

National Autistic Society (The) Fernery House

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

Fernery House is a residential care home providing personal care for up to 7 people with a learning disability and/or autistic people. At the time of the inspection 6 people were living at the home. The service is a residential property based in Burnham on Sea. Local shops, the beach and the town are within a close proximity to the home.

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

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.

Right Support

People had plans in place to guide staff on how to support them if they became anxious or upset. However, the plans were not always regularly reviewed or updated. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Some improvements were required to ensure people were supported to make decisions following best practice in decision-making. The service did not always give people care and support in a clean environment. Staff did not always support people with their medicines in a way that achieved the best possible health outcome.

Staff supported people to play an active role in maintaining their own health and wellbeing. The service gave people care and support in a safe and well-furnished environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. The service supported people to have choice, control and independence. People were able to pursue their chosen interests.

Right Care

Improvements were required to ensure risks to people were fully assessed and mitigated. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, not all staff were able to tell us where they would report abuse outside of the organisation. There were some shortfalls in staff training. The service had enough staff to meet people's needs and keep them safe. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs.

Right Culture

The systems to monitor the quality of the service were not fully effective in ensuring shortfalls were actioned.

Staff understood people well and were responsive to their needs. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff valued and acted upon people's views.

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 17 October 2019).

Why we inspected

We received provider level concerns. During the inspection we identified concerns relating to the management of risk, medicines, infection control, the application of the Mental Capacity Act 2005, staff training and governance.

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 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 safe, 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 Fernery House on our website at www.cqc.org.uk.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective 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 ●

Fernery 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 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 one inspector and an Expert by Experience made telephone calls to people's relatives. 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

Fernery House 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. Fernery House 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. There was a manager in post who was in the process of applying to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service. We used all this information to plan our inspection.

During the inspection

People were not able to give us detailed feedback about the care and support provided, we spent time observing people and staff interacting. We received feedback from 5 relatives. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from one professional that visited the service.



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 some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always fully assessed and mitigated. For example, one person had a health incident which was referenced in their care plan. There was no risk assessment in place to guide staff on how to support the person should this arise again. Risk assessments contained conflicting information to one person's care plan in relation to their mobility.
- Where risk assessments were in place they were not always reviewed and updated following incidents. Some of the risk assessments had not been reviewed and updated for over two years.
- Some people could become anxious leading to incidents where they harmed themselves, others or their environment. There were plans in place to guide staff on how to support people at these times. These plans were not always regularly reviewed and updated.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well and were able to support them to alleviate any anxieties, there was no restraint used within the service.
- Where there had been an incident of a person suspected choking, appropriate action had been taken and risk assessments were updated.
- The manager and deputy manager were in the process of reviewing and updating all of the risk assessments and care plans. They showed us the care plans they had updated, these were detailed and contained relevant information.
- Health and safety checks were completed in the home, such as ensuring the fire alarm system and equipment were checked and serviced. Along with safety checks on the gas, water and electricity.
- Regular fire drills and testing of the alarm system were undertaken. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required in an emergency situation.

Preventing and controlling infection

- Some areas of infection prevention and control needed to be improved.
- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home were not clean. Night cleaning records showed gaps in cleaning and there were not suitable storage arrangements for mop heads and buckets. Suitable bins with functioning pedal controlled lids were not always available throughout the home.
- We were somewhat assured that the provider was preventing visitors from catching and spreading

infections. The provider had a procedure in place for visitors to the home, this procedure was not followed when one of the inspectors arrived at the service.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were somewhat assured that the provider was using PPE effectively and safely. We observed some staff wearing their masks below their noses on occasions during the inspection.
 - 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 responding effectively to risks and signs of infection.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

Visiting in care homes

The service was enabling care home visits in line with government guidance.

Using medicines safely

- Staff supported people to take their medicines, however the systems in place to record medicines administration were not always followed. Staff signed a medicines administration record (MAR) when they gave medicines. However, gaps on people's MARs meant it was not possible to tell if medicines had been given as prescribed.
- MARs did not always meet the best practice recommendations in NICE guidance SC1. Staff had not identified this through checks and audits.
- There was no guidance in place to support staff to administer medicines prescribed to be given when required. Staff did not always know when or how to give when required medicines.
- Records to evidence the use of medicines as a restrictive intervention were not fully completed.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were ordered, stored and disposed of safely.
- Staff knew how people liked to take their medicines and were able to support them to do so effectively. People were involved in their medicines processes and were supported to maintain their independence within a safe framework.
- Information about people's medicines and how they liked to take them was available when they left the service.
- Staff were working closely with local primary care and specialist learning disability teams to monitor and improve people's health and access to health services.

