

Caring Homes Healthcare Group Limited

Ferfoot Care Home

Inspection report

Old and New House, The Folly
Old Hardenhuish Lane
Chippenham
Wiltshire
SN14 6HH

Tel: 01249658677

Website: www.caringhomes.org

Date of inspection visit:
14 December 2021
07 January 2022

Date of publication:
18 January 2022

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Ferfoot Care Home provides accommodation and personal care for up to 52 people. Accommodation is provided on two floors accessed by stairs and a lift. There are communal rooms for people to use and a secure garden accessed from the ground floor. At the time of the inspection there were 26 people living at the service, some of whom had dementia.

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

Risks to people's safety were identified and action taken to mitigate risks. This included involving healthcare professionals if needed and obtaining specialist equipment. Risk management plans were reviewed on a regular basis with a monitoring system called 'resident of the day'. Where additional monitoring was taking place, staff completed records accurately and at the time of the activity. Senior team members regularly checked the monitoring records to make sure information was accurate.

People had their medicines as prescribed by staff who had training on how to administer medicines. Staff also had their competence checked to make sure they were safely managing medicines. People were able to see their GP or other professionals as and when needed. Staff liaised with a range of professionals to make sure people's health needs were met.

People were being supported by staff who knew them well. Comments from people and relatives about the staff were positive. Staff were described as kind and caring, and we observed care being provided in a dignified way. People had their own care plans which contained a range of information about people's needs. This included some life history information so staff could get to know and understand people's needs.

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 had training on a range of subjects and had support from the registered manager and provider. There were regular team meetings and opportunity for staff to have supervision. Staff told us communication at the home had improved and they felt well supported by the management. Staff had been recruited safely and there were enough staff on duty to meet people's needs. The provider told us recruitment had been challenging in recent months, so they were supporting the home by not taking many new admissions. They wanted to make sure they had enough staff to meet people's needs safely.

The home was being kept clean by a team of domestic staff who had cleaning schedules in place. Some areas of the home had been re-painted and there had been some refurbishments. New furniture had been bought and the provider planned more improvements in the near future.

People were able to have visitors in their rooms. All visiting had to be pre-planned so the home could monitor numbers of people in the building. Visitors had to take a Lateral Flow Test prior to being able to enter the building. They were also expected to wear personal protective equipment (PPE). Any professionals or expected contractors were required to demonstrate they had been vaccinated against COVID-19 before being able to enter the home.

Staff had plenty of PPE to use and had been trained on using it safely. Staff had been trained on working safely during COVID-19 and had updates on good practice for infection prevention and control. The provider had regular calls with managers to keep them updated with government guidance. Changes and updates were cascaded down to staff with daily heads of department meetings.

Quality monitoring systems were in place. The registered manager told us they carried out their own unannounced spot checks during the night or very early in the morning. The provider also supported quality monitoring by carrying out regular audits and with regional management visits. There was a complaints procedure in place and people and relatives had opportunities to share their views.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 June 2021) and there were three breaches of regulations. We served the provider Warning Notices for the breaches of regulations 11 and 17 and a requirement notice for a breach of regulation 18. We returned to carry out a targeted inspection on 10 August 2021 to check action had been taken in relation to the Warning Notices. We found the provider had taken enough action to no longer be in breach of regulations 11 and 17.

Why we inspected

We undertook this inspection to check the provider had followed their action plan and to confirm they now met legal requirements. In addition, at the comprehensive inspection in April 2021 we judged well-led was inadequate. When a key question is rated inadequate, we return within six months to review the key question.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Ferfoot Care 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.

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

This inspection was carried out by two 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

Ferfoot Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with three members of staff, the registered manager and the regional operations manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at three staff files in relations to recruitment. A variety of records relating to the management of the service were reviewed, this included meeting minutes, health and safety service records and fire checks, quality monitoring records and infection prevention and control checks.

After the inspection

We spoke with a further five members of staff and four relatives on the telephone for their feedback about the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and survey data from people and relatives.

