

Four Seasons (Bamford) Limited

Fernwood Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fernwood Court Care Home is a residential care home providing personal care for up to 56 people aged 65 and over. People are accommodated in a purpose-built building, over four floors. The service was providing personal care to 52 people, at the time of this inspection.

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

The management of people's medicines was not always safe. Prescribed topical creams were not always administered as prescribed. The reasons for administering as required medications, and the outcomes of doing so, was not always fully recorded.

People's care plans and risk assessments did not always provide enough detail to ensure people had choice in how their support was given, or to enable staff to keep people safe, for example when people were experiencing distressed behaviour.

There were not always enough staff on duty at night, to safely meet people's needs. Staff were safely recruited and trained to meet people's needs. Staff were trained in infection control, and infection control procedures were in place.

People were offered nutritional meals and were supported to eat where this was needed. The cook had information about people's medical conditions, medication and personal preferences and used this information to ensure people received suitable foods.

Staff did not always promote people's dignity. Staff promoted people's independence and respected their privacy and confidentiality.

People, relatives, staff and health care professionals all had opportunities to give their views about the service, via a system of ongoing mini surveys. However, not all people had access to feedback about the surveys that had taken place.

Accessible information standards were not fully met, for people where English was not their first language.

The provider had a complaints policy and procedure in place. Complaints were effectively dealt with.

People participated in meaningful community outings and took part in a range of activities provided in the home.

People did not always have opportunities to discuss their end of life care. End of life care plans were not always in place. This meant people's support may not reflect their preferences.

Quality assurance systems and processes were ineffective and did not consistently identify areas for improvement.

People were not always supported to have maximum choice and control of their lives. This meant staff may not be supporting people in the least restrictive way possible or in their best interests.

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 02 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see all sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to safe care and treatment, person centred care, dignity and respect, staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring 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 ●

Fernwood Court 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 undertaken by two inspectors.

Service and service type

Fernwood Court 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 sought feedback from the local authorities who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, assistant manager, senior care workers, care workers, a laundry assistant and the chef. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at a variety of additional information including training data and quality assurance records.

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. At this inspection this key question has now deteriorated 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.

Using medicines safely; Assessing risk, safety monitoring and management;

- People's medicines were not always safely managed. We found one person's medication on the floor of the resident's communal laundry room. This meant this person had not received their prescribed medicine, and this could put them at risk of harm.
- We viewed a range of medication administration records, (MAR), which showed some medication counts had been altered, over written or were illegible. Alterations had not been signed for or initialled, so it was unclear who had made the changes, or if all medication was accounted for.
- The administration of 'as required' medicines were not fully recorded. In cases of distressed behaviours, clear descriptive records were not always kept of why the medication had been administered or the outcome of administration. This meant the use of this medication could not be effectively reviewed and people may be at risk of experiencing unnecessary symptoms.
- Medication was not always administered as prescribed. For example, one person was prescribed topical creams twice daily and another person was prescribed topical cream to be applied at night, the MAR's showed the prescriber's instructions had not been consistently followed.
- Risk assessments were in place but contained insufficient information for staff to keep people safe. One risk assessment, for one person's distressed behaviours, did not provide information for staff about triggers or methods for de-escalation, to keep the person safe. Another assessment stated a person's diabetes was not well managed but did not give staff clear direction of what to do in the event of a diabetic episode. One assessment regarding confusion, disorientation, anxiousness and frustration, stated staff should 'support the person', but did not explain how. This meant staff may not know the most appropriate way to mitigate known risks to keep people safe.
- The staff did not always make timely referrals to healthcare professionals for people where this was required. One person was not able to sit comfortably or safely in the chairs provided in the lounge. During our inspection visit the person was seen frequently sitting forward with their head on their knees, in danger of falling forwards from the chair. A health care referral had not been made for an assessment to safely meet their needs. There was evidence this person was not comfortable, the care notes recorded the person frequently and purposely slipped to the floor to get out of the chair and often asked to change chairs.
- One person was refused a home visit by their GP. The GP prescribed medicines over the phone, however the person wanted a face to face appointment with their GP to discuss their health, but staff did not offer to make an appointment for them at the surgery. We spoke with the Deputy Manager who agreed to make an appointment.