Staffing and recruitment

- There were enough staff available to meet people's needs. People had individual hours commissioned, rotas were arranged flexibly to meet people's needs. We reviewed the rotas and people's hours were being met.
- Relatives told us there were enough staff available to meet their loved ones needs. One relative told us,

"Yes there seems to be plenty of staff."

- Staff told us there were enough staff and they used regular agency to cover any shortfalls. One staff member told us, "Generally we have enough staff, we are well covered, people can do what they want to do."
- The service operated recruitment processes to check staff's suitability for the role. This included requesting references from previous employers and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. Although people were not able to verbally tell us if they felt safe living at Fernery House, people looked relaxed and happy in the company of staff. One person said, "Like Fernery House", when asked if they liked living there.
- Relatives told us they thought their relatives were safe from abuse and harm. One relative said, "I talk to [Name of person] every Sunday evening, [Name of person] says yes, they are happy, I always ask them if they are happy."
- There were systems in place to protect people from abuse. Staff were aware of the internal systems to report concerns, they told us they would report any concerns and they were confident these would be responded to. Some staff required prompting to state where they would report concerns to outside of the organisation. Staff said they knew there were external channels for reporting concerns, and they would find out this information if required.
- Staff told us they thought people were safe. Staff received safeguarding training; four staff were out of date with their refresher training.
- The service had reported safeguarding concerns to the local authority and the Care Quality Commission (CQC) as required.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded on the providers systems. People's risk assessments were not always reviewed and updated following incidents.
- Incidents were reviewed by the manager and deputy manager. The provider's behaviour support practitioner was available to provide support if required.
- Staff told us incidents were manageable and any learning from incidents was shared with the team. One staff member said, "Incidents are manageable, we are aware of people's triggers, sometimes a change of face can help. Incident forms are completed and we have a debrief. Incidents and learning is shared and discussed in team meetings and handovers. We have training to manage incidents which is helpful."

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.

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.

- People's rights were not fully protected because the correct procedures were not always followed where people lacked the capacity to make specific decisions.
- One person had restrictions placed on their foods for health reasons. Whilst we could see this decision had been made with input from a health professional in 2019, there was no recent mental capacity assessment and best interest decision for this. The person also had a regime for snacks, there was no capacity assessment or best interest decision for this.
- Where mental capacity assessments and best interest decisions had been made, these were not regularly reviewed to ensure they remained the least restrictive option and that the decision remained relevant.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were able to make most day to day decisions about their care and support, as long as they were given the right information, in the right format at the right time.
- DoLS applications were completed and submitted to the local authority if required. Where DoLS applications were pending approval from the local authority, we saw evidence of this being followed up by the manager.

Staff support: induction, training, skills and experience

- Staff did not always receive training to meet the needs of the people they supported.
- There was a training programme in place. There were gaps in training for subject such as dysphagia, oral health and autism and mental health training. Staff also required refresher training in subjects such as safeguarding, the MCA and DoLS.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they had a plan in place to address the training shortfalls.
- Relatives told us staff were knowledgeable and had the right skills to support their loved ones. One relative told us, "The team seem to be highly knowledgeable."
- Staff received an induction when they started working for the service. The induction included two weeks training face to face and online. Staff also undertook shadow shifts as part of their induction. The induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviors expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were positive about the training they received. One staff member told us, "The training is more than adequate and covers everything you need."
- Staff told us they received one to one supervision with their line manager and they found this supportive. This was an opportunity to receive feedback and discuss their role. The manager had been focusing on staff supervision to ensure all staff received this bi-monthly.

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

- People had their needs assessed prior to moving into the home, this was to ensure people's needs could be met by the service. People's care plans were based on their assessed needs, the quality of the care plans however were mixed. Care plans did not include oral assessments for people and there were no detailed oral care plans in place. Care plans contained old information relating to people, for example, one person's care plan contained three versions of a positive behaviour support plan.
- The manager and the deputy manager were in the process of reviewing and updating all of the care plans.
- Where people had assessments from health professionals such as speech and language therapists (SALT), these were present in peoples care plans.

