

Fern Leaf Carehome Limited

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Inspection report

26 Purleigh Avenue
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Essex
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Tel: 02082528311

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Fern Leaf Carehome (26 Purleigh Avenue) supports people aged 18 or over, some of whom have learning disabilities, or are autistic. The home also supports people who may have dementia or mental health needs. It is registered to accommodate and support up to 6 people. At the time of the inspection, 6 people were living at the home. The home has two floors with adapted facilities and furnished rooms.

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

Right support

The provider had carried out improvements to the home following our previous inspection, to ensure it was safe for people. People had control of how their care and support was arranged. Systems were in place to protect people from the risk of abuse. Risks to people's health were assessed so staff could support them safely. People's medicines were managed safely.

The provider recruited staff appropriately and checked they were suitable to work with people. There were enough staff working in the home to support people. Systems were in place to prevent and control infections. Lessons were learned following accidents and incidents in the home.

Right care:

Processes to assess people's needs to determine if the home was suitable for them were in place. People received care and support that was personalised for their needs. Staff were trained to carry out their roles and received support with their development. People attended health appointments with professionals to help maintain their health. They were supported to maintain a balanced diet and their nutritional and cultural needs were met.

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.

Right culture:

The values and attitudes of staff and managers in the home enabled people to be as independent as possible and feel empowered in their daily lives. People were supported to achieve positive outcomes. The management team learned lessons when things went wrong in the home to ensure people's dignity, privacy and human rights were respected at all times. People were supported to integrate into the local community

and be as independent as possible. They pursued their interests and were supported to avoid social isolation. For example, we saw people go out to day centres and take part in activities. Systems were in place to manage complaints. People's communication needs were met. Feedback was sought from people to help make continuous improvements to the home.

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 the service was Requires Improvement, (published on 24 January 2022) and there were breaches of regulation.

We issued requirement notices to the provider for breaches of regulation 15 (Premises and equipment), and regulation 17 (good governance).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that people's end of life care wishes was explored. At this inspection, we found the provider had acted on this recommendation and had made improvements to ensure end of life care planning was in place.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and following concerns raised about the safety of the service.

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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fern Leaf Carehome Limited

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.

Service and service type

This service 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.

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 a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager, 4 staff and the director. We carried out observations of people's care and support and spoke with 2 people for their feedback on the home. We reviewed documents and records that related to people's care and the management of the service. We reviewed 4 care plans, which included risk assessments. We looked at other documents such as medicine management and infection control.

We continued to seek clarification from the provider to validate evidence found. We spoke with 2 relatives by telephone, for their feedback.

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 Requires Improvement. At this inspection this key question has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider was not ensuring the premises of the home was safe to prevent people coming to harm. This was a breach of regulation 15 (Premises and equipment) 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 15.

- At our last inspection on 14 December 2021, we found there were no window restrictors in place throughout most of the home to prevent the risk of people climbing or falling out of them, which could lead to serious injury.
- After the inspection the provider arranged for restrictors to be fitted and we saw them in place when we returned to inspect the home. This gave people extra protection from accidents which could cause them harm. However, a utility room on the upper floor of the home in which there was a window still had not been fitted with a window restrictor. We discussed this with the registered manager, who provided records to show this had already been identified. After the inspection, we received confirmation the work was completed.
- Fire safety doors and damaged areas within the home, such as skirting boards and door frames had also been repaired, since our last inspection.
- Gas, water, and fire safety systems for the premises had been serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.
- Risks relating to people's health and care needs were assessed. Risk assessments contained information about specific risks to people for staff to be aware of.
- These included positive behaviour support plans to inform of triggers that could cause people to become emotional, upset or angry. There were also assessments of people's mental and physical health, including health conditions such as diabetes. This meant risks were being monitored and mitigated against to ensure people remained as safe as possible.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. We reviewed safeguarding procedures and records. The provider raised alerts and records showed they complied with recommendations set out by safeguarding investigators.
- Before our inspection, the provider notified us of an allegation of abuse involving staff and people in the home. We found that appropriate action had been taken to investigate the incident and the local authority

safeguarding team had been involved in the investigation. The provider told us they had discussed the concerns with staff and the management team to ensure lessons were learned and staff understood their responsibilities to keep people safe from abuse.

