Roseberry Care Centres (England) Ltd

The Ferns Care Home

Inspection report

Osborne Gardens
North Shields
Tyne and Wear
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Ferns Care Home is a purpose-built residential care home providing accommodation and personal care to up to 48 people. The service provides support to younger adults, those with a physical disability and people over the age of 65, including those living with dementia. At the time of our inspection there were 41 people using the service.

Care is provided over two floors each with private rooms and a series of communal facilities. The upper floor is used to accommodate people who have been discharged from hospital and are awaiting support to return home or move to alternative accommodation.

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

People were not always kept safe. Appropriate systems to manage and control infections at the home were not followed. Improvements had been made to supporting people with their medicines and records showed people received these in line with guidance. Staffing was an ongoing issue for the provider, although appropriate recruitment processes were followed, and people felt staff tried hard to support them. People felt safe living at the home and risks related to care and the environment were monitored and reviewed.

People's care plans were detailed and reviewed on a regular basis. Staff told us they received regular training and updates and were supported in their practice through supervision. Meals and dietary support sometimes lacked choice and staff did not always have time to actively encourage people at mealtimes.

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. Practice around the Mental Capacity Acting and ensuring appropriate consent had been obtained had improved.

Management of the service remained of variable quality. The service was without a permanent manager. Audits and checks were not always robustly completed or followed up. People's views on the service had been sought and acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.
The last rating for this service was requires improvement (published 9 March 2022). The provider remains rated as requires improvement. This is the second inspection where the provider had been rated as requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection we found that whilst the provider had improved in some areas they remained in breach of regulations.

Previous recommendations
At our last inspection we recommended the provider improve supervision and support to staff. At this inspection we found the provider had acted upon this recommendation.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 7 February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve medicines management, ensuring appropriate consent was sought and implement oversight and quality monitoring of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

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 remains requires improvement. This is based on the findings at this inspection.

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 The Ferns Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to infection control and oversight and management of the service at this inspection.

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

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 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.

Is the service safe?

Requires Improvement

The service was not always 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 well-led?

Requires Improvement

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

The Ferns 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 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 was carried out by 1 inspector.

Service and service type
The Ferns Care Home 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. The Ferns Care Home 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 not a registered manager in post.

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 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 spoke with 3 people who used the service and 1 relative who was visiting the home. We spoke with 8 members of staff including the regional operations manager, the area support manager, a senior care worker, a care worker, a member of the domestic staff, the head chef and other kitchen staff. We reviewed a range of records including three care plans, three staff files and a range of other care and management records related to the running of the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Preventing and controlling infection
• System to ensure appropriate infection control practices were followed were not robustly implemented. On the second day of the inspection the service was managing an outbreak of COVID-19.
• At the previous inspection we had raised with the area support manager about cleaning at the home and the need to ensure high risk and frequent touch points were regularly cleaned. At this inspection we found records relating to this practice were poorly completed and staff told us they did not have time to undertake this task thoroughly. The area support manager told us additional domestic staff were due to be appointed.
• Staff were not always following safe infection control practices and did not always wear masks in line with national guidance on effective use of personal protective equipment (PPE.) PPE was left on handrails in some area of the home rather than stored in appropriate containers.
• At the previous inspection we raised with the area support manager the need to update shower areas at the home. At this inspection this work remained outstanding and the environment had deteriorated. The regional manager told us approval for the work was due imminently.
• Cleaning records for the home were poorly completed. Records indicated, and staff confirmed some rooms at the home were often not cleaned for several days.
• Staff told us the laundry was sometimes left unattended for one or two days, including soiled items, when there were staff absences due to holidays and sickness.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate infection control and cleanliness were effectively and safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes
• System were in place to ensure people had regular visitors and could keep in contact with their friends and family. We witnessed a number of visitors around the home during out inspection.
• A relative told us they always felt welcomed and supported at the home. They told us, "A few weeks ago my sister was here waiting to take (relative) to hospital in an ambulance. Staff offered to make her drinks and snacks whilst they waited."

