

# Fernbrook Care Homes Limited

# Fernbrook House

## Inspection report

37-47 Fernbrook Avenue  
Southend On Sea  
Essex  
SS1 2QW

Tel: 01702460364

Date of inspection visit:

11 July 2018

01 July 2019

04 July 2019

08 July 2019

Date of publication:

21 November 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Fernbrook House is a nursing home providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 30 people. The nursing home is in a residential area and accommodates people in an adapted building across two floors.

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

People told us they felt safe at Fernbrook House. However, the environment was not always cleaned effectively to reduce the risk of infection and people's medicines were not always managed safely. Cleaning products were not always securely stored to prevent possible injury to people and some environmental risks had not been addressed. Staff understood how to safeguard people from the risk of abuse and there were enough staff to meet people's needs. Incidents were investigated, and actions taken to prevent any recurrence.

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 supported this practice but had not been followed. People's needs were assessed prior to them moving into the service to help ensure they were cared for effectively. Staff received training, support and supervision to enable them to carry out their roles. The service worked in partnership with other health and social care professionals and these relationships had supported people to have good outcomes.

People, their relatives and health professionals were extremely positive about the care provided at Fernbrook House and there was a positive culture within the service. Staff were kind and supported people with dignity and respect. Positive relationships had been formed between staff and people using the service. People were supported by staff who knew them well and supported them according to their needs and preferences. People were involved in how the service was run and encouraged to be as independent as possible. They had the choice to participate in activities which promoted a good quality of life. End of life planning required further development. We made a recommendation that the service consults a reputable source to further develop end of life planning.

People, relatives and staff were positive about the registered manager and how the service was managed. Auditing systems were ineffective and had failed to address key concerns identified at this inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 9 May 2017).

### Why we inspected

The inspection was prompted in part due to concerns received about poor care at the service. A decision was made for us to inspect and examine these concerns.

#### Enforcement

We identified two breaches in relation to medicines management, the storage of cleaning products, infection control and managerial oversight at this inspection. The provider took some action to mitigate the risks after the first day of inspection, however further improvement was still required.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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 return to visit as per our re-inspection programme and to check that improvements have been made. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Fernbrook House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and one assistant inspector.

#### Service and service type

Fernbrook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five care staff, the cook, the registered manager, the area manager and the operations manager. We also spoke to three health professionals who visited the service. We looked at nine care plans, ten medication records, two staff files as well as other records and audit documents relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies, health and safety and quality assurance records. We received feedback from the local authority.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not always managed safely. Two people were being administered medicines covertly which were being crushed and added to food. There was no record of agreement from the pharmacist that these medicines could safely be crushed. This placed people at risk of receiving medicines in a way which could affect their efficacy. Another person was receiving medicines via a feeding tube. There was no record to confirm these medicines were suitable for administration via this method and placed the person at risk of a blockage.
- The service was not following its policy regarding the use of covert medicines and the decision to administer covert medicines had not always been lawfully obtained through best interest decisions involving appropriate health professionals.
- Medicines were not always stored safely or in line with current best practice. There were seven oxygen cylinders which were not secure. The controlled drugs cabinet did not lock and items other than drugs were being stored there.
- People were at risk of receiving medicines that were not needed. Where people received medicines 'as and when required', there was not always guidance in place for staff to follow about the reason it was required, when it could be given, the potential side effects or strategies to try prior to administration.
- People had homely remedy protocols in place, however, there were no homely remedies available should people require these. Homely remedies are used for the short-term treatment of minor illnesses such as colds and headaches. One person had received a remedy previously which was given for five days when it should only have been given for 48 hours before seeking medical attention. This put people at risk of not having access to pain relieving medicines and of receiving too much medicine.
- Systems were not effective in checking people received their medicines as prescribed and that medicines were stored and managed safely. Although medicines audits were completed, these had not identified the concerns found during inspection.
- Cleaning products were not stored securely or in line with the service policy. Cleaning products were left unattended in unlocked areas, accessible to people at the service.
- Safety checks had been completed on the electrics, gas, the lift, fire systems, moving and handling equipment and legionella. However, environmental risks were not always identified or addressed. A toilet cistern was coming away from the wall and a damaged toilet seat had not been identified or replaced. There was uneven flooring in the hallway which was a trip hazard.