The failure to do all that is reasonably practicable to mitigate risk and provide safe management of medicines is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act

Staffing and recruitment

- There were six staff on duty overnight, to cover four floors. Three floors had two staff each, but staffing was not specifically allocated to the other floor. The registered manager explained this was because people on that floor were independent, could move around the home, and get help if they needed anything. However, staff told us they did have to attend to people on that floor, which left another floor short staffed. As some people needed two staff members to assist them, this meant there was a delay in supporting them. One person told us, "The staff are alright I can't grumble they may keep you waiting a little bit, that's to be expected they've got a lot of people here. Need help to go to the toilet, wish they would get here quicker."
 - The registered manager explained they kept to the staff budget. We saw an `indicative staffing level chart`, with staffing levels determined by people's needs, and an `actual staffing level chart` with how many staff would be provided. We reviewed this information and saw the indicative staffing level was not consistently met. Whilst the actual staffing levels showed additional staffing in some areas, these staff had been removed from other areas, which meant staffing levels fell below the level set to meet people's needs. This posed a risk to people who may experience delays in their needs being met.
- On one floor, we saw towards the end of the night shift people chose to get up and receive personal care. We saw one person sitting in the lounge leaning forward with their head on their knees, at risk of falling forwards out of the chair. Another person was sitting in a chair with their head in their lap. People were also walking around the corridors. At that time the two members of staff on duty were attending to a person in their bedroom, leaving the other areas and people unsupervised. We concluded, two staff being on duty was not sufficient to safely manage known risk or meet people's current needs.

The failure to provide sufficient numbers of suitably qualified, competent and experienced staff is a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The provider followed policies and procedures to ensure staff were safely recruited. Records confirmed checks, including from the disclosure and barring service (DBS), reference and identification, had taken place.

Systems and processes to safeguard people from the risk of abuse.

- Despite our findings people told us they felt safe, one person said, "I feel safe." Another person said, "So many people I see going along, it makes me feel safe."
- Staff told us they had received training and understood safeguarding issues. Training records confirmed this. One staff member told us, "I would report it [abuse] to the manager, if necessary I would ring safeguarding myself."

Preventing and controlling infection

- There was a cleaning schedule in place and people's rooms and communal living areas were well presented and looked clean and tidy.
- Staff told us they had received infection control training and records confirmed this. We saw staff used gloves and aprons to prevent cross infection.

Learning lessons when things go wrong

- The registered manager explained action was taken when things went wrong, for example they liaised with other professionals or if there was a need for staff to complete further training they would escalate this to head office.

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. At this inspection this key question has now deteriorated to Requiring Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans and risk assessments did not always document how people made choices, or what their choices were. As a result, people may not always have had maximum choice and control over their lives.
- Care plans did not clearly guide staff on how people made choices, if their understanding of English was limited. In these situations, care plans gave generic guidance for example, `staff should adapt a communication style that best suits the person or speak gently to the person as they have got to know staff voices`. This did not support staff to effectively engage with people and as a result, people may not be able to express their choices.
- We saw staff offered people choice, for example with meals and drinks and timings for personal care. One person told us, "They like to know what time I want to get up."

Staff support: induction, training, skills and experience

- Staff told us they received regular supervision and records confirmed this. One staff member said, "We have one every couple of months, I've just recently had one."
- Staff were skilled and experienced to meet people's needs. Staff told us they received induction training when they joined the service and ongoing training was provided, records confirmed this. One staff member said, "I was enrolled in the care certificate when I started." Another staff member said, "I've had lots of training, everything I've asked to do they've given me."

