

HC-One Limited

# Ferndale Court Nursing 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: Ferndale Court is a purpose-built care home for up to 57 people. The service provides nursing care for frail older people and people with dementia. There are three separate units. During inspection 41 people were being supported by the service.

People's experience of using this service:

Since the previous inspection the registered provider has worked hard to address the issues identified and improve the quality of the care. A turnaround manager had been employed and along with the regional manager and quality team, had made significant improvements. These improvements were ongoing. The new leadership team were dedicated to making further improvements and we found they had promoted an open culture, continuous improvement and person-centred care.

Overall, people and relatives were complimentary and positive about the care and support they received. Staff described the management team as very supportive and approachable, telling us the service was now much more organised. Effective systems were now being followed to check on the quality and safety of the service and improvements were made when required. These improvements need to be consistent and sustained.

Risk assessments were carried out and action taken to reduce risks to people. However, we found examples where actions to manage risks had not been followed robustly and needed further improvement. We made a recommendation in relation to the use of sensor beams.

Improvements had been made to ensure safeguarding procedures were followed and people were protected from abuse or harm.

There were sufficient staff to meet the needs of people in a timely way. Overall, we found that medicines were managed safely.

Significant improvements had been made to the cleanliness of the building. The building and equipment were now safely maintained.

The management team had addressed concerns relating to the dining experience and people were positive about the food and drink available. Any nutritional risks were monitored and acted upon.

Some improvements had been made to ensure staff acted in accordance with the Mental Capacity Act 2005 (MCA). However further improvements were needed to ensure staff fully understood the MCA and appropriate assessments and best interest decisions were carried out where necessary.

Staff were now trained to carry out their roles effectively and received supervision from the management

team. We received very positive feedback from relatives about the sensitive and responsive nature of the end of life care provided by the staff.

The management team had worked hard to coach staff and support them to ensure the care provided respected people's privacy and dignity. People told us staff were kind and caring.

Improvements had been made to care plans, however we found further improvements were required to ensure they included all specific details and that all charts were fully completed.

Improvements had been made to ensure records relating to complaints were fully completed. People felt able to raise any concerns and knew how to make a complaint if necessary.

Quality assurance systems were in place and were being used more effectively to monitor key aspects of the service. However further improvements were needed to ensure staff always understood and followed guidance and changes were communicated effectively.

Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement. A detailed home improvement plan was being implemented.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore this service is now out of Special Measures.

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: Inadequate (Published 23 November 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had improved from inadequate to requires improvement overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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** ●

# Ferndale Court Nursing Home

## **Detailed findings**

## Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by three inspectors, a specialist nurse advisor and an 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. Their area of expertise is dementia care.

Service and service type:

Ferndale Court 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 accommodates up to 57 people in one purpose building. At the time of our visit there were 41 people using the service.

The service had a temporary manager who was not yet registered with the Care Quality Commission. They were in the process of making an application to register.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection, we reviewed the information we had received about the service since the last inspection. This included information from other agencies and statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to plan our inspection.

During the inspection, we spoke with 10 people who used the service and five relatives. Some people who used the service were not able to speak to us about their care experiences so we observed how the staff interacted with them in the communal areas of the home.

We also spoke with a number of staff including, four care staff, a nurse, nurse assistant, chef, maintenance person, well-being coordinator, two home managers and the regional manager.

We viewed the care records of six people. We looked at three staff files, which included pre-employment checks and training records. We looked at records relating to the management of the service. For example, staffing rotas, complaint records, accident reports, monthly audits and medicine administration records.

# Is the service safe?

## Our findings

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

When we conducted a previous inspection in September 2018, we found the registered provider was in breach of regulations in relation to safe care and treatment, staffing, safeguarding and premises/equipment. During this inspection we found the required improvements had been made. These improvements needed to be embedded and sustained.

