

Fernbrook Care Homes Limited

Fernbrook House

Inspection report

37-47 Fernbrook Avenue
Southend On Sea
Essex
SS1 2QW

Tel: 01702460364

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11 December 2020
15 December 2020
17 December 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Fernbrook House is a nursing home providing personal and nursing care to people aged 65 and over. The service can support up to 30 people and at the time of the inspection there were 24 people living there. The service is in a residential area and accommodates people in an adapted building across two floors.

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

People were being supported safely by staff who knew them well. However, written guidance to staff around the support people needed, in particular with their medicines was not always accurate or complete. This meant the provider had not ensured people would be protected from risk if they received care from staff who did not know them.

We raised concerns about medicine administration at our last inspection. The registered manager had acted promptly to address areas of risk. However, their improvement plans had not been sustained and quality checks had not picked up the concerns we found at this inspection.

After this inspection the immediate concerns we raised were resolved promptly so that any temporary staff would have the necessary information to support people safely. Further time was needed to ensure the provider used their systems effectively to pick up concerns and act on them.

At our last inspection we had raised concerns about infection control practices. The provider had addressed these issues and started a programme of refurbishment, which was ongoing. The provider and the whole staff team demonstrated a commitment to minimise the risks from COVID-19. There were measures in place to prevent infection and to support people to remain in touch with families and friends.

There was an established registered manager who knew people well and who managed the staff team effectively, for the benefit of the people they supported. Morale was good and there was a positive culture at the service.

There were enough staff to support people safely. Staff worked effectively to ensure people achieved good outcomes. We received positive feedback from relatives about the care people received and observed during our visit to the service that staff supported people with kindness.

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.

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 21 November 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We issued a warning notice following our last inspection outlining our concerns around medicine. Sufficient improvement had been made at this inspection and we did not need to take action in relation to the notice. However, the provider's improvement plans had not been implemented fully effectively and the provider was still in breach of one regulation around leadership.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12, (1)(2)(a)(b)(e)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also reviewed the actions taken in relation to the breaches found at the inspection of July 2019. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

Enforcement

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.

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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Fernbrook House

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12, (1)(2)(a)(b)(e)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also reviewed the actions taken in relation to the breaches found at our last inspection.

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

One inspector and a nursing advisor visited the service on 11 December 2020. The registered manager was absent during this visit. We had planned a return visit, however to minimise risk of infection we instead arranged for the registered manager to speak with us by phone on 17 December 2020.

An Expert by Experience rang and spoke with nine family members on 15 December 2020 to gather their views about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fernbrook House 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

We rang from outside the service to announce our inspection, so that we could discuss how best to minimise the risk of infection during our visit.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We focused on speaking with people who lived at the service and used observation to gather evidence of people's experiences of the service. We spoke or had contact with five people.

We spoke with the provider, the area manager, the operations manager, the lead nurse, who was also the clinical lead, three care staff and one activity coordinator. The registered manager was not at the service when we visited.

We viewed a limited number of records as we were minimising our time at the service. We also reviewed the improvements the provider had made to the property.

After the visit to the service

We arranged a phone call with the registered manager to continue the inspection online. The nursing adviser spoke to the registered manager to follow up on queries from our visit. We also spoke to the CQC's pharmacy team for advice on the impact of our findings around the administration of medicines.

The registered manager and provider sent us information for review.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and follow up specific queries. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection we found people were at potential risk of harm due to poor medicines management, environmental risks and poor infection control practices. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there was still room for improvement, due to the action taken by the provider following the last inspection there was no longer a breach of regulation 12.

Using medicines safely; Assessing risk, safety monitoring and management

- Following our last inspection, we had sent the provider a warning notice, outlining our concerns with their management of medicines. At this visit, we found enough improvements had been made and we did not need to pursue the warning notice.
- However, we continued to have concerns regarding the quality of medicine records. There was not appropriate guidance should temporary or emergency staff need to support someone safely. For example, some care plans were missing photographs, which help ensure medicines are given to the right person.
- We found examples where staff were giving medicines correctly, but this differed from the instructions printed on medicine packaging. The nurse gave us valid reasons for medicines they were administering, however medicine checks had not highlighted this discrepancy. After our inspection, the registered manager arranged a meeting with their pharmacy to resolve this concern.
- Nursing staff knew when to administer medicines which needed to be given as required safely. However, there was not sufficient information about when changes in people's health meant they needed additional medicines should temporary staff replace permanent staff.
- The nurse on duty knew people well and was supporting people safely. We did not find there was an impact to people and concerns related to medicine records and management of risk. We spoke to a professional who had investigated concerns at the service, and they told us, "Predominantly it's how things are documented."
- Due to the risk of COVID-19 and the possibility of existing staff becoming unwell, we asked the provider to take immediate action to ensure medicine charts and care plans provided accurate guidance on the support people needed. The provider and the management team responded promptly and effectively. They addressed the errors we had found and carried out detailed audits to ensure the medicine records were correct for everyone at the service. However, we found the provider had failed to ensure governance systems worked effectively to pick up these concerns, as outlined in the well-led section of this report.

