

Morecambe Care Limited

Fernbank Lodge

Inspection report

346 Heysham Road
Heysham
Morecambe
Lancashire
LA3 2BW

Tel: 01524854936

Date of inspection visit:
15 August 2023
16 August 2023

Date of publication:
26 September 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fernbank Lodge is a residential care home providing accommodation for persons who require nursing or personal care to up to 18 people. The service provides support to people with mental health needs and older people. At the time of our inspection there were 17 people using the service.

Fernbank Lodge is an adapted building over 2 floors with a stair lift, 2 lounges, a dining room, 2 conservatories, a rear garden and front seating area.

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

We found medicines systems and processes were generally robust, although we have made a recommendation about the management of some medicines.

We found that systems regarding staff training, scheduling, and support appeared good, although we have made a recommendation about the staff recruitment record keeping.

There were systems and training in place to keep people safe and reduce the risk of abuse. People living in the home and their relatives agreed Fernbank Lodge was a safe place to live.

Health and safety systems were in place to ensure the safety of the premises was maintained to keep people, visitors, and staff safe.

Infection prevention and control measures were in place to reduce the likelihood of infectious diseases being transmitted within the home. There was personal protective equipment available in various locations in the home for people to use. The provider was following current government guidance with regards to visitors coming to the home.

There was a culture from the provider and the registered manager to learn lessons when things went wrong. Events were reviewed and actions implemented to reduce the likelihood of a repeat incident, where possible.

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.

There was a positive and person-centred approach to the care and support in the service. People living in the home liked their staff and registered manager and any suggestions or concerns were responded to.

The registered manager was clear about her role and how to manage the service and the checks needed to keep quality of care to a good standard. The provider also demonstrated their checks on the service and

registered manager, to help provide further oversight.

People living in the home, their relatives, and staff were all consulted regarding improvements to be made in the home and how to improve care.

The registered manager and staff worked well with others to ensure good health outcomes and safety of the people living in the home.

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 good (published 30 November 2017). At our last inspection we made 1 recommendation for the provider to seek and implement best practice guidance in the documentation of quality audits. At this inspection we found the provider had acted on this recommendation and had a system to document and monitor quality audits.

Why we inspected

We received concerns in relation to risks to people from falls and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection people were at risk of harm from these concerns, as the provider had managed the concerns and put measures in place to ensure people were safe. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fernbank Lodge on our website at www.cqc.org.uk.

Recommendations

We have made 2 recommendations regarding staff records and medicines. These can be found in the safe key question.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Fernbank Lodge

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

The inspection team consisted of 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fernbank Lodge 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. Fernbank Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided, and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us 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 spent 2 days on site observing the provision of care. We spoke with 4 people who used the service and 12 family members. We spoke with 5 members of staff including the registered manager, senior staff, care workers, and a director. We reviewed a range of records. This included 2 people's care plans, 2 staff files, 1 agency staff record, and a variety of records relating to the management of the service, including health and safety and quality assurance. We requested documentary evidence of management oversight to review remotely following the inspection site visit.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed, although there were some minor gaps in recording. To reduce the risk of administration errors the registered manager checked staff were competent to support with medicines. Despite these checks, we found 2 recording errors. There were quality assurance systems in place for the registered manager to find these errors, although the check was due post inspection. The registered manager acted quickly regarding these errors during the inspection.
- Time-sensitive medicines were administered on time, although the process did not follow best practice guidance.

We recommend the provider follows best practice guidance in relation to medicines administration to ensure people are supported to take their medicines safely.

- People were supported with medicines in the least restrictive way. We saw people who were communicating a need, expressing feelings, or having an emotional reaction being distracted by staff instead of using medicines to restrain them. This meant people could be calmed more easily and more often and not over-medicated to ensure they were sedate.
- Most people told us staff supported them well with medicines. One person said, "I take very little, but if I ask for something they will give it to me."

Staffing and recruitment

- The provider had systems and procedures in place to ensure staff were recruited safely, although we found minor gaps in records when checking staff files.

We recommend the provider follows and keeps evidence of their recruitment requirements under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Schedule 3 guidance. This is guidance of what is required to maintain in recruitment files to help ensure staff are recruited in a safe way.

- Staffing levels appeared appropriate. Most people and family members told us there were plenty of staff available. A few people told us they thought there should be more as they had to wait at the door at times. The registered manager showed us how recent changes ensured most staff were on shift when people in the home were most active, and most visitors came to the home. Management arrangements had also been changed to ensure coverage at these same peak times.
- People had opportunities to take part in activities with staff support. There was an activity schedule in place and an activities coordinator who visited the home. The registered manager shared since Covid there had not been great uptake on activities by people in the home, other than when taking trips out of the home

to garden centres and other local places.

- Staff training and induction was good. Staff were able to respond when there were incidents in the home. At times people in the home did not interact well with one another. Staff were always around to distract people and reduce the impact of any disagreements.
- Induction processes included working with support on both day and night shifts. The registered manager maintained records of staff training and ensured staff undertook any training required.
- Staff were supported in their role. The registered manager reviewed conduct of staff through supervisions, appraisals, and team meetings. One staff member told us when asked if they were supported in their role, "Yes. Definitely. If I have a problem, I can address it with [registered manager]."

