

# Abbeyfield The Dales Limited

## Fern House

### Inspection report

Fernbank Drive  
Bingley  
West Yorkshire  
BD16 4FA

Tel: 01274065090  
Website: [www.abbeyfieldthedaes.co.uk](http://www.abbeyfieldthedaes.co.uk)

Date of inspection visit:  
10 August 2021  
12 August 2021  
16 August 2021  
17 August 2021  
20 August 2021

Date of publication:  
07 October 2021

### 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

Fern House is a purpose-built complex which consists of a residential care home providing accommodation and personal care for up to 30 older people and 49 extra care housing apartments where some people are provided with personal care from staff onsite. At the time of our inspection there were 19 people living in the care home and 26 people living in the extra care housing apartments who were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Improvements had been made since the last inspection. Medicines management had improved, although systems needed to be embedded and developed further. We have made a recommendation about guidance for staff and records relating to topical and when required medicines.

The management of risks to people had improved although accident and incident monitoring required further development. Effective systems were in place to manage any allegations of abuse and to ensure these were reported to the appropriate authorities. Lessons were learned when things went wrong and information shared with staff.

There were enough staff to meet people's needs. Recruitment processes ensured staff were suitable to work in the care service. People lived in a clean and pleasant environment. Robust infection control procedures were in place which helped keep people and staff safe during the COVID-19 pandemic.

People, relatives and staff spoke positively about the service. Comments included; "I would recommend this home without hesitation. It's safe care and [family member's] very happy there. We're completely satisfied with everything" and "I would recommend this home as you get well looked after, fed well and my room is bright and airy. There is a big family atmosphere and I feel at home here."

Leadership and management had improved. A new manager was being recruited and the director of operations was currently running the service alongside the deputy manager. People, relatives and staff spoke positively about the management team and the improvements made in the last six months. New governance systems had been implemented which included more robust provider oversight and monitoring. The provider had an ongoing action plan and was committed to ensuring improvements made were sustained and developed further.

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 and update

The last rating for this service was inadequate (published 24 February 2021). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 24 February 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an announced inspection of this service on 15 and 29 January 2021. 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 safe care and treatment, safeguarding and good governance.

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 and Well-led which contain those requirements.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Fern 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.

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 two inspectors, a medicines inspector 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

Fern 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.

This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented at Fern House and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service was in the process of recruiting a new manager.

### Notice of inspection

This inspection was announced. We announced the inspection from the car park shortly before going on site. This was because we needed to check the arrangements in place for preventing and containing transmission of COVID-19 prior to entering the building. Inspection activity started on 10 August 2021 and ended on 20 August 2021. We visited the service on 10 August 2021. The other dates were spent reviewing information off site and making phone calls to people, relatives and staff.

### 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 commissioners and safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

While on site we spent time with people in the communal areas observing the care and support provided by staff. We spoke with six people who used the service about their experience of the care provided and seven relatives. We spoke with ten members of staff including the director of operations, the quality manager, the deputy manager and care staff.

Discussions with people who used the service, relatives and staff were conducted either on site or via telephone calls. We reviewed a range of records. This included three people's care records and seven people's medicine records. We looked at two staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Using medicines safely

- Systems were in place for the management of medicines so that people received their medicines safely.
- People told us they received their medicines when they needed them. However, the records for topical preparations such as creams were not always completed, and guidance was not always in place.
- There was a system in place to support the administration of when required medicines, however some aspects of record keeping were missing for the people whose records we looked at. For medicines prescribed with a variable dose, supporting information was not available in line with the provider's guidance.
- The records for fridge temperatures showed a maximum temperature above that recommended for the first ten days in August 2021 so we could not be sure that medicines were stored safely. The provider took action to address this during the inspection.
- The provider's audits had identified similar issues to the ones found on inspection. Where issues were identified action was taken to address them.

We recommend the provider should review the guidance for care staff and records for topical and when required medicines.

At our last inspection the provider had failed to ensure risks to people were identified and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- The management of risks to people had improved although some areas required further development.
- Accidents and incidents were recorded and monitored. An overview record provided a summary of all accidents and incidents and follow up actions taken. This helped identify patterns and trends.
- Action to manage risk was not always effective. For example, one person had repeated falls and actions identified to mitigate the risk had not been followed up. The provider took action to address this during the inspection.

