

Burwood Care Home Limited

Fern Hill House Care Home

Inspection report

2-8 Todmorden Road
Bacup
Lancashire
OL13 9BA

Tel: 01706873466

Website: www.fernhillhousecarehome.co.uk

Date of inspection visit:

16 March 2021

17 March 2021

Date of publication:

08 April 2021

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

Fern Hill House Care Home is a residential care home providing accommodation, care and support for up to 24 people aged 65; some people using the service were living with dementia. Accommodation is provided over three floors. During our inspection the top floor was not in use. There were 17 people living in the home.

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

Since the last inspection, there had been improvements made but time was needed to embed new systems to ensure they were effective and could be sustained. The provider had addressed the serious concerns raised in the fire safety enforcement notice. However, additional work needed to be completed and signed off by the fire safety officer. Quality monitoring systems had improved with evidence shortfalls had been identified and acted on. However, further improvements were needed in areas such as developing action plans and ensuring care records, equipment servicing and medicines management audits were fully effective.

The management of risks to people's health, safety and wellbeing had improved. However, we found areas that could be improved further to ensure staff were provided with guidance about how to provide care in a safe way. Accident and incident management had improved, and lessons were learnt from any incidents. Staff had been provided with the provider's mandatory safety training. Training and supervision sessions were used to ensure learning and improvements took place. The manager and staff were clear about when to report incidents and safeguarding concerns to other agencies. Relatives had no concerns about the safety of their family members. We observed good interactions between staff and people.

People's medicines were managed and stored safely, and records were clear. However, improvements were needed in relation to recording the application of creams, medicines for disposal and keeping records of medicines ordered. We were assured the provider was preventing visitors from catching and spreading infections and there had been no COVID-19 outbreaks in the home. The service was clean and odour free. During the inspection, the cleaning schedules were reviewed to ensure staff were following safe guidance.

Staff were recruited safely, and records showed there were consistent numbers of staff available to meet people's needs. Relatives made positive comments about the care and support provided by staff particularly during the pandemic. New care planning records reflected people's choices and considered people's diverse needs. People looked settled and happy and we observed them being treated with care and respect. People's views and opinions were sought through day to day discussions and surveys; resident meetings were due to recommence. Relatives confirmed they had been kept up to date and involved in any changes and decisions.

The manager and provider understood their responsibility to be open and honest when something went wrong. Staff said the manager was approachable. The manager and staff worked in partnership with a range of professionals to ensure people received the care and support they needed. The manager was supported

by the management team and had enrolled on training to support him with the role. Staff told us they were supported and enjoyed working at the service. Staff and relatives made positive comments about the manager's contribution to improvement and ongoing communication.

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 Inadequate (published 15 December 2020).

During this inspection, we noted improvements had been made but needed to be further embedded into daily practice. Therefore, we have identified continued breaches in relation to the management of risk and effective quality assurance systems. We have made a recommendation regarding safe management of medicines.

This service has been in Special Measures since 16 December 2020. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

On 10 and 12 November 2020, we carried out an announced focused inspection of this service. Breaches of legal requirements were found with regards to good governance, fire safety, risk management, training and infection prevention control practices. We made recommendations in relation to safeguarding, lessons learned and involvement.

We also served a warning notice for non-compliance with Regulation 17 Good Governance and we made a referral to the fire service who visited and served a fire safety enforcement notice.

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 whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive 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 changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Please see the action we have told the provider to take at the end of this report.

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 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 ●

Fern Hill House 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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) and the breaches of Regulation 12 (Safe Care and Treatment).

As part of this inspection we also 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 one inspector.

Service and service type

Fern Hill House 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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The new manager had submitted their application to us and was awaiting their interview.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. We received feedback from local commissioners including the medicines management team and the local authority safeguarding team. We looked at the information from the fire safety inspection and the action taken to address the safety issues. We reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

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

During the inspection

We observed care practices and spoke with three people living in the home about their experience of the care provided. We also spoke with one visitor to the home. We spoke with various members of staff including, the nominated individual, manager, deputy manager, senior care workers, care workers, the housekeeper and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with three family members over the telephone. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated Inadequate. At this inspection this key question has improved 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

At the last inspection, the provider failed to ensure the safety of people using the service. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made. However, not enough improvement had been made at this inspection. The provider remained in breach of Regulation 12.

