

Draycombe House Care Limited

# Ferncross Retirement Home

## 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection visit took place on 21 November 2017. Ferncross Retirement Home is registered to provide personal care for up to 15 people. Accommodation is on two floors with a lift for access between the floors. There are two lounges and a dining room and a garden for people to enjoy. The home is situated close to shops, buses and the local facilities of Heysham. At the time of our inspection visit there were 12 people who lived at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

At the last inspection in November 2015 the service was rated Good. At this inspection we found the service remained Good.

During the inspection visit we observed staff provided support for people in a sensitive and respectful way. People who lived at the home confirmed staff were kind and always helpful. One person who lived at the home said, "Very caring and cannot do enough for me."

We found staff had been recruited safely. They also received ongoing training relevant to their role and supported by the registered manager to undertake training that would enhance their skills. One staff member said, "The training is very good and [registered manager] would support you to do any that would help the residents."

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and found it had been maintained, was clean and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us the standard of food at Ferncross was good. This was confirmed by comments we received that included, "It was lovely the meal and very tasty."

We found during the inspection visit and observing interactions between staff and people who lived at the

home, there was a culture on promoting dignity, respect and independence for people. People told us staff treated them as individuals and delivered person centred care. Care plans seen confirmed the service promoted people's independence and involved them in delivering person centred care that suited each individual.

People who lived at the home told us they enjoyed a variety of activities. Also staff put on events such as parties and themed days. One person who lived at Ferncross said, "I enjoyed the Halloween party."

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the 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?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Ferncross Retirement Home

## Detailed findings

### Background to this inspection

We carried out this comprehensive 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.

Ferncross Retirement Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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.

Ferncross Retirement Home is registered to provide personal care for up to 15 people. Accommodation is on two floors with a lift for access between the floors.

Prior to our inspection visit we contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on 21 November 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

During the visit we spoke with a range of people about the service. They included five people who lived at the home, the registered manager and three care staff who also provided meals and domestic support. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of four people and arrangements for meal provision. We also looked at records

relating to the management of the home and medication records. In addition we looked at recruitment of two staff members and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

## Is the service safe?

### Our findings

We asked people who lived at Ferncross if they felt safe and cared for. Comments were positive and included, "Yes I do feel safe. It is a small home with people around that make you feel that way." Also, "This is a small home with staff and people close by. I like that it makes me feel safe and sound."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. During the inspection process we contacted the local authority and they told us there had been no concerns raised with them about people's care at the home.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person or a family member to ensure the support provided was appropriate to keep the person safe.

We looked at how accidents and incidents had been managed at the home. There was a record for accident and incidents to monitor for trends and patterns. The registered manager had oversight of these. Documents we looked at were completed and had information related to lessons learnt.

Personal evacuation plans (PEEPS) were now in place for each individual for staff to follow should there be an emergency. The registered manager told us they had consulted with the fire department to ensure they had the correct process in place so people were kept safe.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. One staff member said, "We have enough staff and the good thing is we have time to spend with residents which is so important."

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medication during the lunch time round. We saw the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

There were controlled drugs being administered at the time of our visit. We checked the controlled drugs records and correct procedures had been followed. The controlled drugs book had no missed signatures and the drug totals were correct. The correct dosage of remaining tablets was accurate to the medication

record of two people we checked. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. These were observed being used by staff undertaking their duties. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

## Is the service effective?

### Our findings

During our inspection visit, we found staff to be confident and experienced when they assisted people who lived at Ferncross. For example one person who lived at Ferncross said, "I struggle a bit with walking and need a little help. They know how to treat me and seem to lift me without any bother. I know they do a lot of training in assisting people." A staff member said, "We do a lot of training and with us being a small home we get to know how much support people need and how to accomplish that."

Staff records we looked at contained information staff had received training and it was an ongoing programme. This included medication, food and hygiene, safeguarding, mental capacity, manual handling and environmental safety. A staff member said, "The training is very good and [registered manager] would support you to do any that would help the residents." Also the registered manager had sourced specialist training to meet the needs of people who lived with dementia. We saw evidence of training provided in a variety of methods, such as face-to-face or online courses. A staff member said, "I did the dementia courses which was very interesting and helped me."

When people were admitted to Ferncross the registered manager had completed a full assessment of people's individual needs and produced a plan of care. This was to ensure those needs were met. We saw evidence they or a relative had been involved with and were at the centre of developing their care plans. Care records contained documented evidence of people's, or their representative's, consent to their care.

Care practices observed during our inspection visit confirmed people had their needs met in a consistent and timely manner. For example when a person requested help staff did so straight away. People who lived at the home confirmed this. We saw staff worked well together and had a good understanding of people's needs.

We arrived at breakfast time and noticed people were relaxed having breakfast in the dining and lounges. One person told us they liked their breakfast in their room and that was fine with staff. At lunchtime all staff made themselves available to support people who required help with their meals. Different portion sizes and choice of meals were provided as requested. Two people had blended meals which was fish pie. One person said, "It was lovely very tasty." Another person who lived at the home said, "The staff do a good job with meals we have good homely cooking, lovely." We saw people who required assistance with their meal were offered encouragement and supported in a sensitive manner. During the day of the inspection visit snacks and drinks were offered to people between meals including homemade cakes.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Accommodation was on two floors with a passenger lift for access between the floors. There were two lounges and a dining room for the use of people who lived at the home. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. There was evidence around the home that it was dementia friendly, for instance such as individual photographs and signage on bedroom doors. However more ways to support people who lived with dementia would benefit people. For example more signage around the building with pictures so that people could recognize certain rooms and areas of the premises. Although the building was kept clean some new furniture and redecoration was needed. For example marks on walls and doors also furniture and carpets in places were worn. A person who lived at the home said, "It is wonderful here but a bit of updating would help."