Preventing and controlling infection

- Although staff received training in infection control, they did not always follow safe practice. One nurse did not wear gloves and did not wash their hands between taking blood from different people. This placed people at risk of the spread of infection.
- People were at risk from an unhygienic environment. Although there were cleaning schedules in place, the kitchen and food storage areas were dirty, and food was not always stored safely. There was food debris and a build-up of dirt on the floors which could attract pests.
- The flooring in the laundry room could not be effectively cleaned as it was splitting and coming away from the wall. It was very dusty, and the housing of the washing machines were falling apart.

Due to poor medicines management, environmental risks and poor infection control practices, people were at potential risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following feedback, a deep clean was completed of the kitchen and storage areas and action taken to ensure chemicals were safely stored, trip hazards reduced, and medication concerns addressed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Fernbrook House.
- There were effective safeguarding systems in place. People were protected from abuse as staff had received training in safeguarding and knew what to do if they had any concerns. There was information displayed about how to deal with concerns about potential abuse.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff were visible, call bells were answered promptly and staff had time to spend with people.
- Everyone we spoke with felt there were enough staff. Comments included, "There are enough for now. If the service is full, they will put another person on as extra to cover. When we are short staffed, the management will call the agency without any hesitation and help us."
- Staffing levels were assessed by the registered manager to ensure these were adequate to meet people's needs.
- Recruitment systems continued to be effective and ensured only suitable people were employed to work at the service, however there were gaps in two people's employment history that had not been discussed and recorded. The registered manager confirmed this would be addressed.

Learning lessons when things go wrong

- Systems were in place to analyse incidents including falls and the registered manager used this to identify themes. Action was taken to prevent any future re-occurrence and to ensure continuous improvement such as removing hazards to reduce the risk of a fall when one person was in their bedroom.



# 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 as Good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's individual needs were not always met by the design and decoration of the service. The décor including in most people's bedrooms was bland and did not provide a stimulating environment for people with dementia. Many people had the same bed cover on their beds which did not reflect a personalised, individual service.
- The conservatory was so hot it could not be not fully utilised. This had been identified by the management of the service and consideration was being given to how this could be rectified.
- Some areas of Fernbrook House looked tired and in need of decoration. Paint was peeling from the walls and woodwork was splitting away. Some carpets were stained and required cleaning. Relatives comments included, "It does look tired, not state of the art," and, "The décor is being done but it's a bit slow and some of the furniture is a bit old and towards the end of its life." One health professional commented, "It could do with a lick of paint, but it doesn't smell and never has."

There was a plan for redecoration and refurbishment in place which had been discussed with people and their relatives and the work was due to begin on the day of inspection.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People's rights were not always protected. Where people had DoLS authorisations in place, the conditions were not always followed. One person had a condition that a six-monthly best interests decision was recorded regarding the administration of covert medication, however this had not taken place. The registered manager was not aware of the condition on the authorisation.
- Staff understood the MCA and the importance of gaining consent before providing support. One staff member said, "People have the capacity to make their own decisions, if not the decision is made by family members, staff and professionals."
- People were encouraged to make daily choices for themselves.
- Capacity assessments had been undertaken regarding specific decisions of personal care and bedrails.
- Appropriate applications had been made to the local authority for DoLS assessments.

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

- People were mostly complimentary about the food and relatives felt the food had improved recently. Comments included, "The food is nice, and my breakfast is very good," and, "The salads they do here are lovely."
  - The food was served from a cold trolley and saucepans / plated foods were covered with foil to try and retain their heat. Some people took a significant amount of time to eat their meals which were going cold. This issue had been raised by staff in a meeting in January 2019 and there was no evidence action had been taken to ensure this improved. The registered manager confirmed alternative options were still being considered to ensure food remained hot.
  - People were supported to maintain a healthy, balanced diet and encouraged to drink regularly.
  - People were offered choices of where to sit, what to drink and what to eat. One person didn't want any of the options on offer for tea and an omelette was cooked for them at their request.
  - The mealtime experience was a bit disorganised however people were given support to eat where needed.
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- People's care plans contained information about their nutritional needs, likes and dislikes.
  - People were weighed frequently, and appropriate action taken where people had lost weight. Actions included referral for dietician input and the use of high calorie drinks.

