Roseberry Care Centres (England) Ltd

The Ferns Care Home

Inspection report

Osborne Gardens
North Shields
Tyne and Wear
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22 June 2023

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Ferns Care Home is registered to provide accommodation and personal care to a maximum of 47 older people, including people who live with dementia. At the time of the inspection there were 27 people living at the home.

People's experience of using this service and what we found
Lessons had not always been learned from previous safeguarding incidents. Delays in reporting safeguarding concerns had put people at higher risk.

The registered manager and regional manager had made some positive changes to the service, but there was still work to do. Auditing and governance systems had not always identified core areas for improvement. The auditing of incidents was basic and not always effective in identifying trends. We have made a recommendation about this.

Staff reacted to individual incidents and concerns, but there was a lack of meaningful oversight and reflective practice. The registered manager understood the principles of the duty of candour. At times they had not shared information fully and in a timely way with relevant external agencies.

The registered manager and regional manager were responsive to feedback during and after the inspection, and demonstrated some immediate improvements.

Care planning was person-centred initially but reviews were not always meaningful. The provider had plans in place to improve records.

The provider had significantly improved the approach to infection prevention and control, completing refurbishment work and reviewing practices. There were sufficient staff to keep people safe, and a reduction in the use of agency staff. People felt safe and relatives provided positive feedback.

People were supported to have maximum choice and control of their lives and to live in the least restrictive way possible and in their best interests; policies and systems in the service supported this practice.

Medicines administration was mostly safe. Staff were trained, supervised and had their competence regularly assessed. Records were clear and stock checks and audits ensured the risks of errors were reduced. De-escalation strategies for people who were prescribed medicines 'when required' needed improvement. We have made a recommendation about this.

Staff demonstrated a good understanding of people who used the service and a desire for them to receive good quality care.

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 22 November 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 18 October 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains requires improvement based on the findings of this inspection. This service has been rated requires improvement for the last three consecutive rating inspections.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement and Recommendations
We have made recommendations the provider reviews de-escalation strategies linked to medicines use, safeguarding auditing, lessons learnt and oversight of care documentation.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Ferns 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 Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by an inspector and a specialist advisor.

Service and service type
The Ferns 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.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with 6 people, 1 relative and 8 staff, including the registered manager, regional manager, care and domestic staff. We spoke with 1 visiting healthcare professional. We contacted 4 external professionals via email and a further 5 relatives via telephone.

We observed interactions between staff and people. We reviewed a range of records. This included 7 people's care records and medicines records. We reviewed a variety of records relating to the management of the service, including policies and procedures, training records and meeting minutes.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating remains 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
• Lessons had not always been learned from previous safeguarding incidents. For instance, delays in reporting safeguarding concerns had placed one person at risk, but this had not been identified or acted upon, meaning others had been left at risk.
• Prior to our inspection the provider had taken steps to ensure safeguarding incidents could be reported more quickly. They could have identified this risk sooner, had effective analysis of safeguarding incidents been in place.
• The registered manager had not always liaised promptly with external agencies to ensure lessons could be learned to improve safeguarding practices.

We recommend the provider reviews the systems in place for analysing safeguarding incidents to ensure emerging patters are identified and lessons learned.

• Staff had received safeguarding training. They were able to describe the actions they would take if, for instance, people had a fall, or there was a medication error. They knew how to raise concerns and they acted to keep people safe.
• Relatives had confidence that staff could look after their loved ones safely. One said, "Whenever they have had falls staff have contacted us. They look after people well."

Using medicines safely
• Good practice was not always followed. Where people were prescribed medicines 'when required,' there were areas for improvement. Protocols in place were not sufficiently detailed and did not set out what de-escalation strategies staff should try before relying on 'when required' medicines, which should be a last resort. The provider agreed to improve individual records and provided these to us in the days after the inspection.

We recommend the provider reviews all 'when required' medicines usage to ensure protocols are in line with good practice, and to protect against the risk of over medication.

