contained detailed information about their wishes and the care they required. The clinical manager told us this was their area of expertise and they would be reviewing all care plans in the future to ensure they contained the necessary information.
- Records showed staff received training regarding end of life care. Staff spoke confidently about how they would provide good end of life care. One staff member said, "They [the provider] do well with that here. It is about dignity and trust and making sure people have an end of life plan."

# 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 now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of inspection there had not been a manager registered with the commission for approximately three months. This limits the rating for this key question to 'requires improvement'. Two managers who had been in post for approximately three months confirmed to us following our inspection they had started the process of registration. During the time they had been in post, they had made several improvements to the service and were both enthusiastic and dedicated. Systems which had been put in place were new and required time to fully embed.
- The managers and provider maintained good oversight of the service. They completed regular checks and audits. This ensured people received safe care and regulatory requirements were met. There was an improvement plan in place for the service which included plans to resolve issue we identified during the inspection. The regional manager carried out regular checks of the service to support the work done by the managers.
- Staff were complimentary about the impact both managers had made in a short space of time and described how the service had improved. One staff member said, "It is definitely moving in the right direction now."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were attended regular meetings and were asked for feedback and ideas. Managers were open and encouraged both people and staff to raise concerns or make suggestions to improve the service. The managers acted on their feedback.
- The managers and staff met regularly with people's relatives. They acted on the feedback they received to improve people's care.
- Staff worked collaboratively with health and social care professionals to meet people's needs. Both managers were experienced in their roles and had pre-existing relationships with health and social care professionals which were positive and collaborative.

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

- The service had an open and inclusive culture, staff were enthusiastic and enjoyed working at the service. Staff spoke positively about the support they received from their managers which in turn encouraged them

to provide good standards of care to people who used the service.

- The service was managed by experienced managers who had a good blend of management and clinical expertise.
- The managers provided staff with regular one to one and peer supervision which promoted team working and individual accountability. Staff we spoke with told us they found this positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The managers both had a good understanding of their regulatory responsibilities and were supported by an experienced regional manager.
- The managers both demonstrated a good understanding of the duty of candour. The systems within the service supported transparency and openness. Records showed the managers had reported incidents to the commission and local authority which they are required to by law.
- Although the service had not been inspected and did not have a previous rating. The provider's website described this accurately.