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

- Risk assessments were in place and kept under review. We identified the need for further risk assessments relating to equipment in the communal areas and use of e-cigarettes, these were undertaken by the end of the inspection.
- Overall risks to people had been identified and staff were knowledgeable about these potential risks. However, we found staff were not always following professional guidance to manage choking risks. This was addressed by the management team immediately.
- People had been referred to the falls team or occupational therapists to undertake therapy or to introduce technology that included sensor alarms to reduce further risks.
- Equipment was in place to reduce risks, such as hoists and specialist mattresses. However, we noted that a person had not been supported to sit on a specialist cushion as required.
- Sensor beams were in use in some people's bedrooms to alert staff when they moved, so staff could respond quickly to reduce the risk of falls. However, on two occasions we found that sensor beams were not switched on. It was necessary for staff to switch the sensors off whilst providing support, but this meant they could occasionally forget to re-set them.

We recommend the service reviews procedures relating to the activation of sensor beams and to ensure effective monitoring is in place.

- At the previous inspection we found the premises had not been adequately maintained. This had now improved.
- Regular safety checks had been carried out on the environment and on the equipment used.
- Additional security measures have been put in place to the patio doors within the building.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

### Using medicines safely

- Medicines were managed, checked, stored and administered safely and effectively.

- Medication due to be returned to the pharmacy needed to be stored more securely.
- Medicine administration records (MARs) viewed had been completed fully and accurately.
- Topical cream MARs (medication administration records) were in place for staff to record that creams and ointments were applied as required. Body maps were also in place to guide staff to where the creams needed to be applied. There were some gaps in the charts, which meant we could not be sure creams had always been applied as required.
- Where a tablet had been found on the floor, records had not been fully completed and we highlighted this to the management team.

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

- People told us they felt safe living at Ferndale Court. One person felt their relative was safe and said, "The staff are nice and respectful and always have time for (name)"
- At our last inspection we found safeguarding procedures had not always been followed. At this inspection we found that improvements had been made to systems for reporting and recording safeguarding concerns.
- Records demonstrated that appropriate safeguarding referrals had been made to the local authority where necessary, as well as notifications submitted to CQC.
- Most of the staff had undertaken training in safeguarding or were booked to complete it in the near future.
- Staff knew how to recognise abuse and how to report any safeguarding concerns.
- Safeguarding issues were discussed with staff within team meetings.

#### Staffing and recruitment

- During the previous inspection, we found insufficient staff were deployed to safely meet the needs of people using the service. During this inspection improvements had been made and we found sufficient staff on duty to meet people's needs.
- People's views on staffing levels varied. They told us, "There have been constant agency staff but it's been better since Christmas"; "They're very good with the bell" and "There are not quite enough staff."
- Staff remained busy but told us the home was better organised and they could respond more quickly to people. One comment included, "There are enough staff now, it has much improved."
- Several new staff had been employed and the use of agency staff had reduced significantly. The recruitment of nursing staff continued.
- Throughout the inspection staff were very visible around the building and any call bells were answered quickly.
- The management team demonstrated they kept staffing levels under close review and would adjust this accordingly dependent upon the number of people living at the home and their required needs.
- Where the management team had identified any issues regarding staff performance, appropriate procedures had been followed to address this.
- Staff had been recruited safely. Records viewed demonstrated all required pre-employment checks were carried out.

#### Preventing and controlling infection

- During the last inspection we had concerns about the cleanliness of the environment and the lack of effective systems in place to prevent and control the spread of infection. At this inspection we found that the required improvements had been made.
- The domestic team had received support to enable them to make improvements to the cleanliness of the



home.

- All areas of the home were seen to be clean and hygienic. There were no unpleasant odours.
- Staff understood their responsibility in relation to infection control and were seen wearing personal protective equipment appropriately.
- Effective infection control audits had been undertaken.

#### Learning lessons when things go wrong

- Accidents and incident records were completed and reviewed regularly by the manager, who identified any areas where risk could be reduced, as well as any trends or patterns within the home.
- Incident investigations were robust and included an analysis of the causes of incidents. An action plan was included and those reviewed showed all actions had been completed.
- The management team discussed safeguarding concerns and any incidents in the daily flash meetings and other meetings to consider any lessons learnt.