• Medicines were ordered, stored, administered and disposed of safely. Staff had a good understanding of people's medicines needs. Staff were suitably trained and their competence was regularly assessed.
• Audits and stock checks were in place to help reduce errors.

Preventing and controlling infection

At our last inspection the provider had failed to have systems in place to ensure infection control and cleanliness were effectively and safely managed. This was a breach of regulation 12(1) 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 12.

• Shower room refurbishment work had been completed. The provider had ensured there were sufficient cleaning and housekeeping staff, and the service was clean throughout. The service had recently won an award for infection prevention and control excellence.

• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was supporting people living at the service to minimise the spread of infection.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was responding effectively to risks and signs of infection.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
Relatives could visit their loved ones when they liked, without restrictions.

Assessing risk, safety monitoring and management
• Risk assessments were sufficiently detailed to enable safe care planning. Staff understood those risks. Regular reviews of risks were not always as detailed or person-centred as they could be. The provider was responsive to this feedback and planned additional training.
• Core safety information, such as positional changes and fluid intakes, had been recorded. The provider had recognised that some of these records needed to be more detailed to be more effective and were working to address this.
• Staff responded quickly when there was an incident or accident. The provider demonstrated how they planned to implement more proactive strategies to analyse and learn from incidents.
• People told us they were comfortable, safe and trusted staff. Staff interacted warmly with people and were patient and compassionate. One relative said, "The staff are always onto things quickly. When [person] had a fall they made sure there was a sensor in place."
• The registered manager ensured utilities and emergency equipment were regularly tested. Personalised Emergency Evacuation Plans (PEEPs) were in place.

Staffing and recruitment
• There were sufficient staff to meet people's needs safely. The provider had significantly reduced the reliance on agency staff recently, meaning people received a better continuity of care and experienced staff were under less pressure. One relative said, "I had noticed more staff around recently, and more familiar faces."
• Staff were recruited safely and the provider completed the necessary pre-employment checks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

• The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating remains 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our last inspection we found management systems were not robust. Audits and quality monitoring processes were not followed and had failed to address issues found at the inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

•The registered manager and regional manager had made some positive changes to the service, but there was still work to do. Auditing and governance systems had not always identified core areas for improvement. For instance, guidance for how and when staff should administer 'when required' medicines, how staff were managing people's distressed behaviours, and patterns from safeguarding incidents. The auditing of incidents was basic and not effective in identifying trends. This increased the risks for people who were already vulnerable.
• Care plans had been reviewed regularly but these reviews did not add meaningful value to people's care. The provider had recognised the need for improving care planning review to make it more person-centred. They had delivered training in other services and planned to do so at The Ferns. They also planned to roll out an electronic care records system.

We recommend the provider review governance arrangements to ensure there is a greater focus on quality.

• Some areas of governance had improved since our last inspection, for instance walkarounds to ensure infection prevention and control was well managed.
• Information regarding the risks people faced and their core needs was up to date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The atmosphere was calm and welcoming. Staff interacted patiently and compassionately throughout. Relatives told us they were involved in care planning and reviews.
• There was mixed feedback about the leadership of the service, particularly around the timeliness of communication.

• The provider had reduced the reliance on agency staff, meaning there was less pressure on experienced staff members, and people could expect a greater continuity of care in the future.
• There had been improvements since our last inspection of the use of staff huddles and handovers. However the means by which important messages were shared was not always consistent. For instance, following a recent concern the registered manager had met with local partners to agree their understanding and application of head injury protocols. Staff we spoke with were aware of this but there was nothing written down for future use. The registered manager agreed to ensure there was a specific protocol in place in future.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• Staff were respectful with people when assisting them to make day to day choices.
• Staff worked well with visiting health and social care professionals to ensure they had the information they needed to support people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager understood which incidents needed to be notified to CQC. They understood the principles of the duty of candour. At times the registered manager had not shared information fully and in a timely way with relevant external agencies.
• The registered manager and staff acted on individual incidents.