

Four Seasons (Bamford) Limited

Fernwood Court Care Home

Inspection report

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Bentley
Walsall
West Midlands
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Tel: 01902604200

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Ratings

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

Summary of findings

Overall summary

Fernwood Court is a residential care home for 59 older people. At the time of our inspection 39 people were living at the home. At the last inspection in February 2015, the home was rated 'Good'. At this inspection we found the home remained Good.

People continued to receive safe care. People told us they felt safe. Risks to people's safety had been assessed and care and support was delivered in a way that kept people safe from harm. Sufficient numbers of staff were available to meet people's needs. Staff had appropriate employment checks in place. People received their medicines as prescribed.

The care people received continued to be effective. Staff had the skills and knowledge to meet people's needs. People were asked for their consent before care was provided. People are supported to have maximum choice and control of their life's and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were able to choose what they would like to eat and drink and were happy with the choices provided. People had access to appropriate healthcare professionals when they required.

People continued to receive support that was kind and caring. People's choices were respected and their dignity and privacy maintained. People were encouraged to be as independent as possible.

The service people received continued to be responsive to their needs. People were involved in the planning and review of their care needs. Staff were aware of people's individual needs and supported them according to their preferences. People and their relatives were aware of how to raise issues or concerns and these were responded to.

The home continued to be well-run. People and staff were complimentary about the registered manager. The registered manager promoted an open culture within the home. Staff were aware of their roles and responsibilities. Systems were in place to assess and monitor the quality of service people received which included seeking feedback from people and their relatives about the quality of service provided.

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 remains Good.	Good ●
Is the service effective? The service remains Effective.	Good ●
Is the service caring? The service remains Caring.	Good ●
Is the service responsive? The service remains Responsive.	Good ●
Is the service well-led? The service remains Well-led.	Good ●

Fernwood Court 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 checked 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 comprehensive inspection took place on 15 June 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of care service, their area of expertise was dementia care.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from these notifications to help us determine the areas we wanted to focus our inspection on. Before the inspection the provider completed 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. We also received feedback from the local authority that monitors the quality of the service.

We visited the home and spoke with nine people and three relatives. We also spent time in the communal areas observing how care was delivered. We spoke with the registered manager and seven members of staff. We looked at records in relation to three people's care and seven people's medicine records to see how their care and treatment was planned and delivered. We also looked at three staff files and records relating to the management of the service to ensure people received a quality service.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "I do feel safe here, I don't feel the need to lock my door or anything." Another person told us, "I feel safe here as it is a comfortable safe environment to live with staff who look after me well." One member of staff told us, "If I thought someone was unsafe or at risk of harm or abuse I would tell the registered manager straight away." Staff and the registered manager had a clear understanding of their responsibilities to keep people safe. We saw where safeguarding concerns were raised the registered manager had reported them to the local safeguarding authority and where required investigated, responded to and acted upon to protect people from the risk of harm or abuse.

People's individual risks were known to staff. One person said, "Staff know how to support me when I walk, they stay by me." Staff were aware of potential risks to people and told us how they supported people in a way that minimised risk. One member of staff said, "[Person] is at risk of choking so they require their drinks to be thickened to reduce this risk." People's care records contained guidance for staff to refer to and we saw staff followed this guidance as they supported people. Where incidents had occurred that might impact on a person's safety staff had taken appropriate action to reduce the risk of it re-occurring. For example, making a referral to an external healthcare professional or increased monitoring to reduce any risk.

People said there were enough staff available to meet their needs. One person said, "I think there are enough staff, you don't have to wait long and staff do not rush you." Staff told us there was enough staff to meet people's needs in a timely manner. One member of staff said, "I think there are enough staff to meet people's needs we use bank staff if needed." We saw some people were cared for in their room. We saw enough staff were available to complete regular checks and respond to people's requests. Effective recruitment processes were in place to reduce the risk of employing unsuitable staff. Staff we spoke with confirmed pre-employment checks were completed before they started to work at the home. For example, Disclosure and Barring Service checks (DBS). DBS checks help the provider reduce the risk of employing unsuitable staff by checking their criminal record. This showed the provider had systems in place to ensure people received support from staff that were safe to work with people.