# 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.

During the previous inspection we found the registered provider was in breach of regulations in relation to consent, staff training and nutrition and hydration. During this inspection we found that the required improvements had been made and the provider was no longer in breach of these regulations. However further improvements were required in relation to consent to care.

The effectiveness of people's care, treatment and support did not always achieve good outcomes, promote good quality of life and was not always based on the best available evidence.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At our last inspection the service had not complied with the MCA. At this inspection we found some improvements had been made but further improvements were required.
- People were supported to be involved in daily decisions about their care and staff sought their consent.
- Staff had undertaken training about the MCA, however we found some staff were unclear about how this affected their day to day work.
- The manager had worked with the local authority to ensure all DoLS applications had been submitted correctly. A few DoLS authorisations had recently expired prior to a new application being made, however this had now been addressed.
- Further improvements were needed to ensure that capacity assessments and best interest decisions had been completed for all relevant decisions, such as where bed rails were in place or where sensor alarms monitored people's whereabouts.
- The provider had identified that further work was needed to ensure full compliance with the MCA and DoLS through an internal audit.

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

- People's needs were assessed and had been reviewed. People's physical, mental health and social needs had been assessed in line with recognised best practice.
- Staff members could tell us about people's individual needs and wishes. Overall people were supported by staff who knew them well and supported in a way they wanted.

### Staff support: induction, training, skills and experience

- At the previous inspection there were concerns relating to staff training and supervision. Since the last inspection the provider had implemented a training action plan and improvements had been made.
- The amount of training completed by staff had significantly increased. Face to face workshops had also been carried out with staff on numerous topics.
- Since the last inspection the management team had monitored moving and handling techniques to ensure staff followed the correct procedures.
- Staff supervision sessions had been carried out with each member of staff by the current manager. Ongoing supervisions had been planned, however the system needed to be fully implemented and embedded.
- The management team have focused on coaching and mentoring staff. Staff have been observed and guidance offered where necessary.

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

- At the last inspection we were concerned that people did not have enough to eat and drink. At this inspection we found improvements had been made.
- People were generally positive about the food on offer. They told us, "I'm fussy, the chef comes and asks me what I want"; "I love the food. I was leaving food as I was finding it too difficult to eat so they started liquidising it for me and it's lovely" and "It's always soup."
- The chef was aware of people's individual dietary requirements and told us they were kept up to date with any changes. Where people had specialist diets this was recorded in their care plans.
- People were given the choice of foods and alternatives were provided if necessary. We saw that people had access to snacks and drinks throughout the day.
- The management team had focused on making improvements to people's dining experience. We observed a lunch time meal and found a pleasant atmosphere where people were supported in a sensitive and unrushed manner.
- Staff were aware of any nutritional risks, such as weight loss and this was monitored. However, we found that guidance provided by a speech and language therapist (SALT) was not clearly included in one person's care plan. Further details were also needed where people chose occasionally not to follow this guidance.

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

- The premises were well maintained and provided a choice of communal areas. The building was suitable to meet people's differing needs. There was a pleasant café area in the reception and hairdressing salon.
- People's rooms were personalised. There was signage available for people, with people's names and photographs displayed on their bedrooms doors.
- There was an outside space, which people could access. The well-being coordinator had obtained a grant which they planned to use to improve the garden further.

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

- People told us and we saw from their records, they had access to healthcare professionals as needed. People had been referred to specialists such as speech and language therapists, opticians or dieticians. However, in one case a SALT assessment was identified as needed but there was no evidence this had occurred. Staff told us they would follow this up.
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required.
- Staff knew how to refer people to other healthcare services if they had concerns about a person.
- Two visiting health professionals told us staff seemed to be consistent and knew people well. Staff worked well with health care services.

