

Olea Care Ltd

Fernlea

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fernlea is a nursing and residential care home providing personal and nursing care to 46 people at the time of the inspection. The service can support up to 48 people in one purpose-built building over two floors.

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

We found improvements to the way medicines and nursing practices were managed in the home. We were assured the home employed safe and effective infection prevention and control practices. Staff had undergone safe recruitment checks prior to working the home.

We have made a recommendation about the management of some medicines.

People were supported by staff who had received training and supervision. Feedback around staff was positive from people who felt well cared for. People received input from healthcare professionals where needed and were supported to access the appropriate health services in a timely way. People were fully supported with their hydration and nutrition needs by staff who were aware of their individual needs and choices around food and drink. 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.

The service had employed a clinical lead since the last inspection to complement the management team. More robust clinical monitoring and audits had been introduced. The management team had addressed the issues from the last inspection. Feedback about the management of the home from people and staff was very positive.

We have made a recommendation about the secure storage of potentially harmful substances.

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 4 June 2020) and we found breaches of two regulations. 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

This was a planned inspection based on the previous rating.

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.

We commenced an unannounced comprehensive inspection of this service on 27 January 2020. 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 safe care and treatment and good governance.

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 Safe, Effective and Well-led which contain those requirements.

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 requires improvement to good. 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 Fernlea 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?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well-led.

Fernlea

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors, one nurse specialist advisor, one pharmacist inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Fernlea is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, senior care workers, care workers, nursing staff and hospitality staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures.

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

Assessing risk, safety monitoring and management

At our last inspection we found people had been placed at the risk of harm from inaccurate recordings and non-adherence to risk assessments. 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 regulation 12.

- People had individual risk assessments in place which covered a variety of risks and care plans detailed how staff could reduce risk for people.
- Where people were at risk of harm from specific conditions, they had individual risk management plans in place. For example, wound care plans and nutritional care plans.
- Individual risks to people were flagged up to staff on the new electronic care management system to enable them to provide care and support in a safe way.
- People and their visitors told us they felt safe living at the home. One person told us, "I couldn't manage at home on my own; here, there's always staff around me during the day and night if I need anything." One person's visitor told us, "My relative is well cared for and as a family we have no concerns."

Using medicines safely

At our last inspection we found people had been placed at the risk of harm from unsafe administration and management of medicines. 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 regulation 12.

- There was no system for ensuring prescribed topical creams and thickener were being appropriately stored.
- Staff did not always have written guidance to follow when they administered medicines prescribed to be given "when required", this meant they did not have the information to tell them when someone may need the medicine.

We recommend the provider consider current guidance to ensure the safe management of topical creams, thickener and "when required" medicines.

- Staff had addressed the issues from the last inspection, and we saw improvements to the way medicines were managed in the home.
- Medicines records were generally clear and accurate.
- Medicines competencies had been completed and a new clinical lead was reviewing the process to further develop and make improvements.
- Medicines stocks were kept safely and securely in the treatment room.
- Regular medicines audits were undertaken, and issues were actioned appropriately.
- We spoke with staff including nurses, the clinical lead and managers when minor issues were found. These were actioned immediately and appropriately.

Staffing and recruitment

- Systems for ensuring appropriate checks of staff's suitability to work were completed. This included checks of references and with the disclosure and barring service. Any concerns identified were risk assessed by the registered manager. We discussed the use of value-based interview process with the registered manager to ensure interview processes were sufficiently robust.
- People we spoke with mostly told us staff responded when they used their call bell. However, during our inspection we found staff were not always available to provide support to people in a timely way. Staff were not always able to respond to people's call bells quickly and we observed staff would ask people to wait. We spoke with the registered manager about analysing the call bell monitoring system to review response times to check if there was enough staff on duty at all times.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There was a safeguarding policy and procedure in place. Staff had received training around how to protect people from harm and abuse.
- Information about safeguarding was displayed across the home. There was a safeguarding lead in place and information about them was displayed on the home's information board.
- Staff we spoke with told us they felt able to speak to management if they had concerns and they would be listened to and actioned.
- Accidents and incidents were appropriately reported and recorded. The new electronic care planning system allowed an overview of live and detailed analysis to demonstrate any trends or repeat incidents.
- Prompt action was taken by the management team to investigate any accidents and incidents. The management team gave us examples where they had identified risks to people and taken action to reduce those risks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

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

- An electronic care recording system had been introduced since our last visit. This included people's assessment records, risk assessments, care plans and daily notes. Staff spoke positively about the introduction of the electronic system and told us they felt it contained all the relevant information about people's care needs.
- People needs were assessed and care plans developed by the management team. Care plans contained information about people's physical and emotional needs and preferences and choice were considered and reflected in these.
- The home had ensured people could have visitors as soon as Government advice had deemed it safe to do so. The management team had kept up to date with safe visiting practice.
- Arrangements had been made for people to see visitors either outside in the gardens, in an indoor screened visitor pod or inside the home in a designated room where people could hold hands.

Staff support: induction, training, skills and experience

- Staff received a programme of induction, training and ongoing supervision.
- Staff spoke positively about the induction and training programme. One member of staff said, "There is plenty of training and if you ask for additional information, they will arrange additional training. There have been opportunities to develop in my role." Another member of staff spoke about induction and told us, "I got to shadow for a couple of weeks. They explained systems really well and I didn't have to ask."
- The service worked closely with the local authority and health teams to source additional, specific staff training. Staff told us they were encouraged to undergo extra training and develop their role.

