

# Eldercare (Halifax) Limited

## Fernside Hall Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We inspected Fernside Hall on 19 February 2015 and the visit was an unannounced comprehensive inspection.

Our last inspection took place on 25 February 2014. At that time, we found breaches of legal requirements in two areas, care and welfare and assessing and monitoring the quality of service provision. On this visit we identified improvements had been made in relation to care and welfare and some improvements had been made regarding the quality systems.

Fernside Hall provides personal care for up to 24 older people. The accommodation is arranged over three floors

and there is a passenger lift available. There are two lounges and a dining room on the ground floor and a kitchen/sitting area on the first floor. There are 20 single bedrooms, 18 of which have en-suite toilet facilities and two double bedrooms with en-suite facilities. At the time of our inspection there were 18 people using the service. The number of people using the service had reduced as some bedrooms were being redecorated.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were some areas of the service which were in need of general refurbishment to make sure the premises were safe for people using the service and staff.

We found staff were kind and caring, however, there were not always enough staff on duty to make sure people received the care and support they needed. No dependency tool was being used to make sure staffing levels were adequate to meet people's needs.

People told us they liked the staff and we saw staff treated people with kindness, patience and compassion. Staff knew people well and were aware of individuals' preferences and interests. There were activities on offer to keep people occupied and stimulated.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Staff told us they felt supported by the manager and that training opportunities were good. People and relatives we spoke with told us they liked the staff and had confidence in them.

Visitors told us they were always made to feel welcome and were always offered a drink on arrival. They also said staff kept them up to date about their relative's well-being.

People told us the meals were good. There was a choice available for each meal and the chef was well aware of people's preferences and spoke with them directly about their likes and dislikes.

The registered manager had a number of audits in place that picked up where improvements needed to be made or responded to people's changing needs.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

Staff were recruited safely, however, there were not enough staff on duty to meet people's needs.

There were some areas of the home that needed refurbishment to make sure the environment was not posing a risk to people living there and staff.

People that were able to speak to us said they felt safe. We saw people were relaxed in the company of staff and responded to them in a positive way.

Medicines were managed safely and people received their medication at the right times.

**Requires Improvement**



### Is the service effective?

The service was effective. We saw from the records staff had a programme of training and were trained to care and support people who used the service.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. People told us the meals were good offering choice and variety.

Records showed people had regular access to healthcare professionals, such as GPs, opticians, specialist nurses and podiatrists.

**Good**



### Is the service caring?

The service was caring. People said staff were kind and caring, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and friendliness towards people.

Staff were able to tell us in detail about the support people required and about their personal preferences. This indicated staff knew people well.

Relatives told us they were made to feel welcome and could visit at any time.

**Good**



### Is the service responsive?

The service was not always responsive. Staff were not always able to respond to people's requests in a timely manner or provide supervision of communal areas. This was because there were not enough staff on duty.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative. We saw people's care plans had been reviewed on a monthly basis.

**Requires Improvement**



# Summary of findings

We saw people engaging in activities during our visit. Some were in small groups and others were spending time with staff on a one to one basis.

We saw from the records one complaint had been responded to appropriately and people were given information on how to make a complaint.

## Is the service well-led?

The service was not always well-led. There was a lack of oversight of the service by senior managers and no dependency tool was being used to make sure staffing levels were adequate to meet people's needs.

Audits were carried out to make sure the systems that were in place to keep people safe were working as they should be.

People using the service, relatives and stakeholders were asked for their views about the service. Surveys were used to get information and could be completed anonymously.

**Requires Improvement**



# Fernside Hall Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 February 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience in older people and older people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included speaking with the local

authority contracts and safeguarding teams. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of our inspection we spoke with nine people who lived at Fernside Hall, two visitors, a district nurse, the head carer, a senior care worker, three care workers, the activities coordinator, chef and the registered manager.

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included five people's care records, three staff recruitment records and records relating to the management of the service.

# Is the service safe?

## Our findings

We looked around the building and identified some areas that were in need of refurbishment. The tiled floor outside the dining room had an uneven area and in the television lounge the carpet was coming out of the 'gripper' and the seams were coming unstuck. This meant the flooring was posing a potential trip hazard to people using the service and staff.