# 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

During the previous inspection we found the registered provider was in breach of regulations in relation to treating people with dignity and respect. During this inspection we found that improvements had been made. We have rated this key question as requires improvement. The characteristics of ratings for 'Good' describe a level of consistency. We will check the improvements which were made following our inspection at our next planned comprehensive inspection.

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

- People spoke positively about the staff and told us they were kind and caring. They told us, "The carers are my friends, they are interested in me. They talk to me, there's a bond"; "They look after you" and "The staff aren't bad."
- We saw kind and positive interactions between people and staff. In one example, we observed a member of staff crouching next to a person to make eye contact and holding their hand whilst assisting with a drink.
- Staff had built effective relationships with people and had good knowledge of their backgrounds, likes and preferences. "(Name) knows all the staff and they definitely know (name) well"
- We saw that the service had received a number of compliments about the care provided. One stated, "Staff here are wonderful, always here to help and answer any questions you may have."

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

- Staff supported people to make decisions about their care. Staff offered people choice and respected their decisions. People could decide for example where they would like to spend their time and what time they would like to get up or go to bed.
- People were provided with opportunities to express their views about their care through review meetings, resident's meetings and regular discussions with the manager

Respecting and promoting people's privacy, dignity and independence

- During the previous inspection we found that people were not always treated with dignity and respect, during this inspection we found improvements had been made.
- People told us they were treated with dignity and their privacy was respected. One person said, "They always shut the doors and the curtains if they are doing anything."
- We observed staff treating people in a dignified manner, for example, staff knocked on doors before entering people's rooms. Staff spoken with gave further examples of how they promoted dignity.
- The management team had focused on making improvements through observations and direct guidance. This needed to be embedded further, as we observed staff talking loudly about a person's care needs in a communal area.

- Confidential information was kept securely within locked offices.

# Is the service responsive?

## Our findings

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

During the previous inspection we found the registered provider was in breach of regulations in relation to complaints and person centred care. During this inspection we found that the provider was no longer in breach of these regulations. However, further improvements were required in relation to person centred care and records.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Improvements were being made to ensure that people's needs were met in an individualised way. People told us, "I prefer a bath and can have one when I want one" and "I can have a lie in."
- Staff were more responsive to people's needs and ensured that care and support was provided when needed.
- We saw that people looked clean and well presented, however in some cases we found further attention was needed to oral hygiene and nail care. The management team had been working with staff to improve this.
- Most care records viewed were now detailed and person centred and contained all relevant information regarding people's needs. The service had worked hard to update people's care records, however some care plans lacked detail around specific needs and did not always reflect changes to their needs.
- Charts to record the care provided, such as personal care, continence care or positional turns, were in place. Overall, we found these were well completed, however we found a few examples where there were gaps in the charts. Staff told us care had been provided but may not have been recorded.
- Some people remained in their beds and were unable to use their calls bells to call for support. Risk assessments were in place and extra checks were identified for these people. However, in two cases we found that regular observations had not been recorded. On the second day of the inspection documentation had been put in place and staff had recorded that checks had been carried out.
- Care records contained information about people's diverse needs including their cultural and religious needs, dislikes and preferences.
- People's communication needs were included in their care plans. Staff used alternative formats to support people's communication needs and enable them to access information. The well-being coordinator was developing a communication book for one person.
- Staff were kept updated with any changes thorough a daily handover. We observed a carer accessing a person's care plan, as they were aware there had been some changes.
- People were supported to take part in activities and interests. Entertainment was also regularly provided. A programme was organised by a new well-being coordinator and another coordinator was being recruited. Activities were also provided on a one-to-one basis as some people preferred to stay in their bedrooms.

Improving care quality in response to complaints or concerns

- Improvements had been made to ensure that complaints were dealt with and recorded in line with the

provider's procedures.