Using medicines safely
At the previous inspection we had found issues with the management of medicines, particularly around the use of topical medicines (creams and lotions) and those medicines given 'as and when required.' This was a breach of regulation 12 (safe care and Treatment) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

• At this inspection we found that enough progress had been made in addressing these issues and the provider was no longer on breach of this aspect of the regulation.
• Medicine records were up to date and well completed. Topical medicine records were completed and contained a body map showing were creams should be applied.
• Detailed instructions were in place to support staff when they were offering people 'as and when required' medicines.
• Handwritten medicine administration records were jointly signed to say they had been checked.
• Staff had received training in the effective management of medicines and audit processes included observing staff that they were carrying this out safely.
• People told us they received their medicines appropriately and on time.

Systems and processes to safeguard people from the risk of abuse
• The provider had a safeguarding policy and staff had received training in safeguarding procedures.
• Safeguarding concerns had been reported to the local authority and notifications made to the CQC, as appropriate.
• A recent significant safeguarding matter had been dealt with and lessons learned for the incident. The regional manager told us significant changes had been made to processes in the home to minimise further issues.
• People told us they felt safe when being supported by staff. One person told us, "Most of the staff are very nice and try very hard. I feel safe."

Assessing risk, safety monitoring and management
• Risks related to the delivery of care were monitored.
• People's care records showed staff reviewed risk areas such as skin integrity, weight loss and risk of falls on a regular basis.
• Checks on the environment including fire safety equipment, hoists and lifts and electrical equipment were undertaken.
• People had plans on how to support them in the event of an emergency or a fire. Fire drills were regularly held, although these were often limited to staff responding to an alarm and did not involve mock evacuations.

Staffing and recruitment
• Staffing was an ongoing matter for the service, in line with current national issues in recruiting care staff.
• People and staff told us staffing levels were sometimes a struggle and there was frequent use of agency staff. Staff also told us the provider paid a bonus if staff covered additional shifts.
• People told us, "They are short of staff, but the staff themselves are okay" and "They are probably trying to do their best with what they've got. But the staff are usually pretty quick." A relative told us, "I think there are enough staff, considering everything. Whatever, I think they do an amazing job."
• The regional director told us they provider had taken steps to try and address shortfalls by increasing pay rates and instigating a range of other bonuses. They told us there had several staff waiting final checks and due to start in the coming weeks.
• Staff recruitment processes were appropriate, including the undertaken of Disclosure and Barring Service (DBS) checks and the taking up of two references.

Learning lessons when things go wrong
• The regional manager and area support manager talked about recent safeguarding issues and how they had developed systems in light of experience.

• Accidents and incidents were recorded and monitored, and action taken were appropriate. One person who had had a number of recent falls was referred to their GP and other health staff to review their medicines.

Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection we found that people's consent had not always been obtained or their mental capacity assessed when action was taken to support them using potentially restrictive practices, such as the use of sensory mats or alarms. We also found people had been given their medicines hidden in food or drink without the proper processes followed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• At this inspection we found improvements had been made to these processes and the provider was no longer in breach of Regulation 11.
• Where sensor mats or alarms were in place then a best interests decision had been taken to ensure it was right for the individual.
• People receiving their medicines covertly had also been subject to a proper assessment and actions recorded in line with the MCA.

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional needs were catered for. People weight and food and fluid intake were monitored, and action taken if there were concerns about weight loss or diet.
• People had mixed views on the food. Comments included, "I've been in other places and it is a lot better. I can't say the food is excellent" and "The food is perfect."
• Kitchen staff had some understanding of people's dietary needs, although they were not always fully aware