The flooring in the ground floor washing up area was damaged as were the work surfaces. We also saw the wooden flooring in the dining room had lost its protective coating. This meant these areas could not be cleaned effectively.

When we looked around the building we found bedroom doors had different types of locks on them, including some 'Yale' type locks. The 'Yale' locks could be deadlocked on the inside. This meant people could lock themselves in their room and staff would not be able to gain access in an emergency. We asked the registered manager how staff would gain access to a locked room in an emergency. They told us there were keys to the rooms in the office but confirmed there was no master key that would open all of the doors. This meant in an emergency staff would not be able to gain entry to the rooms quickly.

Following our visit we raised our concerns in relation to fire safety with the West Yorkshire Fire Service.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that sufficient care staff were employed for operational purposes and staffing levels were based on people's needs. They told us that between 8am and 8pm four care workers were always on duty and three care workers were employed on night duty. They confirmed one care worker on each shift was a senior member of staff.

However, when we looked at the staff rota for the week of the inspection and the week prior to inspection we found that the staffing levels were not consistently being maintained. For example, for a seven day period week commencing the 9 February 2015 we found only three

morning shifts had been covered by four care assistants and only three care assistants had worked the afternoon/evening shift for the entire seven day period. In addition, we found for the same period only two night staff had been on duty instead of three for five out of the seven nights. This was due to staff being on annual leave or sickness.

We asked the registered manager how staffing levels were determined. No dependency tool was used to calculate these. The registered manager told us they were given a set number of staffing hours from head office based on the number of people using the service. This meant staffing levels were not linked to the changing needs of people using the service or the design and layout of the building.

In addition, the registered manager and the senior care staff on duty told us they had problems covering sickness. They told us the service did at times use agency staff to cover staff that rang in sick at short notice. However, before agency staff could be used they had to contact other homes in the locality operated by the same registered provider to see if they could assist. They said if this was not possible they had to get permission from their line manager before agency staff could be employed. This prolonged the time taken to contact the agency and actually get staff on duty.

The registered manager confirmed that there was no reason why planned annual leave taken by staff could not be covered on the rota. However, we found this was not routinely done. For example, the night rota for week commencing the 16 February 2015 showed that two night staff had taken annual leave but two of their night shifts had not been covered.

The care staff we spoke with confirmed that in addition to providing care and support to people they also had to wash up after all meals and drinks, other than the tea time meal on a daily basis. They also completed the laundry as the service did not employ a laundry assistant. This meant some of their time was spent carrying out domestic duties/tasks when in fact the home was running below the minimum safe staffing levels as set by the provider.

At the time of the inspection the service employed one cook although a further two part time cooks had been interviewed and were due to start work once all the

## Is the service safe?

appropriate checks had been made. The staff rota showed that to enable the cook to take days off the registered manager and designated members of staff including the activities coordinator were catering on some days.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. We spoke with two recently employed members of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

Staff disciplinary procedures were in place and the registered manager gave examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people were kept safe.

We spoke with people using the service one person said they felt safe and another said, "I generally feel safe." The registered provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and

staff were aware that they could contact them at any time if they had concerns. Information about safeguarding vulnerable adults was also on display within the home. The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority safeguarding team and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

We saw the service held money in safekeeping for several people. We saw the money was held in a locked safe and the transaction sheets in place had been completed correctly. The registered manager confirmed that only senior members of staff and the administrator had access to the safe and receipts were always obtained for purchases made by staff on behalf of people who used the service.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff who had been appropriately trained. Medication administration records were up to date with no gaps in recording. This demonstrated people were receiving their medicines in line with their doctors' instructions. We observed people being given their medication during our visit and saw staff supporting them with patience and kindness.

# Is the service effective?

## Our findings

The registered manager told us that all new staff completed induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by the staff we spoke with.

The registered manager told us the majority of training courses made available to staff were provided by an external training organisation and staff were required to attend mandatory training in line with the training plan in place. We looked at the training matrix and saw staff training was being kept up to date.