- Those viewed demonstrated that a detailed response had been provided and where appropriate an apology given when things had gone wrong.
- People and relatives were confident about complaining should they need to and felt they would be listened to. They told us, "I'd tell (manager). They'd definitely listen" and "I would write to head office"
- The manager had moved the management office, which meant people and visitors could call in more easily with any queries or comments

#### End of life care and support

- We received some very positive feedback from relatives about the end of life care provided to their relative. They told us that staff had been extremely caring and responsive. One relative commented, "They have been amazing."
- People had end of life care plans in place where required. These detailed the support people required and any additional wishes that they would like to be respected at the end of their life.
- Where people had 'Do Not Attempt Resuscitation' agreements in place, these were clearly recorded within records to ensure that these were followed.



# 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

During the previous inspection we found the registered provider was in breach of regulations in relation to governance. During this inspection we found that improvements had been made. Consistent improvements need to be embedded and the service needs to show sustainability within the areas that improvements have been made.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered provider had placed a "turnaround "manager within the service to make the required improvements. Since the manager had been in post there was evidence of effective leadership and action. However, they had only been at the service for a short time and there remained areas for further improvement.
- The manager was not yet registered with the CQC, but had commenced the process.
- The management team had worked hard since the last inspection and demonstrated their dedication to making the necessary improvements.
- People and relatives were positive about the management of the service and told us they knew and saw the management team regularly.
- The management team now promoted a culture of person-centred care by regularly engaging with people, relatives and staff.
- There had been a focus on staff training and development. Staff had been supported through coaching and mentoring to make practice improvements.
- All the staff spoken with were extremely positive about the management of the service. They described huge improvements. They told us managers were approachable, the home was more organised and they worked more effectively as a team.

### Continuous learning and improving care

- During the previous inspection we found that quality assurance systems had not effectively identified areas of concern. During this inspection we found improvements had been made.
- Since the last inspection a robust home improvement plan had been created and was being implemented.
- Quality assurance systems were in place and now being used more effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement. For example, the manager carried out regular checks to ensure staff did not take too long to answer call bells.
- Issues found at this inspection had in the main been identified through a recent internal inspection carried

out by the provider. Actions were in place to make the necessary improvements.

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

- Ongoing improvements were required to ensure the service was effectively monitored and staff understood appropriate guidance or changes in people's needs.
- For example, several people were prescribed a powder to thicken their drinks due to swallowing difficulties. Changes had been made to the type and amount of thickener required. However, this information was not clearly recorded in people's records and staff were not always following this guidance. When we raised this, staff took immediate action to ensure records were accurate and all staff were informed. However, checks had not been made to ensure all staff knew about the guidance.
- The manager was clear about their role and responsibilities and had a good understanding of regulatory requirements. They had the support of the registered provider, a regional manager, and learning and development team.
- The registered provider had ensured there was management oversight at the home seven days per week, which enabled quality checks to be undertaken during the weekends and regular checks had also been carried out during the night.
- Notifications relating to DoLS authorisations had not been appropriately submitted to the CQC. However, since the new manager had been in post, notifications had been submitted as required. All required notifications were sent retrospectively following the inspection.
- Staff were supported to understand their roles through staff meetings and one-to-one meetings with their line manager. Appropriate action was taken by the registered manager if there were any concerns relating to staff performance.
- Regular staff meetings and supervision sessions had taken place to support staff to understand the expectations of their roles.
- Staff told us, 'The management structure and the support are so much better now, there is a clear focus and goal, we can air our views and see them respond. The communication is so much better. I love coming to work now'; 'There's been a massive change' and 'Definitely happier staff.'
- The provider reviewed key clinical indicators on a monthly basis which highlighted any issues in relation to key areas such as, weight loss or pressure ulcers.

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

- Managers shared the outcome of audits and external inspections with staff and supported them to understand and be involved in the improvement process.
- Information was on display to tell people how they could provide feedback about the service.
- Regular resident and relative's meetings had been held. The management team had been open and transparent about the required improvements and how they planned to achieve this.
- Daily walk rounds of the building ensured the manager had regular contact with people, relatives and staff.
- The management team worked in partnership with other agencies to achieve good outcomes for people. This included working in partnership with healthcare professionals, commissioners and safeguarding teams.