# Is the service caring?

## Our findings

People who lived at the home told us they were happy with support from the registered manager and staff. For instance comments we received were positive and included, "If you notice most of the staff have been here years and really do care for people. They are wonderful, fabulous humans." Another said, "Very caring and cannot do enough for me."

We observed during the day positive interactions between staff and people who lived at Ferncross. For example we saw staff pay particular attention to one person as it was their birthday. During the day they kept sitting with the person wishing them happy birthday and chatting about their life. We spoke with the person who said, "Staff have been wonderful to me." The staff were making a cake and were celebrating the birthday with other people who lived at the home.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual. A staff member said, "You have to respect each person's individuality and treat people that way. That is what we do very well here."

We saw staff had an appreciation of people's individual needs around privacy and dignity. For example people were referred to in their preferred term of address. We confirmed this by talking with a person who lived at the home who said, "I like to be known as [name] and from the start staff respected that." In addition we saw many examples of staff respecting people's privacy by knocking on bedroom doors and they waited for an answer prior to entering the room.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had written information details for people and their families if this was required. In addition up to date information from the local advocacy service had been requested by the registered manager. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Staff told us visitors were welcomed at any time. This was confirmed by people who lived at the home we spoke with. One person who lived at the home said, "[Relative] comes and sees me any time they like to they don't mind what time it is."

Care plans we looked at and discussion with people who lived at the home confirmed they had been involved in the care planning process. Care plans were in the process of being updated to document involvement from relatives and advocates where required. The registered manager told us they were processing care records to be more person centred. One care plan we looked at was completed and contained information about people's wishes and preferences for their care delivery. Daily records described support people received. We found people's care plans had been reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs. The registered manager informed us relatives were invited to review care support however that was not always possible with some relatives.

We spoke with the registered manager about the culture at the home. They told us people who lived with dementia were at the centre of everything they planned and did. Staff confirmed with us they had received training in 'dementia awareness' that supported them to help people in a dignified way. During the day our observations and conversations with people who lived at Ferncross confirmed this.

## Is the service responsive?

### Our findings

We found by our observations during the inspection visit and talking with people who lived at the home staff were responsive to their care needs and available when they needed them. For example we witnessed one person call out to a staff member they felt unwell and cold. The staff member immediately attended to the person and sat with them, went for extra blanket and made a cup of tea. The person told us they felt better having spent time with the staff member and that they always responded promptly when they required support or did not feel well.

Care plans of people who lived at Ferncross were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about support people in their care required. One staff member said, "We are only small so we are able to respond and know what people need."

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the registered manager's assessment procedures identified information about whether a person had communication needs. These included whether the person required for example, large print reading.

The service had also considered good practice guidelines when supporting people with communication needs with healthcare appointments. Community care plans were in place which were documents which promote communication between health professionals and people who cannot always communicate for themselves. They contained clear direction as to how to support a person and included information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. The care plan also provided information about whether the person had a do not resuscitate order (DNA) which is a legal form to withhold cardiopulmonary resuscitation (CPR).

The registered manager had a complaints procedure which was on display in the hall area of the building. The document information was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. The registered manager told us she always responded to concerns raised immediately to prevent them developing into a formal complaint. One person we spoke with who lived at the home said, "I cannot think of anything to complain about but would do if needed to."

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. People who lived at the home and staff told us they had regular entertainers in the building. These included an accordion player, local church choirs and regular party events. One person who lived at the home said, "I do enjoy [name] the accordion player he gets people joining in." Another person said, "I like it because I can play musical instruments and may do here one day." A recent Halloween party had been organised and two people told us how they enjoyed the event.

Staff told us they do not have a formal activity programme however games and social events were arranged from the choices of people who lived at Ferncross. In addition people who lived at the home told us staff regularly took them out into the local community for a coffee or a walk round. One person who lived at Ferncross said, "In summer it is not too much trouble for staff to take me out but at the moment it is too cold."

People's end of life wishes had been recorded so staff were aware of these. Documentation and knowledge of end of life care provided by the registered manager and staff, would ensure people to remain in the home where possible as they headed towards end of life care. The registered manager told us this allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

## Is the service well-led?

### Our findings

People who lived at Ferncross told us they were happy with the way in which the home was managed. One person who lived at the home said, "[Registered manager] is fantastic she is just one of us. We are like a big family." Also, "I would not want to be anywhere else the staff are wonderful and the manager is."

We found the service had clear lines of responsibility and accountability. The registered manager was supported by a staff team that had worked together for long periods of time. One staff member said, "Most of the staff have been here for years and we know and support each other well." The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service. This was confirmed from comments we received from people who lived at the home.

The registered manager had processes in place to monitor the quality of the service provided. For example regular audits had been completed. These included reviewing the services medication procedures, care plans, and the premises. A recent medication audit identified a missed signature on a person's medication record to confirm medicines had been taken. The registered manager discussed with staff the importance of ensuring documentation was correct and sheets were signed to confirm people had taken their medication. The incident was recorded and described the action taken.

This was a small home and so views from people who lived at Ferncross were sought on an informal basis. Comments from people who lived at the home included, "No I don't think we have meetings but we see each other every day. I would ask [registered manager] if things needed to change or if I fancied something else on the menu. She would always change things if it was for the better."

As part of the registered manager's quality assurance systems they held staff meetings which were documented. In addition they had weekly staff information sharing meetings. These meetings consisted of sharing information about weekly events and any issues that need attention. Discussions took place about individuals who lived at the home and staff were kept up to date of any relevant information. One staff member said, "We all get along well and meetings are useful."

2017 surveys were planned later in November for people who lived at the home and relatives so we were unable to review any comments. The registered manager told us any negative comments received would be acted upon and addressed to make sure people were looked after and the service continually improved.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.