of the detail. On the first day of the inspection both the main meals offered for lunch were fish-based, with no immediately available alternative. Staff did not always have the time to sit and actively encourage people to eat, although supported people during the course of the mealtime.
• The service had responded to people's suggestions on improving meals. More traditional pudding had been requested, with trifle mentioned during a residents' meeting. One the second day a trifle had been provided for a second course.
• We spoke with the area support manager and regional director about the food and the need for kitchen staff to have a good understanding of people's needs and alternatives to be readily available.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's need and choices were supported. People told us staff supported them well and they were happy with the care they received. Comments from people included, "This home rates pretty well. I'm very happy here" and "If I was to ask for help, I think I would get it." A relative told us, "It's fantastic the way they treat them. They make them feel like they are their favourite."
• Care plans were written in line with professional guidance, although monthly reviews were often limited, and it was not always evident how and when changes had been made to care.
• Relatives told us they were involved in care decision and kept up to date. One relative commented, "Without a shadow of a doubt I'm always kept informed. I couldn't have picked a better place to put my (relative)."

Staff support: induction, training, skills and experience
• At the last inspection we made a recommendation to the provider to ensure staff received regular and appropriate supervision. At this inspection we found supervision processes had improved. Staff told us they had regular sessions with senior staff. Some supervision sessions were corporately focussed, and it was not always clear staff had had time to discuss issues important to them. We spoke with the regional operations manager about improving supervision sessions.
• Staff had received training and updates on best practice. Training records showed there was good uptake of online training and staff told they enjoyed doing this.
• New staff were subject to an induction process.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People were supported to maintain their health and wellbeing.
• Care records demonstrated professionals visited the home frequently and staff contacted health and social care professionals for advice and support. Staff followed professional advice and worked with health staff to deliver timely care.

Adapting service, design, decoration to meet people's needs
• Some areas of the home needed updating and redecorating, although work had been undertaken in the dining rooms to improve facilities.
• An area of the garden had been decked and improved to provide an attractive outside space for people.
• An area near the main door was set with seats and people were often escorted outside to smoke in this area. However, smoke from this activity infiltrated the main foyer and the rooms of people whose private space opened on to this seating. We spoke with the area operations manager about moving this smoking area to minimise inconvenience to others.

Requires Improvement

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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 last inspection we found management systems were not robust. Audits and quality monitoring processes were not followed and had failed to address issues found at the inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made to address these issues and the provider remained in breach of this regulation.

• At the previous inspection we highlighted that manager daily walkaround documents were not always completed or lacked detail. We found these records remained poorly completed and actions not always followed up.
• Daily 'huddle' meetings of senior staff in the home did not always identify issues for improvement. For example, the meeting following the first day of the inspection failed to note issues we had raised with the management.
• Action had not been taken to identify and address shortfalls in the cleaning processes at the home and to the infection control risk this presented.
• Some audits had improved. Care plans audits and medicine checks had highlighted issues and action taken to rectify matters.
• Some learning had been made from the previous inspection but areas for improvement and change remained. This was a continuing breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• A previously appointed manager had recently left the service and the home was being overseen by regional managers.
• Staff said they service needed a long-term manager who could provide leadership and consistency.
• The regional director told us they were advertising for a replacement manager and interviewing over the following weeks.

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 overseeing the service understood their responsibilities under duty of candour regulations. There had been no recent incidents that required a response in line with this legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People had been approached to be involved in the running of the home.
• One resident's meeting had taken place in the last 6 months and people had been asked their opinion about areas such as the food at the home. Suggestions for changes had been made and these had been acted upon.
• There were regular staff meetings and a range of issues had been discussed. Staff said they could raise issues in these meetings or approach managers if they had any concerns.

Working in partnership with others
• There was evidence in people's care documentation the service worked in collaboration with a range of services to support people.
• The service provided a step-down service in collaboration with the local health services, offering a place to discharge people from hospital whilst other care packages were established. The service worked closely with local authority commissioners.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Robust systems to ensure the home complied with infection control guidance and the use of PPE were not in place. Systems to assess and manage the risk of infection, including substantive cleaning practices were not implemented. Regulation 12(1)(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to ensure care was delivered in a safe and effective manner were not in place. Processes to assess, monitor and improve the quality and safety of services were not adhered to. Complete and contemporaneous records were not always maintained. Regulation 17(1)(2)(a)(b)(c)