

Bondcare (London) Limited

Fern Gardens Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inspected but not rated

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fern Gardens Care Home (Previously known as Coniston Lodge Nursing Home) is a care home with nursing for up to 92 older people. At the time of our inspection, 33 people were using the service, some of whom were living with the experience of dementia.

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

Overall, people were positive about the service and told us they were well cared for. However, during lunchtime, we observed people were not always treated with care and dignity and their choices not always respected.

People's healthcare needs were recorded and met. However, some records were not completed in line with people's care plans, and we could not be sure if this was a recording error or if people had not received their care as planned.

Overall people received personal care and looked well cared for. However, some aspects of their personal care were not always met. The provider told us they would address this without delay.

There were systems to monitor the quality of the service and these were mostly effective. However, further improvements were required as the provider's audits had not identified issues we found during our inspection, including the issues we found in relation to the care and dignity of people who used the service and the management of care records.

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.

People were protected by the provider's arrangements in relation to the prevention and control of infection. The home was clean.

People were supported by staff who were sufficiently trained, supervised and appraised. The service liaised with other services to share ideas of good practice.

People's health and nutritional needs had been assessed, recorded and were being monitored. People had access to healthcare professionals and the outcome of their visits were recorded. Healthcare professionals were satisfied that people's health needs were met.

People's individual needs and wishes were recorded in their care plans and respected, including their religious and cultural needs. Staff received training on end of life care and people's care plans recorded their

wishes in this area.

The provider had taken further steps since our last inspection to develop the design and decoration of the premises to meet the needs of people who used the service, in particular those living with the experience of dementia.

Staff reported that the management team was effective and making improvements at the service. They found them approachable and visible, and felt valued and supported. The manager told us they felt supported by senior managers and were working hard to continue making the necessary improvements.

The provider had good Infection Control and Protection (IPC) processes and they monitored and ensured that these were implemented. We were assured that this service met good IPC guidelines as a designated care setting.

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 8 January 2020). We carried out a focused inspection on 24 November 2020 to review the key questions of safe, responsive and well-led, and found improvements had been made and the provider was no longer in breach of the regulations we assessed.

The service however remained rated requires improvement as it was still rated requires improvement in the effective, caring and well-led key questions and overall and there remained a breach of the regulation in relation to privacy and dignity (Regulation 10).

Since January 2020, the provider has been required to send us action plans each month to show us what they are doing to improve the service. This is because we imposed conditions on their registration telling them they must do this.

At this inspection we found improvements had been made and the provider was no longer in breach of the regulations we assessed. It was however still rated requires improvement in the caring and well-led key questions.

Why we inspected

The service had been identified for use by the Local Authority and local Clinical Commissioning Group as a designated setting in response to the Winter Plan for people discharged from hospital with a positive COVID-19 status. This inspection was to ensure that the service was compliant with infection control and prevention measures and we therefore looked at infection control and prevention practices under the safe key question.

In addition we undertook this focused inspection to check the provider has followed their action plan and has improved the service's ratings of the effective, caring and well-led key questions and to check whether the breach of regulation in relation to privacy and dignity (Regulation 10) has been met.

As a result this report only covers our findings in relation to the effective, caring and well-led key questions and only the part of the safe key questions that covers infection prevention and control.

The ratings from the previous focused inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained

requires improvement. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Fern Gardens 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?

Inspected but not rated

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Inspected but not rated

Is the service effective?

The service effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Fern Gardens 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 to ensure that the service was compliant with good infection control and prevention practices as it has been put forward by the Local Authority and the local Care Commissioning Group as a designated setting in response to the Winter Plan for people discharged from hospital with a positive COVID-19 status.

Inspection team

The inspection was carried out by two inspectors and another inspector undertook telephone interviews with healthcare professionals to obtain their feedback about the service.

Service and service type

Fern Gardens 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had held about the service. This included their monthly action plans as well as reports of significant events such as incidents and accidents, safeguarding alerts and notifications the provider sent us.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We observed

how people were being supported during lunchtime. We spent time observing activities taking place in the lounge. We spoke with a variety of staff including the interim manager, the clinical director and two regional support managers.

We reviewed seven people's care records, including healthcare and nutritional records. We looked at staff training records and records of supervision. A variety of records relating to the management of the service, including audits and quality improvement plans, accidents and incidents and safeguarding alerts were looked at.

After the inspection

We spoke with three healthcare professionals to ask for their feedback about the service.