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

- Meal times were a positive experience for people. We noticed people from other floors were meeting together in the ground floor dining room, which encouraged social interaction between people from throughout the home.
- People were aided to maintain their independence when eating, for example one person had been provided with a plate guard.
- Care plans had detailed information about people's dietary needs and included information about people's specific requirements considering their medical conditions, foods not compatible with medications and religious beliefs. This information was available to the cook.
- People were positive about their food. One person said, "They vary the food and you get a choice." One relative told us, "It's good food here."
- We saw people were offered snacks and drinks during the day. One person told us, "When we have a drink we get a cake or biscuit."

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

- When staff arrived on duty they were given a handover of information from the previous shift, and people's changing needs were discussed. This meant staff had up to date information with which to meet people's needs.
- People and their relatives were happy with the communication between the home and other agencies. One visitor told us their relative was not well today, they said, "They [the staff] are on top of it, they have got [name of person] on bed rest and the senior is already ringing the GP."

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

- People's bedrooms were personalised with their own furniture, furnishings, pictures and ornaments. This meant people lived in a familiar and homely environment.
- Communal bathrooms and toilets were adapted to meet people's needs. One person told us, "They have a deep bath, it is good."
- People's needs were met by the environment. Communal areas and walkways provided plenty of room for people to safely mobilise and use their mobility aids.

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.

- Whilst staff understood why a DoLS would be in place they did not know who had restrictions in place to keep them safe. One staff member said, "The DoLS is different for everyone, it depends why you are applying for it."
- Assessments had been completed where people lacked capacity to make decisions about their care. Records were kept of DoLS applications and approved authorisations. New applications were made prior to existing DoLS authorisations expiring.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people were not always well supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always maintained. For example, one person was seen, in a communal area, sleeping and snoring loudly, with excessive discharge from their nose and dribble around their mouth. Members of staff were seen to walk past but failed to support the person; other people were looking at the person and another person shouted at the person to be quiet. Another person was sitting in the lounge with excessive food debris on their clothing. People were seen sitting in chairs sleeping with their head on their knees. This meant these people were left in undignified situations. Inspectors had to request support and assistance for these people.

Leaving people in undignified situations is a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality and diversity was not always fully considered during care planning, for example effective methods of communicating with people who did not understand English, to ensure they received choice, were included in activities and did not become isolated.
- The cook was aware of any religious food choices.
- One person was supported to practice their faith and had a prayer mat in their room.
- People we spoke with were positive about the care they received from staff. One person said, "They are lovely girls." A relative told us, "Carers are really really good."

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

- We received mixed views when we asked people if they had the opportunity to attend residents' meetings. We saw survey information indicating people were asked if they were given the opportunity to attend residents' meetings and responding they did not want to. However, people we spoke to told us they would like to have residents' meetings. One person said, "We don't have resident's meetings, I think we have had one." This meant people did not have opportunities to share their views on the service they received or give their views and ideas for the future development of the service.
- The registered manager told us seven items of feedback were gathered every week on a specific area of the service. The seven items were gathered from people, relatives, staff and health and social care professionals. We looked at the feedback for week commencing 06 January 2020. Five service users were included in the overall sample of seven. Not all people had access to survey feedback and there was not an action plan on survey activity. The registered manager informed us, "As we are a fully compliant home there

was no overall action plan for Fernwood Court as our daily, weekly, and monthly audits and quality assurance records identified any actions that needed to be addressed, in line with our Quality Assurance." This meant people had limited opportunities to express their views, and did not know how, or if, comments they had made were used to improve the service.

- People had access to advocacy services to help them express their views on the service if required.

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 Good. At this inspection this key question has now deteriorated 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

- People did not always receive personalised responsive care. For example, one person who was receiving end of life care told us, "I used to play cricket and tennis, I used to read a lot but can't find any books or glasses. I like it here, I stay in bed mainly because there is nothing I like to do." We noted the position of the television meant the person could not see it. We brought this to the attention of the registered manager who agreed to review the person's care.
- The registered manager explained people could use a computer tablet to express their views. It was unclear if this would be suitable for most people. We noted people's ability to communicate views via a computer tablet had not been assessed.
- There were no effective arrangements in place for people that did not speak English, to make choices, have control in how their support was delivered or their social care needs met. Not being able to communicate effectively with people whose first language was not English meant that care may not be planned and delivered in line with their preferences.