- Staff had received training in safeguarding people from abuse. Staff were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.

Using medicines safely

- People's medicines were managed safely. They told us they received their medicines when required. One person said, "Staff give me my medication on time and when I need it."
- Protocols were in place for the administration of medicines to be given to people when they required them, such as those for pain relief.
- Staff had received training and their competency was assessed to check they administered medicines correctly.
- Records showed people were supported to take their medicines safely and as prescribed. Medicine Administration Records (MAR) were completed by staff after they had administered medicines.
- Risks relating to people's medicines were set out within people's medicine files to make staff aware of possible side effects. Medicine stock balances were calculated correctly to ensure all medicines were accounted for.

Staffing and recruitment

- There were enough staff to support people in the home and we saw them on duty on the day of our inspection. There were also some additional staff who were healthcare students on work placements, and they supported people and staff during the day. One person said, "There are always staff around."
- The provider carried out appropriate recruitment checks to ensure staff were safe to work with people. This included criminal background checks, obtaining references, proof of their identity and eligibility to work in the UK.

Learning lessons when things go wrong

- There were procedures for the recording of incidents and accidents to learn lessons to prevent re-occurrence.
- Records showed the registered manager or other senior staff investigated accidents or incidents and action, such as reviewing a person's risk assessment, was taken.

Preventing and controlling infection

- An infection prevention and control policy was in place to keep people safe from the spread of infection. These included policies to prevent visitors from catching and spreading infections.
- The provider followed the latest government guidance. PPE (personal protective equipment), such as face masks and gloves were used effectively and safely.
- The provider had assessed the risk of infection and the needs of people to determine when and where PPE is used.
- Staff told us they washed their hands thoroughly before and after providing personal care.
- Safety through hygiene and cleaning practices of the premises was promoted.
- The provider was accessing testing for COVID-19 for people using the service and staff. There were systems in place for infection outbreaks to be effectively prevented or managed.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with current government guidance.

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 the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our last inspection people's ability to consent to decisions made about their care was assessed but we found some consent records were left incomplete, with no record of the person's written or verbal consent. This issue had now been addressed. People's ability to consent to decisions made about their care was assessed and recorded. This included specific aspects of their care, such as their medicines, finances, relationships and personal care.
- Staff understood the principles of the MCA and had received training. They told us they asked for people's consent at all times before providing them with support.
- People's choices and decisions were respected. Records showed if people required decisions to be made in their best interest.
- Where applicable, the provider had ensured authorisations for DoLS were in place for people whose liberty was being deprived.

Staff support: induction, training, skills and experience

- Staff were supported with suitable induction and training programmes to provide people with safe care.
- Staff told us the training helped them to develop their skills to support people safely and effectively in other areas. Staff completed an induction and training after they were recruited. We observed a new member of staff beginning their induction with the registered manager.

- Staff received refresher training to update their knowledge each year. People told us they felt the staff were trained well.
- Training topics that were covered included the Care Certificate standards, moving and handling, safeguarding adults, infection prevention and control, medicine administration, mental health awareness and equality and diversity. The Care Certificate is a nationally recognised set of standards for health and social care workers to work towards. A staff member told us, "It was good training. I was supported well by the home to do my training."
- Staff told us the management team were supportive and helped them perform in their roles. There was a new registered manager in place and staff told us they were encouraging and supportive.
- Records showed the registered manager and previous registered manager supervised staff and held supervision meetings with them to discuss their work and any issues.

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

- People's needs were assessed before they moved into the home. The assessment helped the management team determine if the home was a suitable place for the person.
- People's needs, choices and desired goals were sought so that they could receive effective care that led to good outcomes.
- Pre-admission assessments contained details of people's backgrounds, health conditions, their mental and physical health, equality and diversity needs and any risks relating to their health and mobility. The management team ensured people's medicines, contact details of relatives and personal possessions were recorded.
- People and their representatives were involved in the assessment and decisions made about the level of support they received.

