Priorcare Homes Limited

Fernlea

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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Fernlea is a residential care home providing care and support to autistic people and people with a learning disability. The home can accommodate a maximum of 13 people in one adapted building. At the time of our inspection there were ten people living in the home.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support
People were supported with their care needs in this home, but the environment needed improvements in the décor to be more reflective of the people living there as well as to help with effective hygiene. People were having their own rooms decorated, and had input in this, but this process was on-going. 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. People were supported to maintain their health and wellbeing and had their choices respected.

Right Care
Staff received safeguarding training and could tell us how they protected people from abuse. However, improvements were needed to staff training as staff had not had specific training around the needs of people living in the home. Medicines were safely managed and the manager acted on feedback when areas of improvement were identified during the inspection. Some people wanted more meaningful activities to take part in on a regular basis. People who wanted to go on holiday were supported to pursue this.

Right Culture
Each person had a care and support plan. However, improvements were needed when recording information in care plans to ensure their language was appropriate and empowering to people living in the home. People felt the management was approachable and they would be able to raise concerns with them. Staff felt supported in their role and felt able to report concerns to management if they should arise. Most staff were familiar with people and their needs as they had been there for many years which helped with consistency in care. The home had recruited to all vacant posts to reduce agency use.

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 25 September 2018).

Why we inspected
We received concerns in relation to staff training around mental capacity, specific health conditions and restrictions. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the home can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the effective and well led 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 Fernlea 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. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staff training and quality assurance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Requires Improvement

This service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

This service was not always well led.

Details are in our well led findings below.

Fernlea

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 home 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 two inspectors 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.

Service and service type
Fernlea is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Fernlea 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

There was a registered manager in post, but they were not available for the inspection. However, there was a home manager available who was in the process of registering with CQC.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with five people who lived in the home and observed how staff interacted with people in communal areas. An Expert by Experience made phone calls after the site visit and spoke with six relatives. We spoke with six members of staff including care staff, senior care staff, a deputy manager, the manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including three people's care records and multiple medication records. We looked at three staff recruitment files in relation to safe recruitment. A variety of records relating to the building safety were viewed in addition to management records including policies and training records.

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.

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 good. At this inspection the rating has changed to requires improvement. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place to manage people's risks in relation to their health and care needs. However, some information was out of date and more detail was required to explain risks and show staff how to safely respond. For example, although people's care needs had been reviewed, where changes in people's needs had been identified the information had not been updated in the person's care plan. Also, information from other professionals was not always in people's care plans. This meant information was not readily accessible for new or unfamiliar staff.
- Referrals were being made to relevant agencies but delays in the systems has meant people had been waiting for assessments and equipment to be provided. For example, the weighing chair broke and although a request had been made for a new one, this took several months to be provided. In the meantime, some people had not been weighed in line with their care plans.
- Personal Evacuation plans were in place for all people. These contained individualised information about how to support people to evacuate in case of an emergency, such as a fire.
- The manager told us about fire drills taking place and care staff told us they were part of regular fire drills and could explain how to respond in the case of a fire.

Staffing and recruitment

- The numbers of staff matched the needs of the people living in the home. However, improvements were identified to the recruitment process.
- We identified gaps in employment and educational histories. It is important to have this information because it shows the skills and experience of staff members and their suitability.
- Staff had criminal records checks and references completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager told us they used a tool to calculate the number of staff needed to support people.

Using medicines safely

- Medicines were generally managed safely, however improvements were needed to 'as and when' medicines protocols and medicine care plans. For example, the protocols needed to be more detailed to ensure staff knew signs and symptoms of people's health conditions, such as constipation, to be able to respond swiftly.
- Care plans needed more details about signs and symptoms staff needed to be aware of for people's health conditions. Also, more information about what the medicines were and what they were for was needed for staff to explain to people. This meant new or unfamiliar staff may not understand how people

are individually affected by a specific health condition or how to support the person to achieve the best outcome for them.
● Medication Administration Records (MAR) matched the correct quantities of medicines and medicines were stored safely in line with manufacturer guidance.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was damage to furnishings and flooring, however, this was being identified and refurbishment was on-going.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were not assured that the provider's infection prevention and control policy was up to date. We have requested the provider refers to up to date government guidance to develop their approach.
● People were able to have visitors in the home and no restrictions were in place.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. One person said, "I am definitely safe here". Relatives also told us they felt people were safe.
● Staff knew how to report their concerns and where to access safeguarding policies. Management acted on concerns appropriately. One member of staff told us, "I would report any sort of abuse to a senior or a manager."

Learning lessons when things go wrong
● Complaints had been investigated fully and we saw from information held the manager worked with the safeguarding team when concerns had been raised.
● The provider ensured safety measures were implemented after a recent incident involving items in the home being removed. The risk was mitigated through additional safety measures.

Requires Improvement

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started employment and they told us about the mandatory training they received. However, not all necessary training had been made available for staff.
- Staff had not received specific training to support people in the service with their continence care nor had staff received training to support autistic people and people with a learning disability appropriate to their role. As of 1 July 2022, it is now a legal requirement for all providers registered with CQC to make sure staff receive training on learning disabilities and autism.

Staff were not always suitably trained and competent in some aspects of people's care. This constituted a breach of regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The nominated individual was aware of the new requirement and was awaiting feedback from a provider group that had been exploring what was available for services in the area.