The registered manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings. However, they confirmed that no supervision meetings had been held between September 2014 and January 2015. This was due to unforeseeable circumstances which prevented the registered manager from arranging the meetings. However, we saw supervision meetings had started again in January 2015 and were planned until the end of the year. The registered manager told us each member of staff would now have five supervision meetings every year and an annual appraisal in line with the organisation's procedures.

The registered manager confirmed that at the time of our inspection visit only they carried out staff supervision and appraisals. However, they said they intended to train other senior members of staff to take on this role in the near future to reduce their workload. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We asked the registered manager if anyone using the service had a DoLS authorisation in place, they told us there was not. When we looked around the building we saw digital locks were in place on the front door, landing doors and in the lift. We also saw pressure pads in place in bedrooms that were used to alert staff when those individuals were getting out of bed or coming out of their bedroom. However, there was

no evidence to suggest people would be stopped from leaving should they choose to do so. The accumulation of restrictions being experienced by people could amount to unauthorised deprivation of their liberty. We therefore asked the registered manager to ensure that this was not the case. We did see staff ask people for their consent before they carried out any care interventions.

We spoke with the cook and care staff and it was apparent they had a very good understanding of people's dietary needs and preferences. The cook confirmed they encouraged people to eat a varied and balanced diet and no restrictions were placed on the catering budget. At breakfast we saw people could have whatever they wanted and cooked breakfasts were made to order. One person asked for prunes and these were then served. During the morning the cook took the orders for the lunchtime meal and spent time with each individual as they decided what they wanted. One person said, "Cook comes and asks, if nothing appeals he will do something else."

People we spoke with told us they enjoyed the meals provided and there was always a good choice. Comments included, "The food is first class, I enjoy all my meals" and "The food is brilliant and they cater for your individual needs."

We observed the lunchtime meal the menu was mushroom soup, followed by roast chicken with mashed potatoes, carrots, swede and gravy. Dessert was lemon meringue pie or cheese and biscuits. Two people had asked for rice pudding for an alternative dessert. Lunch was eaten around nicely laid tables and engendered a pleasant, sociable atmosphere. People were given plenty of time to complete each course and if people required assistance staff were available to help.

In the five care plans we looked at we saw people had been seen by a range of health care professionals, including, GPs, opticians, specialist nurses, falls prevention team and podiatrists. We saw in one person's care file the individual had been unwell and staff had acted quickly in calling an ambulance. Two people we spoke with told us they see the doctor or nurse when they needed to. One said, "If you need a doctor or a district nurse, they'll ring up." We spoke with two visitors who praised the communication between staff and themselves about keeping them up to date about their relatives' health. One said, "Staff are quite good with



## Is the service effective?

information if there's a problem." The other visitor told us they wanted to be present when the doctor and specialist nurse came to see their relative and that staff had made sure this happened with the agreement of the person.

# Is the service caring?

## Our findings

We looked at the care files for five people who used the service. They all contained some information about people's life history, personal preferences, likes and dislikes. We also saw the activities coordinator had a file with information about people's interests and hobbies. Staff we spoke with knew a lot about the people in their care and this helped them provide appropriate care and support.

We saw people looked well cared for. People were dressed in clean, well-fitting clothes and people's hair had been combed. We saw a member of staff ask one individual if they wanted to change their top as it had a food spilt on it. The individual declined the offer. One visitor told us, "My relative is clean, well dressed and well looked after." Another visitor said, "My relative has improved since they moved in here. They are well groomed."

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. We saw staff appeared kind, caring and compassionate. People using the service made the following comments about the staff; "Kind? Yes, they are." "One girl is very good." "The staff treat us well and are kind." "I am well looked after, all the staff are kind and caring." "I'm not rushed, if you want anything just ask." "They take you out in nice weather." "She's a good lass." "The staff are all good. Staff will help, just ask."

Everyone we spoke with told us visitors were welcome at any time. A relative who visited twice a week said, "The staff are very pleasant. They always offer me a drink."

# Is the service responsive?

## Our findings

The registered manager told us an assessment was completed before people moved in to make sure staff could meet the person's care needs. In addition where people had a social worker a copy of the assessment was also available and provided staff with additional information about the person. We saw assessment information in the five care files we looked at.

We saw care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support was being delivered.