Is the service safe?

Our findings

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections. The provider had a flexible visiting policy about when relatives and friends can visit and keep in contact with their loved ones. This was kept under review
- We were assured that the provider was meeting shielding and social distancing rules. During the inspection we observed appropriate social distancing. There were individual risk assessments for staff and people to mitigate individual risks in relation to the spread of the infection
- We were assured that the provider was admitting people safely to the service. People's needs were assessed virtually before admission and the provider followed government guidance in relation to people having COVID-19 tests and isolation periods.
- We were assured that the provider was using Protective personal Equipment (PPE) effectively and safely. The service had adequate amount of PPE and we observed staff used PPE appropriately. There were adequate numbers of PPE stations in the home to help staff perform their roles as safely as possible.
- We were assured that the provider was accessing testing for people using the service and staff. Testing of people and staff were carried out in line with government guidance and local guidance from public health agencies where appropriate.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and free from odours. There were enough ancillary staff to ensure the home was kept clean and to sanitize touch points.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had infection control audits and has learnt when there were outbreaks to help prevent any further outbreaks.
- We were assured that the provider's infection prevention and control policy was up to date. Staff received training and were kept updated about changes in guidance where applicable.

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 on 1 October 2019 this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the inspection of 1 October 2019, we found the provider did not always make sure people received personalised care to meet their health needs. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvements had been made and the provider was no longer breaching this part of Regulation 9.

- People's healthcare needs were met. These had been identified and recorded in their care plans and there were plans in place to guide staff how to meet these. Where care plans listed people's healthcare conditions, there was detailed information about the support they needed and any risk associated with these.
- People's medical conditions and needs were clearly recorded in their care plans. This included any allergies they might have. Where a person was living with a specific condition, we saw the care plans included a clear description of the condition, associated symptoms, how the condition affected the person and how to recognise signs they were unwell and support them.
- People were supported to access healthcare services as needed. One person was regularly monitored by the mental health team who visited when required. The healthcare professionals we spoke with were confident people's health needs were being met. Their comments included, "They are open and honest" and "They will always ask for advice and are welcoming and transparent."
- People's personal care needs were reviewed regularly and care plans were updated accordingly. There were clear instructions to staff about how to meet people's individual needs according to their preferences. People's oral care needs were recorded and included specific guidelines. For example, one person had their own teeth and staff were requested to support the person to clean these twice a day.

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

- People's care records indicated their nutritional needs were met. One person's care plan had not been updated. The plan stated the person required a pureed diet, however, instructions for staff stated they required assistance with cutting food for 'easy picking'. We raised this with the manager who confirmed this was wrong and had not been updated. They rectified this straight away. We observed the person receiving pureed food in line with their care plan.
- Most people appeared to enjoy their meals. People were given a choice and the meals looked appetising

and well presented. People's nutritional needs were assessed and recorded in their care plan. This included their likes and dislikes.

- People were weighed regularly, and where there was a concern, we saw appropriate action was taken. For example, during a review in December 2020, it was identified a person had lost the 2kg they had gained the previous month. Staff were required to monitor closely and continue to weigh the person. Another person who was at risk of losing weight was referred to the dietician, who advised for them to continue to have a fortified diet and milkshake. We saw the person was supported to have these as advised.

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

- People's needs were assessed before they began to use the service. Pre-admission assessments were thorough, and these were used to formulate care plans. There were regular reviews of people's needs where people, their relatives and relevant professionals were invited to give their feedback and views about the care the individual received.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and supervised. New staff received an induction into the service which included health and safety, housekeeping, introductions to the team and people who used the service and shadowing more experienced staff. Staff received training the provider considered mandatory, such as safeguarding, health and safety, first aid, infection control and food hygiene.
- Additionally, staff received training specific to the needs of the people who used the service such as dementia awareness and nutrition. The training matrix we viewed indicated training was regular. The clinical director told us, "Training is being done more face to face now rather than online."
- New staff received regular performance reviews to help ensure they were suitable for the job and were enjoying it. This was followed by a probation reviews to determine if the staff member had completed this successfully and if there were any concerns.

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.

- The provider undertook assessments of people's mental capacity and made applications for DoLS authorisations where required. This was regularly reviewed and information was clearly recorded in people's care plans.
- Some people had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) documents in place. These are decisions that are made in relation to whether people who are very ill and unwell should be resuscitated if they stop breathing. We saw these were appropriately completed and signed by the relevant healthcare professionals.