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

- People's needs were assessed when they moved into the service and a care plan was developed to ensure the person was effectively supported.
- Care plans contained information about people's preferences in relation to culture, religion and diet.

Staff support: induction, training, skills and experience

- Upon joining the service, staff received an induction and shadowed more experienced staff which provided them with the knowledge and skills needed to support people effectively.
- The induction included an evaluation by the registered manager of the staff members
- Staff received training to meet people's specific health needs in areas such as epilepsy, dementia and diabetes. The registered manager used a training matrix, which they reviewed regularly to ensure staff had received the training they required.
- Staff felt supported and were given opportunities to review their individual work and development needs through regular supervision meetings. One staff member said, "[Registered manager] is very good. If you don't know something, they will teach you and we get lots of training."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where additional input was required to promote people's wellbeing, referrals were made to appropriate professionals such as the speech and language therapy team.
- Staff and the registered manager were knowledgeable and worked effectively with other organisations such as GP's and the district nursing team. One health professional said, "If we need to know anything, we are kept up to date. [Registered manager] knows people here very well. We have no concerns."
- Recommendations from health professionals were acted on. One health professional said, "The staff act on what we say, and we get feedback on the person the next time we visit." Due to the pressure care one person received, their pressure ulcer was healing well.

# 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 as Good. At this inspection, people did not always receive a service which was caring as they were not always protected from potential risk, as documented in the safe and effective areas of this report. However, we did find that staff and the registered manager were caring towards people in daily interactions. Therefore, 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.

Ensuring people are well treated and supported; respecting equality and diversity

- People's comments about the quality of care received were positive. One person said, "I know the staff well and they are all kind and caring." Another person commented, "I love it here. I am very comfortable here and staff help me with what I need."
- Relatives confirmed they were happy with the care and support provided for their family member. One relative said, "They [staff] are brilliant, I can only say good things about them." Relatives felt since there had been a change of registered provider, care provided was much improved.
- Health professionals were complimentary about the care provided at Fernbrook House. One professional commented, "It is very good care and the registered manager is very helpful."
- Staff supported people with compassion. Staff knew people very well and choice and encouragement was given as much as possible.
- People could have visitors when they wished, and relatives told us they were made to feel welcome. The staff team had developed positive relationships with people's relatives and kept them up to date.
- Staff engaged in meaningful conversation and interaction with people and clearly knew people well. There was lots of laughter and the atmosphere was relaxed.
- Staff received training in equality and diversity.

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

- People were supported to express their views and to make decisions about their care and support. Where possible, people had signed their own care plans to evidence their agreement and involvement.
- People were given choices about what they wanted to do and where they wanted to be within the service and the staff respected their choices.
- Meetings were held to enable people and their relatives to express their views about the service. A 'You said, we did' board was in place in the entrance hall to show people's views had been listened to and acted upon. Improvements included a staff photo board and the introduction of fish and chip takeaways.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. When one person had a seizure in the communal area, this was dealt with sensitively and professionally and reassurance was provided.

- People were supported to maintain their personal appearance to ensure their self-esteem and wellbeing. People's clothing was coordinated, and people were supported to wear items of jewellery.
- People were encouraged to be as independent as possible. Where people were supported to mobilise, they were given time to do as much as possible. Care plans included what people could do for themselves and where they required further assistance.
- One person had a doll and staff were very careful and respectful in ensuring that they interacted with the doll which was very important to the person who the doll belonged to.