One person we spoke with told us when they use their emergency call bell staff, "Come eventually." They explained that if staff were busy they had to wait. We saw in one person's care plan they were at risk of choking and staff needed to monitor them at mealtimes. When we arrived at 8:30am this person was eating their breakfast in the dining room but there were no staff in the room.

We saw one person had fallen on a number of occasions. Staff we spoke with explained this individual needed to be observed by staff when they were in the lounge. However, staff explained there were not always enough staff on duty to make this possible.

Two people told us they had experienced problems getting a shower. One person told us staff had told them they would be having a shower but this had not happened. Another person said the day staff had told them the night staff would assist them to shower, but when the night staff came on duty they did not know anything about this. They did arrange for the person to shower but this was much later than they would have liked.

At the time of our visit there were six people using the service who required the assistance of two care workers. This meant in the evenings if two staff were assisting one individual this would just leave one care worker available to respond to other people's requests and provide general supervision and support. The issues people raised about staff being responsive was directly linked to staffing levels.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had an activities coordinator and we saw some one-to-one activities in the lounge such as a hand massage. Other activities such as skittles and karaoke were being led by one of the people who used the service. Although this was appreciated by staff, one of whom said, "It helps out when I'm doing one-to-ones." We saw that such activity was sporadic and not inclusive. For example, out of 14 people in the lounge, only one or two joined in with the singing. One person said about the skittles, "I don't like this game. I'd rather be quiet." Another person spent the morning sorting greeting cards in a box while another folded some towels. People's comments about the activities included; "There's not much to do, some books." "We just sit here." "I spend most of my time in the room. When the weather is better I go to the garden." "The activities coordinator comes to see me. There are plenty of activities available but none are of interest to me." "The activities are no good to me. Now't I can do really." A visitor told us, "It's nice to have an activities coordinator to keep them busy."

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complainant would be dealt with

We looked at the complaints registered and found only one formal complaint had been received in the last year and this had been dealt with appropriately. However, a discussion was held with the registered manager about the need to record low level concerns raised by people that might lead to themes or trends being identified.

The people we spoke with told us they were aware of the complaints procedures and knew how to make a complaint. One person who used the service told us, "I would tell the manager if I had any concerns and leave it for them to sort out," and a relative said, "I have never had to make a complaint but I am confident they would deal with any concerns I may have correctly."

# Is the service well-led?

## Our findings

When we visited in February 2014 we found although auditing had taken place, the outcomes were not always being analysed effectively to affect improvement of the service. On this visit we found the registered manager was identifying issues through the audit process and taking action to make improvements.

We saw that since July 2014 there had only been two reports made by senior managers about the service. The most recent visit had taken place on 11 February 2015 and handwritten notes of that visit were available. We saw that the actions identified in the July 2014 report had not been followed up on the February visit. This meant there was a lack of oversight by senior managers about the running of the service.

**We recommend the provider ensure they have systems in place to ensure they have oversight of the management of the service.**

People told us the registered manager was approachable and they felt able to raise any issues with them.

We saw the registered manager carried out various audits in order to monitor the service. We saw there were clear audits of people's weights and these clearly showed what

action had been taken when people had lost weight. We saw accidents were being monitored and that the falls prevention team had been involved with people who had fallen.

We wanted to find out how people who used the service and other interested parties were consulted about the quality of the service. We saw surveys had been sent out to people using the service and relatives in January 2015. We saw seven surveys had been returned and that these contained a lot of positive feedback about the service. The registered manager told us they would be compiling a report and this would also address any action to be taken in relation to any issues that had been raised. We noted there were two comments about laundry going missing. This report would be shared with people using the service and relatives.

We saw other stakeholders had also been included in the survey and five had returned the forms, again these were positive and no problems had been identified.

We saw audits of people's care plans were taking place to make sure they were up to date. The registered manager told us a written report was made of actions that needed to be taken by the keyworker. When the care plan had been updated the registered manager checked it again to ensure it had been fully completed. This meant there was a system in place to make sure care plans were completed and up to date.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People who used services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.  
Regulation 15

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People who used the service were at risk because there were not enough staff to care for them and keep them safe. Regulation 18