

Berkley Care Fernhill Limited

Fernhill House

Inspection report

Grange Lane
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Date of inspection visit:
20 November 2023
23 November 2023

Date of publication:
16 January 2024

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

Fernhill House is a care home with nursing providing accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury. Fernhill House accommodates up to 66 people in one purpose-built facility, with many different areas for people to spend time together or more privately as they choose. Care and support is provided to people with dementia, nursing needs, and personal care needs. There were 63 people living at the home at the time of our inspection.

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

On the first day of the inspection we noticed that not all topical creams were stored securely. There were no risk assessments for paraffin based topical creams. Some topical creams had no prescription labels or open date.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The provider was not always working in accordance with The Mental Capacity Act 2005 and there was no evidence of the provider following best interest decision processes where medicines were administered covertly.

Some care plans and risk assessments were overdue on the first day of the inspection. A visit by the local authority prior to our inspection had resulted in a suggestion to improve wound care plans, however, limited evidence of improvement was available during our inspection.

Governance and quality assurance at the service were not always effective. The provider's systems and processes such as regular audits of the service had failed to identify issues found during this inspection.

People were safeguarded from the risk of harm or abuse. Staff were recruited safely. People were supported by a sufficient number of staff. When people required additional support from external services, they were promptly referred by staff who were skilled in recognising when people's needs change.

People, their relatives and staff spoke highly of the management team. They felt the service had an open culture, where the registered manager was available to support them and encouraged feedback, both positive and negative.

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

Rating at last inspection

The last rating for this service was good (published 3 October 2018).

Why we inspected

We received concerns in relation to the management of medicines, management of falls and an alleged delay in seeking emergency medical care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to need for consent, management of medicines and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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 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?

The service was not always safe.

Details are in our safe 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 ●

Fernhill 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 Health and Social Care Act 2008.

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 2 inspectors and 1 Expert by Experience who spoke with people's relatives remotely. 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

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 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.

During the inspection

We spoke with 3 people using the service and contacted 7 relatives of people to gain their view of the service. We spoke with 7 staff members, including the registered manager, the nursing unit manager and the dementia unit manager.

We reviewed a range of records. These included care records for 5 people and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, incidents/accidents, and surveys, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management; Using medicines safely

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)

- One person received their medicines covertly. However, there was no evidence of the provider following MCA. The covert procedure had already been implemented without a DoLS or best interest decision prior to this being commenced.
- We found that 3 people's DoLS had expired, however, there was no evidence of the provider re-applying for DoLS. This meant that appropriate legal authorisations were not always in place to deprive a person of their liberty.

The principles of the Mental Capacity Act 2005 (MCA) had not always been carried out for all important decisions. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A visit by the local authority prior to our inspection had resulted in a suggestion to improve wound care plans. For example, it was suggested to add the details related to the wound including the size, presentation, progress, frequency of dressing, who is involved in care, any difficulties with tolerating the dressing and pain management. However, limited evidence of improvement was available during our inspection. This meant that people's skin integrity was at risk of deteriorating due to poor oversight of care in this area. Following our inspection, the registered manager informed us they introduced changes to their procedures to ensure improved partnership, working and communication with district nurses attending the service to provide wound care.
- One person received their medicines covertly, however, there was no evidence of this being consulted with a pharmacist. The medicines were administered after being crushed and mixed with yoghurt. This meant that the quality of medicines could have been compromised and ineffective. Following our feedback the

registered manager carried out an internal investigation into administration of medicines administered covertly. This resulted in additional training provided to staff and lesson learned with other services of the provider.

- Some topical creams on the dementia unit were not stored securely. This presented a risk to people living with dementia. We raised these concerns with the registered manager and provider who ensured topical creams were stored securely on the second day of our inspection.
- There were no risk assessments for paraffin based topical creams. There is a fire risk with all emollients that contain paraffin, regardless of the concentration of paraffin. Some topical creams had no labels who they were prescribed to or date of opening. One person's topical cream was to be used within 3 months of opening, however, it was opened on 3 January 2023.