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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff told us people were safe. Comments included, "I have never felt worried about [relative], I must say that I am happy with [relative] being there, [they] are safe" and "I do think [relative] is quite safe, I don't have any qualms about safety."
- Systems were in place to make sure people were safe from abuse. Staff had been trained on safeguarding and understood they needed to report concerns without delay.
- Incidents of safeguarding between people living at the service had reduced since the last inspection. The registered manager told us they had reviewed people's needs and where appropriate helped people to move to a more suitable service.
- Any safeguarding concern had been reported to the local authority safeguarding team. Staff worked with professionals to review incidents and take action to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's safety and the environment had been assessed. Systems were in place to make sure regular checks to safety systems had been carried out when needed. For example, there were regular checks to fire systems, emergency lighting and moving and handling equipment.
- Staff identified people's individual risks and had put management plans in place. For example, people's mobility was assessed and where needed falls assessments were in place.
- People had a personal emergency evacuation plan in place which identified how many staff and what equipment would be needed to evacuate in the event of an emergency. Those seen had been reviewed regularly.

Staffing and recruitment

- At our last comprehensive inspection, we made a recommendation about calculating staffing levels. Since the inspection the provider had reviewed staffing and kept numbers under review.
- The registered manager told us there had been challenges with staffing. Recruitment was a challenge as applications in response to job adverts had been slow. The provider was taking steps to help the service with recruitment and had taken other action such as keeping people numbers to a management level.
- There were safe staffing numbers observed during inspection. Staff responded to people in a timely way and staff did not appear to be rushed.
- People had care and support from staff who had been checked prior to starting work. The provider had systems in place to carry out the required pre-employment checks.

Using medicines safely

- People's medicines were managed safely. Staff had medicines training and checks on their competency had been carried out. We observed staff administering medicines and saw their practice was safe.
- People had their own medicines administration record and we observed there were no gaps in recording. Any handwritten amendments had been signed by two members of staff for an accuracy check.
- People who had medicines which were time specific were observed to have them on time.
- Medicines had been counted and signed into the service by two members of staff and medicines were disposed of safely. Medicines were stored securely, and records of room temperatures demonstrated storage areas were safe.
- The provider had refurbished the medicines storage rooms. There was storage space provided and hygienic work surfaces for staff to use. This work helped staff to keep these areas clean.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Staff analysed incidents looking for trends and actions to prevent reoccurrence.
- There were systems in place to learn when things went wrong. We observed learning was shared with staff at handovers, staff meetings and in staff supervisions. When needed additional training or support was provided to staff to develop skills and knowledge.

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 comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last comprehensive inspection, the provider had failed to make sure staff had appropriate training and support to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) 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 18.

- Staff had received training and refresher updates since the last inspection. Staff told us they felt confident they could provide the care needed to meet people's needs. One relative told us, "[staff] seems very experienced, they have a high knowledge of things. I think they [staff] are highly qualified."
- In addition to training the provider deemed mandatory staff had been trained in specific health conditions such as dementia and epilepsy. One member of staff said, "Epilepsy training taught us how to do the [medicines] that was good, now I know if there was an emergency, I would feel confident."
- New staff received an induction when they started which included training and opportunity to shadow more experienced staff.
- Staff told us they had supervisions with their line management, and they found the process helpful. Staff were able to raise any concern or talk about training needs.

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

- Prior to moving into the home people had their needs assessed. Staff carried out assessments and obtained information as appropriate from healthcare professionals. This information was used to form people's care plans.
- The provider used nationally recognised assessment tools to help staff identify risks. For example, staff used tools such as Waterlow to assess people's skin integrity and risk of developing pressure ulcers.
- The registered manager had started a system of monitoring wound care. An individual file to monitor and evidence good practice was in place. All details of people's wounds were recorded with photographs and evidence of involvement from community nurses.
- Staff regularly assessed people's oral health needs and identified people who may need additional support from the dentist.
- There was a system in place called 'resident of the day' which enabled staff to check every month if people's needs had been assessed. The registered manager told us, "We have reviewed our resident of the day system and tried to include the whole team in the process. All different departments contributing to the residents care."

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

- Mealtimes were supported by staff and unhurried. People's likes and food preferences were recorded in their care plans and on forms shared with kitchen staff.
- Food looked and smelt appetising and there was a choice of meals on menus. Drinks and snacks were available around the home and staff also served them in-between meals.
- People who needed specialised diets had them presented in a dignified way. Kitchen staff were aware of people with nutritional risks and what was needed to keep them safe.