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

- People were supported to eat and drink to maintain their health. People told us they were provided meals they helped to choose. One person said, "The food is fine, it's cooked how I like it. The staff know what I like and don't like to eat."
- We observed people being provided their meals and saw that most people could eat independently. People told us they enjoyed their lunch.
- Staff worked with people to plan daily meals and people could choose alternatives should they wish.
- Staff monitored people's dietary needs and risks, such as those related to diabetes or choking. If there were concerns about people's nutrition and hydration, they were referred to relevant professionals.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People were supported to maintain their health and were referred to health professionals such as the local GP, district nurses, chiropodists and dentists.
- Care plans included the contact details of health professionals or agencies involved in their care. Contact details also included those for other social care professionals, such as social workers who were involved in the person's support. The staff and management team worked well with health professionals to ensure people were in the best of health.
- People's health and wellbeing was monitored. Records showed people attended health care appointments. Staff told us they could identify if people were not well and knew what action to take in an emergency.

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

- Fern Leaf Carehome (26 Purleigh Avenue) is located in a residential area close to local shops and services.

There was a garden area for people to use in suitable weather.

- We saw that people felt comfortable in the home and were able to personalise their rooms with items of their choosing.
- The design and decoration of the home suited the people who lived there. Following our last inspection, the provider had made some improvements to the building to ensure it was safe and accessible for people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Prior to our inspection we received concerns following an incident that people's privacy, confidentiality and dignity was not respected. The registered manager told us and records showed the incident had been investigated and reviewed to ensure all staff and managers were aware of their responsibilities to respect people's privacy and dignity.
- During our inspection we observed staff were attentive to people and treated them with respect. People and staff spoke with each other during the day and staff engaged people in discussions.
- When personal care was provided to people in their rooms, staff ensured they closed the doors. A staff member said, "I always knock on the resident's door and ask permission to come in. I also close the door before supporting them with personal care."
- People told us staff were caring and respectful. One person said, "Fantastic. The staff and managers are nice, I can't fault them. They are kind and respectful."

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us they had got to know the staff and the management team which had helped to develop positive relationships. We noted that people were well dressed for the day and records showed their personal care needs were met.
- Staff understood the provider's equality and diversity policies and what it meant for people's protected characteristics such as their gender, race, religion and sexuality. Staff told us they respected people's individual characteristics. For example, some people were supported to practise their religion at places of worship and other people's cultural requirements were understood.
- Some staff spoke the same first language as one person in the home and they told us they conversed with the person in their language as it was the person's preference. They also supported them to eat traditional food and meals from their cultural background. This showed there was an understanding of people's diversity needs in the home. A staff member said, "I respect everyone and treat them like family. I would not show discrimination to someone based on their colour or sexuality."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in decisions about their care. People's consent was recorded in their care plans. Staff told us they encouraged people to be independent and make choices about their day to day care and how they spent their time.
- People told us they could express their views and make decisions where they were able. Records showed they had monthly key worker meetings with staff to discuss various aspects of their care and for them to

express their views and choices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

End of Life care and support

At our last inspection, we recommended the provider follows best guidance on exploring and recording people's end of life care and support wishes because these were not available in people's care plans. At this inspection we found they had taken action to address this issue.

- People's wishes for end of life care and support were explored and respected in the event of changes in their health. The management team discussed their wishes with them and involved their relatives. These were filed in people care plans and clearly labelled.
- Staff had received training in end of life care, which would help to ensure staff had the knowledge and skills needed to deliver quality care to people nearing the end of their lives in future.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Care plans provided information about people's health care needs, their preferences, interests, communication abilities and personal relationships. This included a summary of the person's background and personal history, their likes and dislikes and their desired outcomes for their care. For example, one person's care records stated, "I would like staff to support me celebrate special events. . . Staff to involve [person] in all house events e.g. barbeques, play reggae music for them and let them know what is on TV to boost their morale."
- Care plans were reviewed monthly and updated with any changes to people's preferences or health. A monthly report was written to summarise how the person was progressing in the home. This included summaries of their mental health, physical health, nutrition, activities and finances.
- Staff told us they communicated with each other to ensure people received the support they needed. Handover meetings took place so staff could update incoming staff, such as night staff, of how people were and any issues.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to develop and maintain relationships with others such as family and friends. This helped to avoid people feeling isolated or lonely. One person said, "I keep in contact with my [relative]. They visit when they can." A relative told us, "Yes, we are regularly speaking to [family member] and the staff."
- People were supported to follow their interests that were socially and culturally relevant to them. Each person had their own individual weekly activity plan. They were supported to go about their daily lives as

much as possible and follow their own individual hobbies and interests. For example, going to the day centre, listening to music, going for walks, and playing games in the home.