- Other issues found at our last inspection had been resolved or were not a current concern. Medicine administration records were legible and accurate. Controlled drugs were stored safely, and people were not in receipt of covert medicines. Covert medicines involves concealing medicines, for example in food to support a person to continue taking their medicines as prescribed.
- Two relatives told us of specific examples where their family members had achieved improved outcomes in the support they needed around medicines as a result of staff support.
- We had received some feedback before our inspection regarding staffing concerns. During our visit we found there were enough staff. We observed staff consistently monitoring a person who required continual supervision due to risk of falls.
- The manager agreed their record keeping made it difficult for them to demonstrate people were being supported safely. This was particularly an issue when professionals were limiting visits to the service due to COVID-19 and there was greater reliance on their records to evidence they were supporting people safely. The registered manager agreed to address this, in a proportionate manner.
- Relatives told us their family members were safe and there was enough staffing to meet people's needs. A relative told us their family member needed two staff to support them, "[Before the lockdown] I've seen them support [Person] many times. There's always two carers to do it and they are very careful and patient. They do it very professionally really."
- The registered manager supported people to manage risk well, minimising restrictions to their freedom. Staff had a good understanding of people's capacity to make decisions about their care and safety. For instance, they had worked well with a person who wanted to use a bed rail for reassurance.

Preventing and controlling infection

- When we last visited, we had concerns regarding the cleanliness of the property and staff practice. The provider had taken action in response to our findings immediately after our visit. They had carried out a deep clean and started a programme of refurbishment.
- The provider showed us some rooms which had been completely refurbished. One of the people living in a newly decorated room told us they were pleased with the outcome. Due to the pandemic, the team of builders had temporarily halted their work, but this was due to continue when possible.
- Relatives told us the property was tired, but there was limited impact on the people living there. A relative told us, "At first glance, the home is a bit run down and scruffy, but staff are so lovely and caring."
- The provider's infection prevention and control policy was up to date and being implemented pro-actively to minimise the spread of COVID-19.
- The registered manager was admitting people safely to the service, for instance, isolating people when they returned from hospital
- There were effective measures in place to prevent visitors from catching and spreading infections, whilst supporting people to remain in contact with their families. This was supported by the layout of the premises.
- There was a separate entrance to the back garden where visits took place. To accommodate visits during the colder months, the provider was adapting a garden room, fitting screens in line with government guidance.
- There were examples of best practice such as care phones, which had been donated to help people keep in touch with family and friends. Relatives told us communication was good with the service. A relative told us, "We get regular updates by email about what things are happening at the service during the pandemic."
- The provider was using PPE effectively and safely.
- The property was clean on the day of our visit` A family member said, "I can say that prior to lockdown, I was impressed at the lack of bad smells in the home and it was always clean and tidy when I visited."
- We discussed with the provider their measures to maintain hygiene practices, given previous concerns. One of the communal areas was cluttered with boxes, which made cleaning more challenging. The provider told us this was due to a delivery of PPE and they were setting up improved storage arrangements.
- We were assured that the provider was accessing testing for people using the service and staff. They had

been pro-active in supporting staff to receive vaccines.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and to follow up specific queries. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection we found no evidence people had been harmed, however, systems were not being used effectively to manage risk. This placed people at risk of potential harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As at the last inspection, we found no evidence people had been harmed. However, not enough improvement had been made at this inspection, in particular around the area of medicine records and guidance and the provider was still in breach of regulation 17.

- Following the last inspection, the provider addressed immediate risks and started to address longer-term issues. More recently, the provider told us they had focused on keeping people free from contracting COVID-19. Quality checks had not highlighted the concerns we found, in particular the inconsistency with medicine records and guidance.
- We were concerned that if usual staff went off sick, the care planning and medicine records would not enable temporary staff to support people safely. This was a particular risk at the time of our inspection as the service was in an area with extremely high levels of COVID-19.
- Although the provider had put systems in place to check on the quality of care, these were not being used to evidence where they had taken action and to highlight outstanding tasks. When concerns were raised, the provider was not able to easily demonstrate to us and to other professionals that they were providing safe care.
- The provider had failed to carry out the planned medicine audits for November 2020. Where medicine checks were carried out, they were not effective and did not pick up the concerns outlined in the safe section of the report. Although the audits took place in October 2020, records showed no action was taken following the checks.
- The management teams responded positively to our feedback and immediately after the inspection resolved the concerns we had around medicine records and guidance. More time was needed to ensure the

improvements were sustained.

- Feedback from relatives was good, and we found people achieved good outcomes, for example a person who was at risk of malnutrition had gained weight. When we spoke with and observed nurses and care staff, they demonstrated they were supporting people safely.
- There was an established registered manager who worked well with staff to meet people's needs. Relatives told us the service was well run and communication was good. A relative said, "The Manager is very nice and helpful and so are the staff too. As far as I can see, the home is well managed."

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

- We had contact with a relative of a person who was no longer receiving care from the service. They raised concerns with us about issues such as safety, staffing and nutrition. During our inspection we found the provider had responded well to these concerns. For example, there was positive feedback about the new chef, and we found examples of people at risk of malnutrition gaining weight.
- We spoke with nine relatives as part of our inspection. Although contact with relatives since the pandemic had largely been through phone contact and garden visits, feedback was overwhelmingly positive and there were detailed examples where people had achieved good outcomes. Relatives said, "They've done so much for [Person] and their progress has been amazing. Staff didn't give up on them," and "They care about the people who are in the home. They're not just a number."
- We met with the activity coordinator who told us they had increased their involvement since the pandemic. This represented a commitment by the provider to promote people's wellbeing. A relative told us, "The activities coordinator is very good at providing interesting activities that [Person] can take part in."
- We observed staff to be caring and attentive. A staff member described how important it was for them to keep people's spirits up during lockdown. A relative told us, "Staff sit and talk to [Person] and laugh and joke with them. One of them even sings to [Person]. My family member thinks a lot of them too."

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 17 HSCA RA Regulations 2014 Good governance Systems were not being used effectively to manage risk. This placed people at risk of potential harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.