- Improvements had been made to the way the manager and staff assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe way and risks had been kept under review. However, we found one person's fall risk score was not reflective of the number of recent falls despite a recent review and one person's behavioural risk support plan was lacking in guidance for staff. This could put people at risk of not receiving the right care. The manager agreed to look into this.
- Equipment was serviced, clean and maintained in accordance with manufacturers recommendations. At the time of the inspection, the manager was unable to locate the servicing document relating to hoist slings; these were forwarded following the inspection. We found the lift servicing certificate was out of date and servicing was overdue. The manager addressed this following the inspection. We shared this information with the nominated individual.

We found no evidence that people had been harmed. However, due to the provider's failure to ensure the safety of people using the service this was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had addressed the serious concerns raised in the fire safety enforcement notice. However, the enforcement notice timescales had recently been extended by the fire officer as further work needed to be completed. Staff had received fire safety training. An updated fire risk assessment was in place and would be reviewed again following completion of remedial work. There was a development plan in place for ongoing improvements to the home.
- Improvements had been made to the way accidents and incidents were recorded, analysed and acted on. The records had been reviewed by the manager to determine whether there were any trends or patterns and appropriate actions had been taken to mitigate risks.
- Since the last inspection, staff had been provided with the provider's mandatory safety training to help

ensure people were safe.

Preventing and controlling infection

At the last inspection, the provider failed to ensure people were protected from the risk of infection. This was a breach of regulation 12 (Safe care and treatment) 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 this aspect of regulation 12.

- We were assured the provider was preventing visitors from catching and spreading infections. All staff were observed to be wearing appropriate personal protective equipment (PPE) during our visit and PPE was available throughout the home. The provider was accessing testing and vaccination services for people living in the homes and for staff. We observed staff were safely following recent government guidance on visiting.
- The provider was promoting safety through the layout and hygiene practices of the premises and was making sure any infection outbreaks could be effectively prevented or managed. The infection prevention and control policy was up to date.
- There had been no COVID-19 outbreaks at this service. We discussed making additions to the cleaning schedules and repairing and emptying the PPE disposal bin at the front door; the manager addressed this during our inspection.

Learning lessons when things go wrong

At the last inspection, we recommended the provider consulted best practice guidance on lessons learned to ensure this was implemented within the service.

- The provider had improved the systems to ensure lessons were learnt from any incidents. The outcome of incidents was shared with the staff team to further improve the safety of the service and discussed at management meetings. However, it was not always clear what action had been taken in response to feedback from staff meetings; the manager assured us this, and feedback from future surveys and resident meetings, would be reviewed.

Systems and processes to safeguard people from the risk of abuse

At the last inspection, we recommended the provider ensured all staff completed safeguarding training and were competent to safeguard people using the service.

- The provider ensured people were protected from the risk of abuse. Staff had been provided with appropriate training and had access to policies and procedures. They understood how to raise any concerns about poor practice.
- The manager and staff were clear about when to report incidents and safeguarding concerns to other agencies. Staff were confident the manager would act quickly to keep people safe. Relatives had no concerns about the safety of their family members. They said, "I am happy [family member] is well looked after and safe; staff know how to care for her and know her well" and "Mum is very safe and I am reassured they know how to look after her. They know her well." We observed good interactions between staff and people; people were settled and looked comfortable. One person said, "They are good people and kind

enough."

- Appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made with regards to any restrictions in place; this ensured decisions were taken in people's best interests. We discussed making this information clearer in the care records.

Using medicines safely

- We found medicine administration records (MARs), in relation to the application of external creams were not always completed and body maps to support staff with this were not being used. This meant it was unclear whether people had received the cream in line with their prescription.
- Records of medicines ordered were not maintained. We were told the community pharmacist managed the ordering process and communication with the GP practice. Disposal records had been completed by staff; we discussed the use of two signatures to improve safety when recording medicines for disposal. The manager assured us this would be addressed.

We recommend the provider consults best practice guidance in relation to the safe management of people's medicines.

- Staff were suitably trained to administer medicines and checks on their practice had been carried out.