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. The provider had a safeguarding policy in place. Staff had undertaken training in safeguarding and protecting people from abuse. Staff understanding of the training was checked by the registered manager to ensure they understood how to report any abuse. Staff were able to give us examples of things they would report. There was a whistle blowing policy in place and staff could explain to us what whistle blowing meant.
- Systems were in place to respond to events regarding the safety of people in the home. Incidents were reviewed to reflect on how practice could be changed to prevent future incidents. Systems also included monitoring staff training to keep all staff refreshed in safeguarding.
- People living in the home felt safe and their family members agreed. People told us they felt safe and there was always a member of staff to help when needed. One person told us, "Yes, I do feel safe. We have a fire drill which is quite exciting." One family member told us, "Yes (the service is safe), we have had no cause for concern. They (staff) did a good job keeping them safe during Covid."

Assessing risk, safety monitoring and management

- Risks were assessed, monitored, and managed well. There were risk assessments in place for individual needs of people. These were held on a computer system which staff had access to, ensuring support was delivered in a way to reduce risks.
- People were supported during any accidents and incidents. The registered manager checked the response times of staff when people rang their call bells for assistance.
- The premises were safe. There was an emergency plan in place should events happen to cause disruption to the home. Health and safety checks were performed, and certificates held for relevant checks.
- Systems were in place to ensure fire safety. There was a grab bag for emergency information including the personal evacuation needs of people living in the home. Fire drills were performed during the day and planned for nights also. There were clear procedures for both day and night staff to follow. Staff were trained in fire 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, 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.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting followed current government guidance. We noted several visitors to the home during our inspection and we talked with those visitors to gain their feedback.

Learning lessons when things go wrong

- The registered manager and provider sought to learn lessons when things go wrong. We saw recent complaints had been investigated and actions taken to improve on lessons learned to help prevent the complaint from happening again.
- The registered manager was quick to act to embed new ways of working to reduce future accidents. We reviewed the records for an accident in the home and could see the oversight of the event from reflection of what went wrong, to what was learned about how it went wrong, and what was being done to prevent the action from happening again.
- The registered manager kept records of notifications to CQC and the local authority when relevant events took place. This showed transparency and the reporting and management of events.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person-centred care. Care documentation included information about people's needs, likes, dislikes, and histories. Activities focused on trips out to garden centres and cafés as this is what people enjoyed.
- Relatives told us the staff were positive and treated people with respect. One relative told us, "They are very friendly. They all seem to be happy in their jobs and I am always met with a smile. I have never seen anyone short-tempered."
- Relatives visited the home often to see their family members. Staff went the extra mile to ensure people were supported to take part in family events. One relative told us, "My daughter got married a couple of weeks ago and a carer brought mum to the wedding and then came to take her back." Another relative told us, "They have exceeded my expectations."

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 provider had a Duty of Candour Policy. We discussed this with the registered manager, and they understood their responsibility.
- The provider understood and performed their role with transparency and accountability as required.

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

- Policy management was effective. The provider had a range of policies which were monitored and updated.
- The provider had meetings with the registered manager to monitor the performance of the manager and to ensure good service quality. The provider also visited the home to check on the quality of care. There was evidence kept of these meetings and visits.
- The provider had a system to check and maintain health and safety and quality assurance. This meant regular checks were established and monitored. Health and safety hazards could be responded to quickly. During quality checks any gaps would be identified and risks reduced.
- The registered manager had submitted information to CQC as required by the regulations. We noted the registered manager also reported events to the local authority.

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

characteristics

- We observed staff and managers bending down to talk to people at their level with kindness and clarity. This was a consistent practice and demonstrated a person-centred focus on inclusion.
- Relatives were involved in the support of their family member. One relative told us of how he was engaged with the support and care his relative received with the staff and how the registered manager kept him involved in all updates and changes. However, a couple of relatives said there could sometimes be a delay to them being informed.
- People were involved in their care and in improving the service. People told us they were familiar with their care plan and staff and had confidence in any concerns being handled quickly.

Continuous learning and improving care

- The culture of the provider and registered manager was to continuously improve. There was an action plan updated often with any changes needed to improve the home or the care provided. Events happening in the home included a review by the registered manager to improve and drive up care quality.
- People and their relatives were asked for feedback to improve the service. Many people told us of incidents where they had suggested something, and the improvement was made quickly. One person told us, "They did ask me about the food, and I told them they should do apple pie. They did, and it was quite successful." Most relatives told us they had received an annual questionnaire and anything they had suggested was completed.

Working in partnership with others

- The registered manager worked well with others. We saw evidence of referrals to gain health professional support and guidance. We asked for feedback from the local authority and health professionals regarding anything of concern and there was no negative feedback received.
- The registered manager worked with a neighbouring home also owned by the provider to include the people living there in outings. This ensured people in both homes interacted with one another in going out in the community.