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 with healthcare appointments such as dentists, GPs and chiropodists. Relatives told us people's healthcare needs were met. One relative told us, "They take [Name of person] to the GP and hospital visits, dental check-ups, hearing and opticians. They are pretty good at keeping an eye on things."
- Staff told us how they were working with people to achieve positive health outcomes, these examples however were not always recorded and evidenced in care plans.
- Health action plans were in place for people, these had not always been regularly reviewed. Health action plans are documents that include a personal plan that describes what people can do to stay healthy and the support that is available. One person did not have a health action plan.
- The manager was liaising with the local GP surgery to arrange people's annual health checks.

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

- People were supported to maintain a balanced diet and encouraged to eat healthily. There was easy to read information in the kitchen relating to healthy eating.

- One person had a restricted diet due to their health needs; this was supported by a dietician in 2019. The manager told us they were in the process of revisiting this with the dietician.
- People could choose what they wanted to eat; people had individual menus to suit their preferences. People were encouraged to be involved in their meal preparation.
- Staff were aware of people's guidelines where they required a specific consistency of food to prevent the likelihood of choking or aspirating.

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

- People's bedrooms were individualised. Bedrooms were personalised in décor, style and furniture. People had keys to their rooms where they wanted to have them.
- Some areas of the home were showing signs of wear, such as carpets. The manager had arranged for this to be addressed.

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

- There were systems in place to monitor and improve the quality and safety of care provision. The systems were not fully effective in ensuring shortfalls were identified and addressed in a timely way.
- The systems had not ensured the care plans and risk assessments were regularly reviewed and updated, they had not ensured MCAs and best interest decisions were in place and regularly reviewed and that staff training was up to date.
- The provider had an action plan in place which demonstrated some areas of improvement. However, the plan was initiated in June 2021 and there were still outstanding actions present during this inspection.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and provider had a range of quality assurance checks in place, areas covered included; health and safety, safeguarding, incidents and medicines.
- The provider's senior team also completed a range of audits at the service.
- There was a clear management structure in place. Roles and responsibilities within the team had been defined.
- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

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

- There was a person centred and positive culture in the service, people were supported to achieve their chosen outcomes.
- Relatives told us the staff team got on well and focused on supporting their loved ones. One relative told us, "The Staff team seem helpful and passionate about the residents. [Name of person] seems to really love them, they are actively happy to see them [Staff]."
- Staff commented positively about working in the service and the people they supported. One staff member told us, "We are a very relaxed and happy team, it's very homely."
- Relatives thought the home was well managed, they knew who the manager and deputy manager was and felt able to approach them with any concerns.

- Staff also commented positively about the manager and deputy manager.

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 provider was aware of their responsibility to act openly and honestly when things went wrong. Relatives told us they were informed of any incidents that occurred.
- The manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- Staff knew they had to report concerns to the manager and were confident that these would be acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The deputy manager told us feedback from people had not been requested in the past year and they had plans in place to address this.
- People's relatives and staff were given the opportunity to give feedback on the service via an annual survey. The questionnaires for relatives 2022 had recently distributed in August and the service was in the process of collating the responses.
- Staff meetings were held for staff to discuss any current concerns and share information. Staff felt listened to and able to raise their views. One staff member told us, "Staff meetings are regular, you can speak up and we are listened to. There's no judgement from speaking up, [Name of manager] welcomes input."
- The manager was in the process of reintroducing meetings for people to enable them to discuss their views on the running of their home and the service.

Continuous learning and improving care; Working in partnership with others

- The manager had initially started working in the home as a peripatetic manager to support the previous registered manager, they had more recently been appointed as the manager for the home.
- The manager was aware there were areas for improvement in the service and they were committed to ensuring these improvements were made.
- The manager told us they were well supported by their manager and the providers senior management team.
- The provider held senior team meetings monthly to share information and offer support to managers. Organisational learning was discussed in these meetings.
- Lessons learned also formed part of the staff team meeting agenda. This enabled any organisational or service learning to be cascaded to the team.
- The service worked in partnership with a range of health and social care 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 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured people's decisions were supported in line with the Mental Capacity Act 2005. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured risks were fully assessed and mitigated, medicines were not always managed safely and measures in place to prevent the spread of infection were not fully effective. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured the systems in place to monitor the quality and safety of the service were fully effective. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff received appropriate training. |

