

Ferncross Care LTD

Ferncross Residential Home

Inspection report

4 Crossdale Avenue
Heysham
Morecambe
LA3 1PE

Tel: 01524855782

Date of inspection visit:
14 December 2023
18 December 2023

Date of publication:
25 January 2024

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Ferncross Residential Home is a care home providing personal care and accommodation to older people. At the time of the inspection, 12 people were receiving regulated activity at the home. The service can support up to 14 people. The home is an adapted building with bedrooms based over 2 floors.

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

Aspects of staff recruitment were not effective at ensuring staff members were always suitable to work with vulnerable people. Some essential safety checks had not been made. There was inappropriate oversight of these processes by the provider. Further detail is in the 'safe' and 'well-led' sections of this report.

Medicines management was unsafe. The registered manager was unaware of the full details of which staff were administering medicines and some of the record keeping was poor.

Care planning and risk assessing needed input and review to ensure records were current and effective in providing essential guides to staff so that people were supported appropriately.

Although fire safety was a priority and the provider was working with the local fire service, other environmental safety issues needed addressing. These included concerns around gas safety, legionella checks and people's access to hot water.

Any checks the registered manager and management team were making, were not picking up on issues and had not identified the concerns seen at this inspection.

The registered manager was responsive to concerns we noted during the inspection and took action to make improvements and promote safety. This included taking action related to staff and arranging for a medicines audit to be conducted by external specialists.

People, their relatives and staff were confident in the management team at the home and praised how approachable they were. Staff said they were appropriately trained and supported. Records we saw supported this position.

Infection, prevention and control processes were appropriate, and we were assured about the provider's ability to reduce the transmission of infections.

Staff were competent about safeguarding processes and knew how to protect people from abuse. Relatives said their family members felt safe in the home and were trusting of staff and management.

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. Staff supported people to have access to healthcare professionals and specialist support.

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 23 May 2022).

At our last inspection we recommended that the registered manager acquainted themselves with legislative requirements as they related to health and social care. This had not been acted on and we established breaches of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service and information received from partner organisations. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

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 to inadequate. This is based on the findings at this inspection.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

Enforcement

We have identified breaches of regulations in relation to unsafe employment processes, medicines management, environmental issues, care planning and risk assessing and the governance/oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority and other partner agencies to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect and will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not safe.</p> <p>Details are in our safe findings below.</p>	<p>Inadequate ●</p>
<p>Is the service well-led?</p> <p>The service was not well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Inadequate ●</p>

Ferncross Residential Home

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.

Inspection team

The inspection was completed by 2 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

Ferncross Residential Home 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. Ferncross Residential Home 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 a registered manager in post. The registered manager was also a director of the provider company. Throughout this report, we refer to this person as the registered manager.

Notice of inspection

This inspection was unannounced.

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 professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public.

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

We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service. We spoke with 2 relatives about their experience. We spoke with members of staff including the registered manager, another director of the provider company, care workers and a member of the domestic staff. We also spoke with 1 external health and social care professional and received their feedback of the quality of the service.

We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed in detail 4 care records. We looked at staff rotas, risk assessments, multiple medicine records and 4 recruitment files. We also considered a variety of records relating to the management and governance of the service, including policies and procedures.

We looked around the home in both communal and private areas to establish if it met the needs of people who lived there and if it was safe. We also observed people's care and support.

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- Safe recruitment procedures were not followed. In 2 cases no checks had been made into staff member's backgrounds. On occasions there were insufficient checks into staff member's identity and their right to work. In 1 case, there was no check on whether the staff member had a criminal record and their suitability to work with vulnerable people.
- In most of the recruitment files we considered, appropriate checks with previous employers in health and social care had not been made. The provider was also relying on inappropriate references and recommendations from friends of applicants. This practice could lead to the employment of unsuitable staff.

This series of issues related to the employment of staff were a breach of Regulation 19(1) (safe recruitment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no evidence anyone had been harmed because of the omissions. We raised the issues immediately with the registered manager who took action at inspection to ensure the safety issues were resolved.
- There were enough staff employed. Our observations during the inspection and staffing rotas supported this. People and their relatives also told us staff were available to support them appropriately. One person said, "I think there is enough staff. They are lovely and do the best they can."

Using medicines safely

- The processes for the management of some medicines were unsafe. There were poor records around the use, storage and administration of controlled drugs. These are medicines that can be misused. The records could not be relied on to support the stock of these drugs.
- A staff member was administering medicines who was not authorised or trained. This situation had developed because the provider was not checking on which staff were administering medicines and there were no audits of medicines records.
- Information available to staff for administering 'as and when' medicines (PRN) did not always contain information about contraindications. This is information to assist administration which may support alternatives or highlight precautions.

We found no evidence people had been harmed. However, the management of medicines was not safe. This placed people at risk of harm. This was a breach of regulation 12(1) (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the provider instructed external specialists to conduct an audit into the service's use, stock and administration of controlled drugs. CQC will be provided with the resulting report. and this will help inform our regulatory position around this concern.

Assessing risk, safety monitoring and management

- Risk assessments were not always in place for managing people's needs and those that were, were not always accurate or current. For example, we noted 3 people in the home used bedrails or similar devices. There were no assessments or checks around their use and any consideration whether alternatives could be used to reduce the risk of falling. In these cases, the registered manager said that the people had been admitted into the home through other agencies and there was an expectation the equipment was appropriate.
- Where accidents or incidents had occurred, information from these had not been used to inform or review the risk assessments in place. System and processes were not properly established to show how learning from accidents and incidents could prevent further occurrences.