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

- Staff understood how to meet people's food and drink needs. Staff who supported people at mealtime were aware of who needed modified diets. We observed staff supported people who needed assistance to eat and drink in an unrushed manner. People who needed prompts to eat a balanced diet were supported and encouraged by staff, and where possible, staff promoted independence.
- Staff offered people choice at mealtimes. We saw the kitchen staff would discuss the menu options with people on the day and provide alternatives to people who did not want the options on the menu. People appeared to be enjoying their meals and the food look appetising. People told us they were happy with the meals at Fernlea. One person told us, "The food is good, the catering staff really listen and have given me advice on healthy eating."

- People's different preferences were catered for. One person preferred to eat their meal late at night and the chef ensured a meal was available. They told us, "[Name] loves toast so they will have toast at whatever time they want it."

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

- People were supported to access a wide range of health care professionals and people received timely care and treatment.
- Staff had ensured requests for medical attention and relevant referrals to health professionals had been made if they had any concerns and to ensure people received attention when they needed it. Examples of these referrals included, speech and language therapy (SALT), nutrition and nursing team.
- A GP or nurse practitioner conducted a weekly home round in addition to visits made when someone was unwell. The visiting GP told us, "The staff know their residents well... I'm here to see five residents today and I'm happy that all the referrals will be necessary."
- People were assisted to access external appointments, such as visits to the hospital or dentist. On one occasion a dentist visited the home to provide emergency dental care.
- People had an individual oral health care plan in place. The management team told us they monitored the electronic care system to ensure people had received daily oral health care.

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

- The home was clean and tidy and free from clutter and trip hazards in areas used by people. People had personalised their bedrooms.
- The home used various adaptations within the service to meet people's needs. This included adaptations for mobility, eating and drinking and reducing the risk of falls.
- The home was purpose built and benefitted from good mobility access inside and outside the home. Doors and corridors were wide, and floors were even to provide easy wheelchair access.

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.

- Where people had been assessed as needing an authorisation to deprive them of their liberty to keep them safe, the management team had a tracker document in place to monitor applications and conditions.
- Staff assessed people's capacity and involved relevant individuals in decisions as needed.
- Staff sought consent from people before providing support to them. We observed staff spoke respectfully

to people and respected people's decisions and choices.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 people had been placed at the risk of harm from a lack of managerial and clinical oversight of operations of the home. 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 provider had ensured safe and effective governance of the service.
- There was a clear management structure in place that now included a nurse clinical lead to provide managerial oversight of the nursing operations of the home. The breaches found on the last inspection had been fully addressed.
- The nurse clinical lead had introduced regular nursing and medicines competency checks to ensure the safety and effectiveness of nursing care.
- The management team had implemented a new suite of periodic, comprehensive audits to monitor the safety and effectiveness of the home and care provided. Any issues identified during audits were addressed and managed through action plans.
- The new electronic care system enabled the management team to analyse and keep a daily overview of operations of the service and this had greatly improved oversight of the service. The deputy manager told us, "I am lot more aware and making it my business to know what is going on with every single resident."
- Safety audits of the environment had been carried out. However, we found some doors were open where products were stored that may pose a risk to some people.

We recommend the provider ensure the secure storage of potentially harmful substances.

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; Working in partnership with others

- The management team demonstrated their aim to ensure compliance with relevant legislation and ensured they sent notifications to us when required by various regulations. A notification is a report required by law when certain events occur.

- The management team worked closely with the local authority and health care teams to share information when incidents occurred. Where safeguarding and other investigations took place, the management team were transparent and worked alongside the local authority.
- During the COVID-19 pandemic the management team had worked very closely with the local authority, health care organisations and public health departments to ensure Government and local guidance on safety was adhered to.
- The registered manager is a member of several provider and management groups to share good practice.

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

- People and staff spoke very positively about the management team and told us they were visible around the home and always approachable. One person told us, "I enjoy talking to the manager; I feel she knows me and cares."
- There was a positive culture of empowering people and providing person-centred care. Care plans were detailed and included ways in which people would like their care delivered. The management team were quick to ensure safe visiting resumed as soon as possible. One person told us, "During lockdown I found it hard not to see my relatives, I have been able to keep in contact by phone, I have been well informed and kept up to date with the regulations for visiting and have been able to have pod visits, face to face visits and this week I have been able to go out which I thoroughly enjoyed."
- Resident meetings were held, and customer satisfaction surveys were carried out regularly to gain people's views about the care and support at Fernlea. One person told us, "I am actively involved in the residents' meeting and food in the Bistro is one of the main topics. The residents felt we were lacking "new potatoes and steak and kidney pudding" we mentioned this, and it was actioned, and they are now on the menu."
- Staff told us they had been very supported by both the management and the staff teams during the COVID-19 pandemic. They had engaged in real teamwork with people and staff supporting each other.
- Regular staff meetings were held, and staff felt appreciated by the management team.
- People were involved in deciding what activities they liked and had voted to have a gym at the home. Fundraising to purchase the gym had been very successful.