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

- Staff told us since our last inspection the registered manager had started a heads of department daily meeting. This was called a '10 at 10' meeting. Staff told us this had helped to improve communication amongst all departments.
- In addition to the '10 at 10' meeting, staff could attend a daily handover and other staff meetings to keep updated. Any changes to people's needs were identified and discussed so staff were made aware of changes to care practice.
- Evidence of involvement from healthcare professionals was observed in people's care plans. People had seen their GP, community nurse or social worker in a timely way. One relative told us, "[relative] was quite poorly a few weeks ago, [staff] sat down with me, talked me through what was going on. GP came out and gave [relative] antibiotics."
- Staff had also made referrals to more specialised professionals and services such as speech and language therapists and mental health services. This helped people get the support they needed when it was required.

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

- During our inspection we observed some planned maintenance being completed. The registered manager told us the provider was carrying out some re-decoration to rooms and communal areas.
- New furniture had been bought and was in the process of being placed around the home. The registered manager told us more works were in planning and would start in 2022.
- People had their own rooms and could personalise them if they wished.
- Improvements had been made to the environment for people living with dementia. Signs were visible to help people orientate to rooms such as the bathrooms. Staff had put together some boxes with items for people to engage with such as different textiles and postcards. Staff told us this prompted people to reminisce which helped with their well-being.

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.

- Staff received training on MCA and understood how it applied to their work. Staff understood if people lacked capacity decisions were made in people's best interest.
- Care plans contained clear evidence to demonstrate where best interest decisions had been made, who was involved and what options had been considered.
- Staff had applied to the local authority for DoLS authorisations. Those we reviewed did not have conditions applied. Staff were aware of the process to make the local authority aware of any additional restrictions which made sure people were safe.

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 requires improvement. At this inspection this key question has now improved to good. 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

- At our last inspection we observed some care that was undignified. Since the last inspection the provider had identified a member of staff to be dignity champion. They promoted dignity and respect at the service. The provider had also updated staff with dignity training.
- We observed staff supporting people in a dignified way. They made sure doors were closed when supporting people with personal care, they encouraged people to do things for themselves and took time to communicate with people in a respectful way.
- People's personal and confidential information was stored securely.
- People had their call bells in reach. Where people could not use a call bell this had been identified in their care plan and additional monitoring by staff was in place.

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

- People and relatives told us staff were kind and caring. Comments included, "Staff are kind and caring. [relative] has a call bell if they need staff. I have no concerns about the care provided" and "The staff really are so good. All the staff are chatty and happy souls" and "staff are wonderful."
- We observed staff providing people with care when they needed it. People looked comfortable approaching staff and asking them for help.
- Staff all told us they enjoyed their work and liked working with people. One member of staff told us, "I do enjoy it, I have worked in the care industry for 20 years, I love my job."
- Equality and diversity training had been provided to staff on their induction and updated when needed.
- Staff understood what people's needs were and had personalised information to refer to in people's support plans. There were one-page profiles for people so staff could have an overview of what was important to them all on one page. This was a help for agency staff to get to know people's needs in a short space of time.

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

- People had a review of care regularly. Some people had annual reviews with the local authority where they could discuss what was working well for them and if there were any changes needed.
- Staff reviewed people's care plans regularly and encouraged people to be involved when changes were needed.
- We observed staff had time to sit with people and talk about how they were feeling or what they wanted. Some staff took time to sit with people and hold their hands or reassure them with verbal communication.

One member of staff told us, "I feel like there is not as much pressure from the people above us, we are more relaxed with the residents and spend more time with them now."

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 as requires improvement. At this inspection this key question has now improved to good. 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

- At our last inspection we found people's monitoring records did not demonstrate staff were taking action to provide the care needed in a timely way. Staff had used abbreviations of terms which did not provide accurate information.
- At this inspection this had improved, and we observed records were completed in full. People's re-positioning records were being completed accurately demonstrating action had been taken. The registered manager told us they carried out daily checks on samples of monitoring records to make sure the improvement was sustained.
- People had their own care plan which contained information about their personalised needs. This included information about their life history which helped staff understand people's needs when people could not easily communicate.
- People's cultural, religious and social support needs were also recorded with guidance for staff to know how to meet them.

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 recorded in their care plans with guidance for staff to know how to communicate effectively with people.
- The registered manager and provider were aware of the AIS and the need to provide information in different ways if people needed it.