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

- People's needs were assessed and care plans and risk assessments were in place, but these needed more detail. Care plans did not contain the most up-to-date information and risk assessments needed to include more details about people's conditions.
- People did not always engage in the meaningful activities as often as they wanted. One person told us some of their activities had stopped and not started again. Another person told us they were planning on going on holiday and the nominated individual was supporting them to arrange it.
- Relatives told us they felt people needed to be able to be involved in more activities. One relative told us, "There are hardly any activities going on." Another relative told us, "[Person's name] goes and watches [football club], [person] is over the moon when staff are available [to take them]."
- The manager told us activities were being explored as this is something that has been affected by the COVID-19 pandemic as some places closed and have not reopened, and they will need to find alternative places for people to go to.
- Staff asked people for their consent. For example, we observed staff knocking on people's doors and asking permission to enter before they went into a person's room.

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

- The décor of the home appeared tired and outdated. However, people we spoke to told us they were happy with the interior and decoration of the home. The home needed to be further adapted in line with

good practice to be more personalised, meet people's sensory needs and be more reflective of the individuals living in the home.
● Staff told us of a person who had sensory equipment in their own room to support them.
● The nominated individual told us of their on-going programme of improvement; people's rooms were being updated first and the communal areas would follow.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink enough in line with their assessed needs. One person told us they had been out for a meal with a member of staff.
● Relatives felt the food was well prepared and looked appetising. One relative told us, "Food is spot on, we go on Sundays and food looks lovely."
● Staff knew how to support people with eating and drinking. One staff member told us, "I make time to support people with eating and drinking, no one is rushed."
● Staff provided people with choices. For example, we observed the cook speaking with all people about their meal preferences.
● Staff knew where to access information about people's food and drink requirements. We observed people being supported to enjoy their meal in line with their care and support plan.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were able to access their GP when necessary. We saw this in records and people told us they would see their GP if needed. One person said, "I get to see the GP, sometimes I go down [to the GP surgery]."
● Relatives told us people were supported to contact the GP if this was needed.
● People were supported with their oral care. One person told us, "They [staff] help me sometimes to do my teeth as there is a certain place I miss, so staff help me now."
● People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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.

● The home manager had made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs. Staff provided us with a clear description of DoLS and understood how these restrictions protected the people identified.

● Staff empowered people to make their own decisions about their care and support. We saw people making everyday choices about daily living and being involved in refurbishment decisions.

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 good. At this inspection the rating has changed 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

- We identified occasions where statutory notifications had not been sent to CQC. Although this did not result in anyone coming to harm, providers must inform CQC of all incidents that affect the health, safety and welfare of people who use services. This happened during the period when the previous registered manager was in post. The current manager responded to our feedback and submitted outstanding notifications. We will continue to monitor to make sure statutory notifications are received.
- Care plans, risk assessments and 'as and when' medicines protocols were not robust enough for new or unfamiliar care staff to understand all people's health conditions and care and support needs. This could increase the risk of harm because new staff may not understand the signs and symptoms of people's conditions or when to administer pain relief.
- Medicines audits lacked specific details for robust checks to be completed and for monitoring of trends. This could mean errors and mistakes are not acted upon quickly. This exposed people to the risk of harm.
- Systems in place were not effective in supporting staff to identify concerns swiftly to seek appropriate support in a timely way.
- The provider was not proactive when responding to delays in receiving new equipment and people having assessments of their needs. Long delays meant people did not receive assessments in a timely manner and people's health was not being sufficiently monitored in line with their care plan. The provider had made the appropriate referrals but further follow up action was required .

The above concerns show quality assurance systems had not been fully effective at ensuring the quality and safety of the service was monitored and improved. This constituted a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual started to identify areas where improvements were needed before our inspection, and they were working with the manager to identify and address outstanding actions. The nominated individual and manager were receptive to feedback and began to implement changes straight away.
- There had been a recent change in the home manager position. The new home manager was working with the nominated individual to complete outstanding actions which was effective in mitigating the risks.

- Staff understood what concerns needed to be reported and who to report these to. They felt confident the manager would address the concerns appropriately. They also told us about other organisations they could

contact if they felt concerns were not being addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture among staff and staff supported people to make their own choices.
- One person told us, "If I have any problems I can go to the staff, they are always there to help."
- Relatives knew how to raise concerns and were positive about the home manager. One relative said, "[Manager's name] is worth a pot of gold." Another relative said, "I'm glad to see [manager's name] coming back, they're a wonderful person, caring."
- Staff told us they felt positive about the staff morale in the home and they felt supported by the management. One staff member said, "I really do [feel supported]. I know that if I have any concerns or anything, I can go to them [management] and everything will be sorted. I can rely on them [management]."

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 manager was aware of their responsibility of being open and honest when things went wrong and told us they would take responsibility and address concerns should they arise.

Working in partnership with others

- People's care folders contained information from health and social care organisations and professionals. We could see referrals being made and appointment letters.
- The service worked well in partnership with advocacy organisations which helped to give people using the service a voice.
- We saw some positive feedback about the staff and home from visiting professionals.

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 Quality and assurance systems had not been fully effective at ensuring the quality and safety of the service was monitored and improved.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always suitably trained and competent in some aspects of people's care.