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

- Since our last comprehensive inspection on 1 October 2019, the provider had made improvements to the environment. This included extending and refurbishing the dining room and lounge on one of the units, new lighting throughout the home, new flooring, redecoration of the whole home including people's bedrooms, and landscaping the garden. In addition, the provider had built a visitors' pod. This is a space for relatives to visit their family members safely during the pandemic.
- The provider had made some improvements in relation to creating a dementia friendly environment. There were colourful murals on the units and sensory boards in corridors to encourage people to have a sensory experience. The provider told us they were currently working on creating memory boxes.
- People's bedrooms were personalised and contained objects and photographs of their choice. Communal areas such as lounges and dining rooms were comfortable and homely, and nicely furnished and decorated.
- Bathrooms and toilets were large enough to accommodate wheelchairs and hoists and there were handrails for people to use. There was a range of equipment such as hoists, specialist baths and beds available to care for people appropriately.

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 remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At all the previous inspections since re-registration under Bondcare (London) Limited in 2017, including the last inspection on 1 October 2019, we found the staff did not always treat people with respect. This was a breach of Regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 10. However, further improvements were required.

- On the day of our inspection, while we saw examples when people were treated with dignity and respect, we also found examples when people were not treated with dignity and their choices were not respected. For example, one staff member remained in the dining room throughout lunch but did not engage with people apart from asking basic questions to people such as, "Have you finished?"
- During lunch, a person came in and started moving an armchair around. The same staff member was present but did not attempt to engage with them or guide them to the table to wait for lunch. The member of staff sat away from people observing, but not speaking with them.
- Another person was not eating their lunch. The same staff member stood over them and asked if they were still eating their food. They did not understand the question and this was repeated several times until the person said yes, and the staff member said 'ok' and sat away from the person. There was no engagement or encouragement to eat, and no conversation. Eventually the meal was removed and no effort was made to provide the person with an alternative.
- Throughout lunch, one person was talking and it was not clear with whom they were speaking, but the same staff member did not attempt to engage in a conversation with them and ignored them for the lunch duration. We observed this staff member updating records on their handset during this time. Members of the management team came in on two occasions but did not notice the way the meals were being provided to people and did not challenge the member of staff.
- We saw the same staff member wiping people's hands and placing and removing clothes protectors without explaining what they were going. We also observed them pouring gravy on a person's meal without asking if they wanted this, although we saw the person making a gesture with their hand to stop. This was ignored.
- We discussed these observations with the management team, who explained the staff member was an

agency staff who had little experience of the home and was only there to provide one to one support for one of the people. This raised further concerns that they seemed to have been in charge of the serving of meals for other people and were working without any supervision from more regular staff.

- The management team acknowledged this and took immediate action with the agency staff. They also told us they would increase their checks and would meet with the staff team to help ensure people's lunch experience would improve going forward.
- We did observe some positive interactions during lunch, when other staff members briefly came in to either bring people's meals to them or support them with their clothes protectors. They spoke kindly and softly with people, giving them choice about what they wanted to eat or drink and supporting them to express their needs. One staff member said, "Here is your lunch. Is that ok? Do you want any help?"
- During the day, we observed people being supported with activities of their choice, and they seemed to enjoy these. Activity staff were engaged with people and communicated well with them. They used 'feeling cards' to ask people how they felt. This helped people express their feelings when they could not do this verbally.
- The provider had introduced an 'observation tool for dignity, equality, discrimination and rights', and this was carried out monthly. Care plans reflected the importance for people to be supported with care and dignity at all times.
- People's preferences in relation to the care workers who supported them were recorded in their care plans. People's cultural and religious needs were recorded and respected. One staff member told us a person enjoyed, "Punjabi meditation", and added, "We have online church service and mosque service."
- The provider had a policy on equality and diversity which detailed protected characteristics, examples of discrimination and sexual orientation. The manager told us they were not currently supporting anybody from the lesbian, gay, bisexual and transsexual (LGBT+) community.

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

- People we spoke with told us they were given choices by staff and were consulted. One person said, "People here are real people. They get me. They could just leave me to it, but they don't. I am stuck in bed 24 hours a day and these legs don't work, but they are good to me." They added they knew the manager and said, "When you see the manager, give [them] my regards. [They are] good and [they] understand me."
- The management team told us following the last inspection, they had made improvements to the way they involved people in their care. For example, the 'Resident of the day' system had been strengthened, to involve people and their relatives to review care and support on a monthly basis.
- There were regular meetings for people who used the service, where they could express their views or report any concerns. The last meeting took place on 15 December 2020. We viewed the minutes of this. People's comments were recorded. We saw when people raised a concern, this was taken seriously and appropriate action was taken.