The provider failed to assess the risks to the health and safety of service users of receiving the care or treatment. The provider failed to ensure proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us that staff always listened to the them and they were offered choices. One person told us, "I am definitely involved, every week we get an activities planner. If there is something on, I decide to attend or not. They always ask me for my consent."
- The provider carried out regular health and safety checks. We checked health and safety records such as fire safety and water safety and found no gaps in the records.
- The provider used information about people's past to manage their distressed responses. For example, one person was interested in trains and there were magazines about trains on site to use if the person becomes distressed.
- People received their medicines as prescribed. We reviewed multiple medicines administration records and found no gaps or omissions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at Fernhill House. One person told us, "I have no concerns whatsoever." Another person's relative told us, "She feels very safe there and the manager is very responsive."
- Staff had received training in how to safeguard people from abuse. A member of staff told us, "If I witnessed or suspected any abuse, I would go straight to the senior on shift, or straight to [registered manager]."
- There were systems and processes in place to protect people from the risk of abuse.

Staffing and recruitment

- Most people and their relatives told us there were enough staff to meet people's needs. One person told us, "They are always on time with medicines, staff are lovely." Another person's relative told us, "I cannot fault them and there is plenty of staff around."
- Staff said there were enough of them to meet people's needs. A member of staff told us, "Staffing levels are good, it has been reviewed by the manager."
- Safe recruitment practices were in place to ensure only staff suitable to work with vulnerable people were employed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- Analysis was completed for all incidents to look for any themes or trends and to ensure any learning was shared with staff.
- Instances of falls, other incidents and complaints were also analysed, and learning was considered and applied.

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 good. At this inspection the rating has changed 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

- Governance at the service was not always effective because the provider's system did not always effectively monitor the quality of care provided to drive improvements. For example, provider's audits failed to identify need for improvement in record keeping and working in line with MCA.
- Some people's care plans, and risk assessments were out-of-date on the first day of our inspection. We found that some care plans and risk assessments required updating. Following our inspection the provider told us they reviewed all care plans and risk assessments. We will assess if the process is fully embedded at our next inspection.

The provider failed to maintain an accurate, complete and contemporaneous record in respect of each service user. The provider had failed to ensure that their systems and processes were effective in assessing and monitoring the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager were very responsive to feedback and took immediate steps to address individual concerns. Following the site visit, the provider took further action to review all aspects of feedback given and implement additional systems to ensure this was embedded within practice.

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

- There was an open and positive culture. Staff told us they felt part of a team. A member of staff told us, "I really enjoy it here and I feel supported." Another member of staff told us, "There is a good way of communication both ways. The managers are here, they listen to staff if there are any concerns, any issues, if we need to change anything."
- People and their relatives consistently told us that the service was well-led. One person told us, "I would give them 10 out of 10. I call them my girls, I am very selfish." Another person's relative told us, "The standard of care, the equipment at appropriate time, they seem to identify what has to be done as they do everything at appropriate time. I can always find someone, no one fobs me off or is too busy or doesn't know mum. Even the receptionist, they all know mum really well."
- The registered manager was active and involved in the day-to-day running of the service which promoted a positive well-led culture within the service.

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 and registered manager were aware of, and there were systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The provider was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

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

- People, family members and staff had regular conversations with the registered manager and were able to share their views and were confident they would be acted on. One person told us, "He [registered manager] pops his head in, asks '(name), how are you?'" Another person's relative told us, "I have approached the manager, and he does listen. I do appreciate the staff and can speak to them well."
- Satisfaction surveys were sent out to people and relatives to gain their views of the service and the care people received. In addition, staff spoke to people daily so if there were any concerns or request for activities, change in food options, etc., this would be considered and accommodated. We reviewed feedback on one of the care homes review websites ahead of our inspection. We saw multiple positive opinions left by residents, relatives and friends of people living at Fernhill House.
- The management team and staff understood the principles of equality, diversity and human rights, and they promoted compassionate care.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager worked closely with the local authority and had a passion to drive improvements forward for the service.
- The provider had been working with an action plan set by the local authority to drive specific improvements within the service. We saw some progress had been made, however further improvements were required in such areas as wound care plans.
- Referrals were being made where people required additional support or input. People felt confident the service would work with other agencies to ensure their needs were met.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The principles of the Mental Capacity Act 2005 (MCA) had not always been carried out for all important decisions.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to assess the risks to the health and safety of service users of receiving the care or treatment. The provider failed to ensure proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to maintain an accurate, complete and contemporaneous record in respect of each service user. The provider had failed to ensure that their systems and processes were effective in assessing and monitoring the service.