People received their medicines as prescribed and when they needed them. One person said, "I have my tablets regularly four times a-day." We saw there were appropriate systems in place to ensure people had their medicines in a safe way and as prescribed. For example, we saw staff checking medicines to ensure they were being administered as recommended and staff stayed with people whilst they took their medicines. Where people had medicines they took 'when required', we saw there was guidance in place to support staff in the administration of these. We looked at systems used to store and dispose of people's medicines and found the provider was doing this safely.

Is the service effective?

Our findings

People were supported by staff who had the skills to meet their needs. One person said, "Staff are very good and I think they are well trained." One member of staff said, "We do a lot of different training and I certainly feel I have the skills to look after people well." Staff told us they had received training in dementia care which had made them aware of people's needs who were living with dementia. New staff completed an induction which included shadowing experienced members of staff and getting to know people living at the home. Staff told us they received regular one to one meetings and attended staff meetings which provided an opportunity to discuss their own development along with sharing different information. This meant staff received sufficient support from the registered manager to undertake their roles and responsibilities.

People told us staff sought their consent before providing care and support. One person said, "Staff they always check with me first and ask my permission they are very good like that." We saw staff gave people time to make choices and listened to people before attending to their needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2008 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)." The registered manager told us where people were felt to lack mental capacity to make certain decisions assessments had been carried out and meetings were held to identify care in the person's best interests. We reviewed information about capacity in people's care records and found they contained assessments of people's capacity and detailed decisions made in a person's best interest in accordance with the MCA. We found four people currently living at the home had a DoLS authorisation in place and the staff and registered manager had a good understanding of their responsibilities in relation to this.

People told us they enjoyed their meals. One person said, "Food is good. There is a choice of main meals and puddings." A relative commented, "The food looks beautiful, they always mash up the food as my relative is not able to chew and swallow properly." We observed meal times and saw interactions between staff and people were friendly and people got the support they needed.. Staff were able to explain people's individual dietary requirements and how those needs were met. Staff told us nutritional assessments had been completed and professional advice sought from speech and language teams (SALT) when required to support people to maintain their nutrition and hydration needs. Staff offered a choice of drinks frequently to people throughout the day and checked with people that they had enough to eat and drink. This showed that people were supported to eat and drink sufficient to maintain a healthy diet which met their nutritional needs.

People were supported with their healthcare needs. One person said, "They go with me to the doctors and help me explain what is wrong." Staff were knowledgeable about people's health needs and were able to describe how they supported people with these. They said if they noticed a change in a person's health need they would speak with the senior member of staff or the registered manager who would contact the relevant healthcare professional. Where required people's health records contained guidance for staff to refer to. Staff were aware of this and followed the guidance when providing care.

Is the service caring?

Our findings

People told us staff were caring. One person said, "Can't fault the staff they are great. I get on with them and we have a laugh. We saw staff interacted with people in a compassionate way and treated people with kindness. One person said, "I used to cry a lot. The staff have been very helpful and have comforted me and helped me through these hard times." We saw staff speaking to people at eye level, listening and giving people time to respond to any requests. We saw people were happy in the company of staff and enjoyed having conversations with them.

People were supported by staff who knew them well which enabled them to build up trusting relationships with them. People and their relatives told us they were involved in making decisions about their care. We saw staff asked people how they wanted their support to be provided and respected their wishes. One person told us, "I get up at 5am I choose what to wear and what I want to do. It's my choice to get up early and the staff respect that." People were offered a variety of different choices such as where they would like to sit and what they would like to eat or drink. We saw people's bedrooms were personalised and decorated to reflect their taste. This showed people felt involved in their day to day choices and staff respected their decisions.