End of life care and support

- The service did not always explore with people and their relatives, if they would like to discuss an end of life care plan. This meant people's wishes and choices may not be known to staff delivering end of life care and support.

Failing to reflect preferences and ensure person centred care is a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed views from people about choice and preferences in how services were delivered. Some people told us they had not been involved in planning their care. One relative told us, "They [staff] asked what's needed, anything [name of person] was used to was written down."

- People and their families were given the opportunity to compile a booklet entitled `living my choices`. One relative told us, "The home starts it [booklet] off and we fill it in. It gives a good insight into the person you are going to look after, something to bring from the past and talk about." This helped staff to get to know the person and help them to settle in to the home.

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.

- The AIS was not always met. People were not always able to understand the information they were given, for example, when English was not their first language. We saw the service had produced a welcome leaflet in other languages. A list of common statements was also translated into other languages, but during this inspection we did not see staff use these. The registered manager told us they were working on expanding this to other documentation.

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

- Some people were supported by staff to access their community and engage in meaningful activities. One person told us, "I get my hair cut". Another person said, "They took us to the [name of restaurant] we had a meal." One relative told us, "They took [name of person] down to the shops and post office and bingo at the church." This meant some people had opportunities to be part of the local community.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people told us they knew how to complain. One relative told us, "I made a complaint, there was a little hiccup, it niggled me, but they put it right." We saw that this complaint was not recorded in the complaints log.
- We saw there were two recorded complaints in the last year. People and relatives who had raised a complaint received a response and were advised of their right of appeal, in line with the organisations policy.

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 Good. At this inspection this key question has now deteriorated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A lack of managerial oversight meant risk assessments did not contain clear guidance for staff on how to deescalate situations and keep people safe.
- Audits of care reviews did not identify care plans were not effective and failed to establish if assessed care needs were being met. In one example a communication review was just one line and indicated a person had learnt more English words and then repeated this in successive one-line reviews. This was not an accurate reflection of the person's communication.
- Audits of medicines were not effective. Audits did not identify medication concerns identified at this inspection. This included the altering, overwriting and illegible medication counts on MARs, failure to record detailed reasons for administration of as required medications and the outcomes of their use, and unsafe medication administration practices.
- Systems to ensure equipment was working correctly were not effective. Systems had not identified two fridges had unsafe temperatures. Although staff had identified this issue remedial action was not taken. This placed people at risk of harm because fridge contents were stored at too high temperatures. The registered manager responded by adjusting the temperatures which returned the fridges to a safe temperature.
- Audits of people's communication were not effective. Audits did not identify the AIS was not met, accessible information was not in place for people who could not communicate using English.
- Systems to monitor equality were not effective. Systems did not identify people's equality characteristics were not considered, when being asked to express their views of the service.
- The failure of audits and systems to identify concerns found at this inspection, compromised the opportunities to continuously learn and improve care.

Systems and processes were not robust enough to demonstrate the service was operating effectively. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives knew the registered manager and spoke positively about them. One person told us,

"The managers all right."

- Staff spoke positively about working in the home and the registered manager. One staff member said, "I think she is a brilliant manager." Another staff member told us, "Someone's [Staff] always smiling or laughing, we look at it as it is the resident's home, and it's our workplace."

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 registered manager understood their responsibility in relation to duty of candour regulation.

Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues such as the community health team and advocates, to ensure people received the care and treatment they needed.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider must ensure that people are effectively supported to make choices about their care and support.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider must ensure that people are not left in undignified situations.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider must do all that is reasonably practicable to mitigate risk and provide safe management of medicines.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider must operate robust quality assurance systems and processes to ensure the service is operating safely and effectively.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider must ensure sufficient numbers of</p>

qualified and competent staff, that have the skills and experience to meet people's needs.