- We saw staff spending time with people and engaging them in a word game. Other group activities included bingo, karaoke and watching films. The provider also arranged parties and events to celebrate birthdays or significant holidays such as the Platinum Jubilee.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were set out in their care and support plans.
- Staff told us they followed the person's communication plan, for example, if the person was able to verbally express their thoughts and feelings or if they needed staff to speak to them slowly and clearly.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for the home should people wish to make a complaint if they were not happy with aspects of the service. There had been no complaints made since our last inspection.
- The registered manager told us they knew how to follow the complaints policy. They would investigate all complaints within the timescales set out in the policy to try and resolve concerns. They told us they would learn lessons from complaints to make improvements in the home.

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 Requires Improvement. At this inspection this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found systems were not robust to demonstrate the safety of the service was being effectively managed. 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.

- At our last inspection, the provider's systems to assess, monitor and improve the quality and safety of the service provided were not effective. This meant people were at risk of harm. At this inspection, we saw the provider had acknowledged the shortfalls we found and made improvements. For example, they had arranged for more maintenance and repair work in the home to make it more safe and secure. People's care records included their end of life care wishes. Quality audits were more effective to help identify areas for improvement.
- Before our inspection we were notified there had been a recent change of registered manager. The new registered manager already worked under the provider managing another service and had previously worked in the home. This meant they were familiar to the people living in the home and some of the staff. They said, "I love what I do and working with everyone here. I am happy to manage the service and I am ready and prepared for the challenges it brings. I am really looking forward to it."
- They told us they were supported by the provider to help them manage two services. "I am very well supported. I can contact the director at any time and they always come and check on us."
- The registered manager told us they were in the process of identifying any areas of work that were still outstanding. They were carrying out their own audits and checks to ensure the quality and safety of the home was being improved and maintained. These included infection control, medicines and health and safety checks. We noted that people's care plans contained some missing information, such as confirmation they had been reviewed each month. We addressed this with the registered manager, who told us it was part of ongoing actions.
- Staff told us they were clear about their roles and responsibilities and were encouraged and supported by the registered manager to perform in their roles. One staff member told us, "[Registered manager] is very good and supportive." Another staff member said, "[Registered manager] listens and is very responsive. Things are a lot better now."

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 notified the CQC of any allegations of abuse, serious injuries or incidents involving the police, as they are legally required to do.
- The provider and director of the service also attended our inspection and told us they had ensured they were open and transparent with people and relatives when things went wrong.
- Records showed they had notified and liaised with the local safeguarding authority regarding concerns of abuse. They took appropriate disciplinary action against staff when necessary.

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

- Staff told us there was an open-door policy and they could approach the management team with any issues. A staff member said, "[Registered manager] is very nice and very approachable. We can go to them with any issues and they will resolve it."
- We observed a quiet and relaxed atmosphere in the home and people enjoyed spending time with each other and with staff. One person said, "I am going out with my friend [another person] today. I enjoy it. I love [registered manager]. We know each other well."

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

- People and relatives were engaged with the staff and management team and were kept informed and updated on any changes or developments in the home, such as special events.
- People were given the opportunity to take part in meetings with the management team. Items discussed included health and safety, food and menu choices, activities and Christmas party arrangements.
- Staff meetings were used by the management team to share important information and discuss any issues. Topics included safeguarding, following policies and procedures, care planning and reporting.
- The registered manager also attended management meetings with the director and managers of other services owned by the provider, to discuss any management issues, emerging themes or concerns and share good practice.
- People's equality characteristics, such as their cultural needs and disabilities, were considered and recorded in their care plans.
- The provider sent out surveys and questionnaires to people and relatives for their feedback about the home. We saw that feedback was positive. The registered manager told us they would analyse the feedback to make any necessary improvements.

Working in partnership with others:

- The provider worked with other social care agencies and professionals, such as GPs and pharmacists to maintain people's health and wellbeing.
- The provider had an arrangement with a local university and offered part time positions in the home for healthcare student placements to help them gain experience of working in a care setting. We spoke with two student nurses during our inspection of the home, who told us they felt welcomed and supported.
- The provider kept up to date with new developments in the care sector and shared best practice ideas with the service.