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

- Activity staff were employed who took the lead on planning group and individual activities. Staff told us they tried to provide and engage people in activities they enjoyed or that were familiar to them.
- Staff told us since some people have moved out the home was a calmer place to live. One member of staff told us, "Before the atmosphere was tense. But now people have good friendship groups, we have the right mix of people which has made it a nicer place."
- People were able to have visitors in their rooms and had regular contact from friends and family members.

End of life care and support

- End of life care was being provided at the time of our inspection. We observed staff communicate with healthcare professionals to organise visits for people to review areas such as pain relief.
- Staff had obtained equipment to help people to be comfortable. For example, people had air mattresses which helped reduce the risks of skin breakdown.
- People had the opportunity to record their end of life wishes in their care plans. Some people had made decisions about their end of life care with involvement from relatives and their GP.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure that was displayed at the home. All complaints were logged on records so the provider could make sure they were handled appropriately.
- Since our last inspection the registered manager told us there had been no formal complaints received. People and relatives knew how to complain and told us they would if needed. One relative said, "If I have any concerns I can approach [registered manager], she is very approachable."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Whilst we found the provider had made improvements the rating reflects that it will take time to see these improvements embedded in practice and the areas of improvement sustained.

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

- At our last comprehensive inspection in April 2021 we found significant shortfalls of practice and breaches of regulations. We served the provider two Warning Notices. We returned to check for improvements in August 2021. We found the provider had made the improvement needed. At this inspection we found the service had continued to improve but time was needed to see the improvements embedded into practice.
- Staff told us there had been an improvement since the last inspection and they felt the service was calmer, safer and well-led. Comments from staff included, "The morale of the staff is better, the support is better. It is so much better than what it was. We have worked extremely hard to improve and want a better rating than what we have" and "The management team is very good."
- People received care and support from a registered manager and staff team who knew and understood how to deliver person-centred care safely. One relative told us, "[relative] is happy, looks well, is always clean and greeted with a smile [from staff]. It feels like [relative] is in a good place." Another relative said, "The staff are so good, they love [relative], they care for them and nothing is too much trouble."
- Relatives and staff knew who the registered manager was and told us they felt able to approach them with any concern.
- People had care provided by a team who all enjoyed their work. Whilst some staff had left a core group of staff had stayed at the service to provide a continuity of care. One member of staff told us, "The teams are working better together, we are working together and there is more of a team spirit."

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

- During the inspection we received a whistleblowing concern about staff not wearing appropriate PPE and not following moving and handling good practice. The provider also received a concern about one member of staff not following moving and handling risk management plans. They took action to address the concern and reported the allegation to safeguarding.
- Whilst we did not see any evidence to substantiate the whistleblowing concerns, we shared them with the provider to monitor and address with staff where needed.
- The registered manager was supported by a senior team of staff who communicated with each other effectively. Staff understood their roles and responsibilities and were aware of the line management structure at the home.
- The rating from the last inspection was displayed at the home and we had received notifications about

incidents and events as required by law.

- Quality monitoring systems were in place which covered all aspects of the care delivery and service management. Audits were carried out and where needed actions were added to service improvement plans.
- Systems were in place to make sure the provider had oversight of all actions so they could make sure the required improvement was completed. A regional operations manager visited the home regularly to monitor progress and help to maintain good standards of care.

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 had a duty of candour policy in place which supported them to be transparent with people when something went wrong.

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

- People were able to attend meetings if they wished to share their views. They also had opportunity to give feedback using surveys.
- The provider sent out newsletters to people and relatives to keep them up to date with what was happening with the service. One relative told us, "It is all running smoothly, you get the newsletters now, we are more informed now, that is good."
- Relatives told us they were able to visit when they wanted within reason. Visits had to be booked in advance so the home could manage numbers safely during COVID-19. Visits were indoors and in people's rooms if they wished.
- Staff had opportunity to share their views and ideas in staff meetings which were held regularly. Minutes were produced and shared with staff who were not able to attend.
- Staff told us the registered manager was approachable and supportive. One member of staff said, "[registered manager] can be approached anytime, if I have personal issues, I can go to her, the door is always open."

Working in partnership with others

- Staff worked with various professionals to make sure people's health needs were met. They also worked with stakeholders such as commissioners to review people's care needs.