We found no evidence people had been harmed. However, the assessment, monitoring and mitigation of risks to the health, safety and welfare of people using the service was not robust. This placed people at risk of harm. This was a breach of regulation 12(1) (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some environmental safety issues needed addressing - the gas safety certificate was 2 years out of date and there were no Legionella bacteria checks taking place. One person's hot water in their own room was too hot and could cause scalding if they were to access the bathroom without supervision.
- Areas of the home required updating and modernising and there was a lack of checking and/or a regime of auditing in relation to environmental safety within the home.

We found no evidence people had been harmed, however the premises was not properly maintained for the purpose for which they were being used. This placed people at risk of harm. This was a breach of Regulation 15(1) (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, the registered manager arranged for an inspection by gas engineers who provided a gas safety certificate supporting the home was safe from this point of view.
- The provider was working with Lancashire Fire and Rescue Service in relation to a programme of improvement around fire safety. We noted the schedule of works was due to be completed by the end of February 2024. We confirmed the fire service will re-attend the service at that stage to check matters have been addressed to a satisfactory standard. It was noted the provider had employed a number of external contractors on this issue at considerable expense.
- A recent local authority inspection had taken place in the kitchen and around food hygiene. A 4-star award had been given out of a maximum of 5 stars.
- We noted food safety was good. All staff were aware of people's dietary requirements and food quality was seen to be good and wholesome. We did see a good example of the service working well with specialists in a case where a person was losing weight. The service was particularly pro-active on this point. The registered manager told us the care plan and associated assessments were an example of the type of plan they were starting to introduce into the home.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report suspected abuse. Staff members were competent in this area. One

staff member said, "No one here would stand for any abuse either verbal or physical. We know we would receive [registered manager's] backing in these cases."

- People and their relatives told us they felt the service they received was safe and felt safe with management and staff who worked in the home.. A person said, "Yes, I am very safe. I am well looked after." A relative said, "My loved one is very safe, safer here than in their own home."
- Staff told us they were comfortable raising any concerns with the registered manager and knew about how to elevate concerns to external bodies.

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 assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- People could visit the home freely as and when they wished unless the home had been advised to restrict visiting due to an infection outbreak.

Learning lessons when things go wrong

- The provider had limited processes to ensure lessons were learnt from any incidents. Incidents were not routinely reviewed but staff confirmed the outcome of some incidents were shared informally by the registered manager. Following the inspection, the registered manager informed CQC they would formalise the review of incidents and, where appropriate, share outcomes with staff as part of supervisions to further improve the safety of the service.

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

- We found the service was working within the principles of the MCA and the registered manager had good knowledge and experience in this area. The registered manager made some applications to the local authority during the inspection process to ensure legal authorisations were in place to deprive people of their liberty.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 recommended the registered manager acquainted themselves with legislative requirements as they related to health and social care. This recommendation had not been acted on and we established breaches of regulations

- The registered manager did not fully understand risks around failures in some employment processes and related regulatory requirements. There was limited evidence to demonstrate this matter had received any meaningful oversight and we found some staff members had been unsafely employed.
- The registered manager was not always aware of which staff members were administering medicines. This led to an unsafe situation where a staff member was acting on an unauthorised basis. There was no oversight of these processes.
- Any checks were not effective or robust enough in highlighting the concerns we found with care planning and risk management. These shortfalls put people at risk of not receiving safe and good quality care. In addition, records of people's care needs were not effective in ensuring information available was always accurate and current.
- Accidents and incidents had not always been documented effectively or reviewed. We could not be assured about what or if any actions had been completed. In some of these cases, concerns had not been raised with the local authority. This meant some events had not received appropriate external and specialist oversight.
- Although we noted a general lack of checks and audits in the service, any checks taking place, had not been effective in establishing the breaches of regulations seen in the 'safe' section of this report.

We found no evidence that people had been harmed. However, this series of concerns around the oversight and management of the service was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider employed a consultant specialist in the area of health and social care. The registered manager said this was to identify lessons they had to learn and to revise processes in order to prevent a repeat of any unsafe practices.
- People, their relatives and staff told us the registered manager and staff were visible, approachable and supportive. A relative said, "The staff and manager are always available and support me when I want to

know something about my loved one."

- Staff understood their individual responsibilities and contributions to service delivery. They also said they knew who to contact if they required support and assistance.

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

- During the inspection visit, we saw positive and caring interactions between management, staff and people who lived at the home. People told us they were happy with the care and the approach by management and staff was person-centred. Relatives confirmed that they were happy with the care provided to their family members.
- Feedback from the staff members was positive. Staff said they enjoyed working in the home and were well supported. One said, "There is a laid back atmosphere in the home and the manager is very approachable."
- People said they felt staff and management valued their views and acted on this to provide an individualised approach to their support.

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 registered manager told us they were always honest with people if things went wrong. Staff also understood the importance of reporting accidents and keeping families informed. Relatives we spoke with were complementary about how the service engaged with them when there were concerns about their loved ones.
- Where appropriate, we noted the registered manager apologised to people and their relatives when something had not gone according to plan.

Working in partnership with others□

- Records showed, where appropriate, advice and guidance was sought from health and social care professionals. This included referrals to specialist teams in the local NHS trust and regular contact with community nurses and GPs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The management of medicines was not safe. Records were poor and unauthorised staff were administering some drugs. The assessment, monitoring and mitigation of risks to the health, safety and welfare of people using the service was not robust. This placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises and some facilities were not properly maintained for the purpose for which they were being used. This placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>A series of concerns around the oversight and management of the service where any checks that were being made, were not picking up on issues</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>A series of issues where essential checks were not made leading to staff being employed</p>

unsafely