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 comprehensive inspection of 1 October 2019, this key question was rated inadequate. We reviewed this key question at the last inspection on 24 November 2020 and found improvements had been made. We rated this key question as requires improvement. At this inspection this key question has remained the same.

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.

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

- There were systems for auditing and monitoring the quality of the service. These included observations of staff, responding to feedback from others and improved auditing of accidents, incidents and complaints. Whilst we saw these had improved, they were not always robust enough and had not identified some of the concerns we found during our inspection.
 - Our findings during the inspection highlighted concerns in relation to the care and dignity of people by a member of staff during lunch. Members of the management team did not seem to notice this when they came into the dining room on two occasions and did not make arrangements to supervise a relatively new member of staff in the dining area to support people with their meals.
 - We found some people had not had their toenails cut in a long time. Whilst we acknowledge some healthcare professionals have not visited during the pandemic, the provider had not made suitable alternative arrangements for people to receive appropriate foot care. We fed this back to the management team who told us they would address this without delay.
 - The provider's monitoring systems had not identified some people may not have been repositioned in line with their care plan. For example, one person was required to be repositioned every four hours, but on two occasions, records showed a gap for seven hours. We raised this with the management team who told us this was likely to be a recording error, as staff sometimes did not update records until later. However, we could not be sure this was the case. The management team told us they would look into this and tighten up their processes going forward.
 - Notwithstanding the above, there was evidence that monitoring systems were improving. We looked at the audits undertaken since our last inspection such as care plan audits. We saw on 6 January, the audit had identified some areas for improvement in relation to information recorded, and an action plan was in place to improve this by February 2021.
 - The provider undertook regular infection control audits. We viewed the last audit, undertaken in December 2020 and saw they had achieved 96.6% compliance. There were three areas for improvement including laminating posters, IPC to be added to the induction program and cleaning medicines pots. The action plan indicated these areas had been addressed.
- We viewed the catering and medicines audits for November and December, and these did not highlight any

concerns.

- The manager had been in post for about three months. They had applied to be registered with CQC and planned to stay at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Two of the three people we spoke with during our inspection were complimentary about the staff and the management team. However, a third person stated the manager avoided them 'like the plague'. We raised this with the clinical director, who told us they would speak with the person to try to ascertain what the problem was and offer support.
- Healthcare professionals were positive about the service and the way it was being run. Their comments included, "[Clinical director] takes on board everything I say", "Staff are good", "No problem with managers and staff", "They are a good organisation to work with" and "[Provider] has come a long way with [Manager] there. It is very stable at the moment. No concerns."
- One healthcare professional told us they hoped the provider would be able to maintain the current level of care when they took on new challenges, or new admissions.
- The manager told us they had improved communication with staff, including looking at lessons learned when things went wrong. This was discussed during staff meetings and daily flash meetings. They added that they had increased their observations and made sure they were more visible around the building, mentoring staff and seeing what was being implemented on the floor. They had improved staff training, ensuring this was more face to face rather than online.
- There were regular staff and management meetings where a range of subjects were discussed, and information was shared. We saw evidence these were regular.

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 range of policies and procedures, which included dealing with complaints and duty of candour.
- The provider was transparent and told us they understood the importance of being honest and open when mistakes were made, or incidents happened. They responded to complaints in line with their policies and procedures and kept relevant stakeholders informed when things had gone wrong. They had systems in place to help ensure improvements were made from lessons learned.

Working in partnership with others

- The management and staff worked closely with healthcare professionals and made referrals where necessary. The manager told us they had a good working relationship with the GP and they communicated regularly in relation to people's needs.
- The provider worked in collaboration with the local authority's safeguarding team and other professionals when necessary and to help ensure people's needs were met. They told us they had worked closely with the clinical commissioning group (CCG) and the hospital trust to support them during the pandemic. The manager took part in online calls with local care homes in relation to winter planning and had regular meetings in relation to COVID-19.
- The manager told us they felt well supported by the local authority who provided advice when they needed this. They told us, "I think there has been a huge improvement with our relationship with the local authority."