People told us they were supported to maintain their independence. One person said, "I get myself in and out of bed, I do have help with the shower, I dress myself. The staff encourage me to be independent and do things for myself as much as possible." Staff explained how they supported people to maintain their independence such as, providing the correct cutlery for people to feed themselves or encouraging people to undertake aspects of their personal care.

People's dignity and privacy was respected by staff. One person told us, "Staff are very good they knock on the door and speak to me very respectfully." A relative said, "Staff are very discreet and speak to my relative very quietly when they need to take them to their room and get them changed." Staff we spoke with were able to give examples of how they respected people's dignity. For example, when providing personal care ensuring people were covered and doors closed.

Is the service responsive?

Our findings

People told us they received support that met their needs. Conversations with people confirmed that they and their family where appropriate had been involved in planning how they wanted to receive their care. One relative said, "I have come to meetings and have been involved with my relatives care plan and review." Another relative said, "I was [involved in] the assessment of my relative's needs, asked about dietary needs, hobbies, what time they liked to go to bed, stuff like that." Staff we spoke with were able to explain people's different needs and how these were managed. For example, one member of staff explained how they supported a person who was at a high risk of falls. They told us the person was checked regularly and had a sensor mat in place to alert staff when the person was mobile. Care records we looked at were reflective of what staff told us and were reviewed regularly. Staff told us information was shared with them at the start of each shift. This provided an opportunity for them to discuss information about people's care to ensure people received consistent care. This helped to ensure people received care that reflected their needs and preferences.

People told us staff supported them to follow their interests and they enjoyed the activities on offer. One person said, "I like to read and play cards, we have bingo, the TV and a singer comes in." Another person told us, "We play 'play your cards right', bingo, external singers and a sing-a-long." We saw a number of other different leisure activities had been organised such as a garden fete and people had recently enjoyed a visit from a person who brought in animals. The registered manager also told us raised garden beds were being installed which would give people access to gardening activities. This showed that people were able to spend their time undertaking activities that were meaningful to them.

People told us if they had any concerns they would speak with the staff or the registered manager. One person said, "Not had to make any complaint as I am not unhappy about anything and can't think of anything that would improve the home." People and their relatives told us they had confidence any issues that they might raise with the provider would be listened to and dealt with quickly. We saw the provider had a complaints policy in place along with a tablet computer in the reception area for people and visitors to log any concerns. We looked at the complaints log and saw complaints had been investigated and responded to appropriately.

Is the service well-led?

Our findings

People, relatives and staff thought the home was well-run and were very complimentary of the registered manager. One person said, "The registered manager comes to see us regularly and has a chat with us all." Staff described to us an open culture within the home. One member of staff said, "The registered manager comes around regularly and interacts with everyone. She knows people really well. She is very approachable." Another member of staff said, "The registered manager is always available to speak with. They are very approachable and I feel really supported." Staff told us they were aware of the provider's policies and procedures such as the whistle blowing policy. Whistle blowing means raising a concern about a possible wrong doing within an organisation.

The registered manager demonstrated a good knowledge of the people using the service and their responsibilities as a registered manager. This included the requirements to submit notifications to CQC when certain events occurred; for example serious injury. We also saw the provider had ensured information about the home's inspection rating was displayed as required by law.

There were processes in place to ensure people were involved in the care they received. One person said, "They do have meetings which we can go to." People told us they could approach staff and the registered manager to comment on the quality of the service they received. They explained they had the opportunity to comment through questionnaires and conversations within the home. People and visitors to the home were also able to record their comments and views on a computer tablet. We saw the provider analysed any feedback to improve the quality of service people received. We also saw a number of compliment cards had been received by the provider praising the quality of care provided to people.

There were systems in place to monitor the quality of the service. This included the introduction of mobile technology which enabled the registered manager to input information immediately. This meant they were able to track and analyse information quickly and respond swiftly to any change in a person's need. We saw changes to people's care and risks were recorded and monitored for trends and patterns. Incidents were reviewed for any possible trends that would help improve a person's safety. Regular checks had been completed of medicines, care plans and health and safety. We saw where required action plans were produced detailing actions required or taken to improve the quality of care people received.