Staffing and recruitment

- There were safe systems for staff recruitment. Staff files contained the necessary checks to ensure fit and proper people were employed.
- Records showed there were consistent numbers of staff available to meet people's needs.
- Relatives told us they were happy with the staff team. They told us staff were knowledgeable about their family member's care. Relatives made positive comments about the care and support provided by staff during the pandemic.

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 improved 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

At the last inspection, the provider failed to ensure people were safe from identified risks, to ensure people experienced good outcomes, and to ensure continuous learning and improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection, improvements had been made and the warning noticed had been met. However, not enough improvement had been made at this inspection and time was needed to embed and sustain the systems. The provider remained in breach of Regulation 17.

- The provider had improved the management of risks to people's health and well-being. However, we found one person's behavioural support plan was lacking in detail and one person's risk score in relation to falls had not been updated.
- A system of audits had been introduced and they had been effective in identifying shortfalls. However, we noted action plans were not always in place where shortfalls had been identified; the manager assured us all audits would be supported by an action plan. We were told reviews of the new care records had been carried out and formal auditing would commence this month; this would help the manager adapt the system to their needs and ensure people's needs were reflective of the care being given. We discussed our findings, with the manager and nominated individual, in relation to the medicines management shortfalls and the overdue servicing which had not been identified as part of the auditing process; we were assured this would be reviewed.

The provider had failed to operate a robust quality monitoring system, which could potentially impact on people's safety and wellbeing. Systems needed time to embed and to be sustained. This is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had taken action to improve fire safety within the timescales set. However, additional work was required to ensure compliance with the fire safety notice.

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

- The provider had improved systems to support staff with promoting a person-centred culture that achieved good outcomes for people. An electronic care system was being used; records were clear and detailed. Records were kept under review, reflected people's choices and preferences, considered people's diverse needs and showed a safe and personalised approach to care.
- People looked settled and happy and we observed them being treated with respect. Staff understood people's needs and preferences and said any care updates were made available to them on the handsets and during handover sessions.
- The manager was not registered with CQC. An application to register had been submitted to us. The manager was supported by the nominated individual and was mentored by an experienced registered manager from a nearby home. The manager was enrolled on leadership training to support him with the role. The manager said he had benefited from the ongoing support received. The manager had submitted appropriate notifications to CQC.
- The manager was visible around the service and carried out spot checks on staff practice. The manager and staff knew people well. Staff were attentive and we observed kind, caring and patient interactions between staff and people living in the home. Staff and relatives made positive comments about the manager's contribution to improvement and ongoing communication.
- Learning and development processes had improved for all staff. Training and supervision sessions were used to ensure learning and improvements took place.
- The culture within the service had improved. Staff told us they enjoyed working at the service and felt supported. They understood their individual responsibilities to service delivery. Comments included, "It's not been easy, but things have improved" and "We have a stable team and know what is expected of us."

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

- There were effective communication systems to ensure staff were updated. Staff meetings were taking place and a staff survey had been carried out. However, the manager was aware he needed to develop an action plan and feedback any response to suggestions for improvement. Staff confirmed they were listened to and were happy about the management team and the improvements being made.
- People's views and opinions were sought through day to day discussions. Resident meetings had not yet been held. However, we were told the (recently returned) activity person would be responsible for planning the meetings either as a group or on a one to one basis.
- Due to the restrictions on visiting, relatives' meetings had not been held. Surveys had been sent out and were due to be returned. Relatives confirmed they had been kept up to date and involved in any changes and decisions. However, we found the discussions with relatives were not always recorded. Relatives said, "They ring and keep me up to date and don't mind me ringing at all any time" and "The home is organised, and new manager is very good."

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 manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong. Staff said the manager was approachable; they were confident the manager would take appropriate action to respond to any concerns.
- The management team and staff were open and honest with us throughout the inspection. Relatives told us the manager and staff informed them of any incidents and communication was good.

Working in partnership with others

- The manager and staff worked in partnership with a range of professionals to ensure people received the care and support they needed. These included social workers, GPs, community nurses, hospital staff, dietitians, podiatrists and the local community mental health team. We discussed the importance of the manager linking in with local forums and webinars to ensure they were up to date and had access to local training.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the safety of people using the service in relation to assessment of risk and equipment servicing.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good Governance</p> <p>The provider had failed to operate a robust quality monitoring system, which could potentially impact on people's safety and wellbeing.</p> <p>This is a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>