- Risk assessments were in place and people had the mobility aids they required to ensure their safety.
- Checks had been carried out to ensure the premises and equipment were safe. Issues we had identified at the last inspection relating to water temperatures and fire safety had been addressed. Water temperature checks were within the safe range. Staff had received fire safety training and taken part in a fire drill.

At our last inspection we found systems were not in place to ensure learning from events when things went wrong. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

#### Learning lessons when things go wrong

- Systems were in place to make improvements and share lessons learned when things went wrong.
- Staff said discussions were held when things had gone wrong and any learning was shared. Records confirmed this process.

At our last inspection we found people were not protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

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

- Systems were in place to protect people from the risk of abuse and harm.
- People said they felt safe in the service and relatives agreed. One relative said, "It's safe, they are checked on frequently and we get regular updates."
- Systems for monitoring and reporting safeguarding incidents had improved. Referrals had been made appropriately to the local authority safeguarding team and CQC.
- Staff had received safeguarding training and understood the procedures to follow if abuse was suspected or found. They were confident any issues would be dealt with appropriately.

#### Staffing and recruitment

At our last inspection we recommended the provider reviewed staffing levels to ensure there were always sufficient competent staff on duty to meet people's changing needs. The provider had made improvements.

- There were enough staff to meet people's needs and keep them safe.
- Our observations showed staff were available and responsive to people and this was confirmed in discussions with people and relatives. Comments included, "Staff are always helpful and on hand" and "Staff respond quickly to any calls."
- The provider had implemented a staffing tool for the care home which calculated staffing levels according to people's dependencies. Call records showed people in the extra care housing complex were receiving care and support from staff as scheduled.
- Staff said there were enough staff on shift and the staffing arrangements worked well. One staff member said, "It can be stressful sometimes but management are on top of it now and good at bringing in cover when we need it."
- Recruitment checks including references and criminal record checks were completed before staff started working in the service. Employment history had not been fully explored in the staff files we reviewed. The provider took action at the inspection to address this.



### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 inadequate. At this inspection this key question has now improved 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.

At the last inspection we found the quality assurance systems in place were not sufficiently robust. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Improvements had been made since the last inspection and all regulatory breaches had been met.
- Leadership and management had improved, although the service was in the process of recruiting a new manager. Relatives noted improvements in communication and spoke highly of the deputy manager. Comments included, "[Deputy manager's] very good and very much on the ball" and "Communication has improved since the deputy manager arrived. She is always contactable and available to us."
- Staff understood their roles and responsibilities. One staff member said, "I feel more confident in my role as I'm better supported and I know things are being reviewed."
- Staff spoke positively about the changes made and the support they received from the management team. Comments included, "You can talk to any of them, they're very supportive. They're out on the floor, checking everyone's okay, doing daily rounds" and "[Deputy manager] has made the difference, she's there if you need her, she listens and finds solutions, you don't feel it's all on you."
- Quality audits had improved. Issues were identified and actions completed.
- More thorough systems had been implemented for recording and monitoring accidents and incidents. However, further improvements were needed to ensure investigations were carried out where required and actions had been completed.
- Some improvements had been made to the care records although the provider acknowledged further work was needed. For example, we saw care records had not been updated for a person who had moved into the care home from extra care housing. The provider took action to address this during the inspection.
- Provider oversight and input had improved. A quality governance committee had been set up and met regularly to monitor progress and provide support in meeting the service improvement plan. The committee reported to the board of directors who provided further scrutiny and accountability.

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

- Effective systems were in place to engage with and involve people, relatives and staff in the running of the service.
- People and relatives we spoke with gave positive feedback about the care provided and the staff. Comments included, "The staff look after [family member] well. They all seem to go the extra mile to help [family member]. They also helped to reassure me during the awful times when it was impossible to visit"; "I enjoy living here. The staff are happy, polite and I can have a joke with any of them" and "My [family member] simply would not be here without these carers. It is excellent care. [Family member] was expected to die and they pulled [them] round and got [them] walking again. Staff are marvellous and it's been a great relief to me and the family."
- Staff said communication had improved and their views were encouraged, listened to and acted on. Staff said they loved their jobs and would recommend the service to people who were looking for care. One staff member said, "This is the best care home I've ever worked in by far. It's not regimented, this is their home and they really do get person-centred care. I would be happy for a relative of mine to come here."
- Records showed the service liaised with a range of health and social care professionals in meeting people's needs.

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 management team understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.