# Is the service responsive?

## Our findings

### 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 as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Care plans had information about people's specific needs, personal preferences, routines and how staff should support them in a way they preferred to ensure their wellbeing.
- Some people had discreet symbols on their bedroom doors to remind the staff of their individual needs. Symbols included a water drop to prompt staff to encourage fluid intake.

### 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 identified in their care plans.
- Staff found accessible ways to communicate with people by getting down to their level, speaking slowly and keeping eye contact to aid people's understanding. One person was supported to play bingo using a magnifying glass.
- Improvements were needed to ensure information displayed in the service was accessible. The menu was written in small writing on a whiteboard which was difficult for people to see. The registered manager was developing a pictorial menu for people which was in progress.

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

- A part time activities coordinator was employed at the service three days a week. People spoke positively of the activities on offer at the service although one person commented they would enjoy these more frequently. One person said, "I think the activities here are great. [Activities co-ordinator] is fantastic and they help me rent out audio books from the library."
- An activity timetable was on display. Previous activities had included a visit from two miniature horses, a Royal tea party and a mother and baby / toddler sessions. Records were kept of people's participation and evidenced positive outcomes for people's wellbeing.
- Musical bingo was taking place on the day of the inspection and people were actively taking part. There was lots of dancing and laughing and people were clearly enjoying themselves. Staff celebrated what people were able to do so and supported them if they were struggling.

- People were supported to access the local community which included visits to local coffee shops and the coast.

#### Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service.
- People and relatives knew how to raise a concern and felt able to speak to the registered manager at any time. One relative said, "Any problems [registered manager] looks into and they are always open to talk to." Another relative said, "I have no cause to complain."
- Complaints which had been received, had been investigated and where required, action taken to make improvements.

#### End of life care and support

- Staff worked closely with other professionals such as district nurses to ensure people had a dignified and pain free death.
- Staff received training in end of life care.
- End of life care planning required further development to include people's preferences, cultural requirements and their wishes after they died.

We recommend the provider consults a reputable source to further develop end of life planning.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance arrangements were in place but had not identified all the issues found during our inspection in relation to medicines management, the DoLS conditions not being in place and the safety of the environment.
- Where issues had been identified, the action taken was not always documented to evidence continuous improvement or it had not resulted in improvements being made and sustained. For example, infection control issues and the heat of food.

We found no evidence people had been harmed, however, systems were not robust enough to demonstrate the service was effectively managed. This placed people at risk of potential harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives felt the registered manager was open and approachable. The registered manager held a surgery every week, so anyone could drop in and discuss any issues.
- Feedback regarding the registered manager was extremely positive. Comments included, "[Registered manager] is amazing and has helped me get some things sorted." One health professional said, "[Registered manager] goes way above what they need to do."
- Compliments which had been received included, "Thank you all for your love, kindness and respect. It is comforting to know we can call at any time."
- Staff were aware of the whistle-blowing processes. Although they felt well supported by the registered manager, staff told us they felt confident in escalating any issues they may have with the local authority and CQC if they felt they were not being listened to.

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

- Although the registered manager was aware of the duty of candour, they could further develop their



knowledge to ensure they have a thorough understanding of their responsibility.

- Where incidents had occurred, the registered manager had worked alongside local safeguarding teams and met with families to improve the care provided.

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

- The registered manager and the staff team knew people and their families well which enabled positive relationships and a good quality of life for people using the service.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- The service had a connection with a local college and some students had completed a beach themed project to improve the garden.
- The registered manager and staff team worked well with other professionals such as GP's and district nurses to provide joined-up care and support.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Environmental risks had not always been identified or addressed. 12(2)(d)
Treatment of disease, disorder or injury	Risks from poor infection control practice had not been addressed. 12(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems were not robust enough to demonstrate the service was effectively managed. 17(2)(a)(b)
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Covert medicines were not administered in accordance with the Mental Capacity Act 2005. 12(2)(b)
Treatment of disease, disorder or injury	Pain relieving medicines were not available in case of emergency. 12(2)(f)
	Medicines were not always managed or stored safely. 12(2)(g)

### The enforcement action we took:

We issued a warning notice requesting that immediate action was taken.