

# Ewart and Dilworth Limited

# Ferguson Lodge

## Inspection report

Ferguson Lane  
Old Benwell Village  
Newcastle Upon Tyne  
Tyne and Wear  
NE15 7PL

Tel: 01912411212  
Website: [www.fergusonlodge.co.uk](http://www.fergusonlodge.co.uk)

Date of inspection visit:  
18 September 2018  
19 September 2018

Date of publication:  
23 October 2018

## 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 was carried out on 18 September 2018 and was unannounced a second announced day of inspection took place on 19 September 2018.

Ferguson Lodge is a residential care home providing personal care for 46 people some of whom may be living with a dementia. At the time of the inspection 43 people were living at the home.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection is written in a shorter format because our overall rating of the service has not changed since the last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

The staff team treated people, and their relatives, with kindness, compassion and respect. Relationships were warm, friendly and caring. There was lots of laughter and smiles and everyone was relaxed in each other's company. Staff were observant and responded to people's needs in a timely and respectful manner.

People and their relatives had been involved in writing care plans and one page profiles so staff got to know the person and some of their history. This was useful in developing relationships and planning activities that were meaningful for people.

The provider had effective systems to ensure people were safe. Any identified risks had been assessed and minimised to keep people safe.

Safe, values based recruitment processes were used and there were enough staff to meet people's needs.

There was a focus on good nutrition and hydration. All meals were freshly prepared using only fresh ingredients. This had a positive impact on people's health and well-being.

People remained registered with their family doctor if they chose to and were supported with access to other healthcare professionals if needed, including dentists, podiatry, district nurses and specialist consultants.

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.

Staff understood safeguarding procedures and any concerns in relation to harm, accidents and incidents

were logged and investigated. Lessons learnt were a key element to analysing any incidents or concerns which were used to develop the quality of the service.

Staff managed medicines safely and audits were used to ensure safe systems of ordering, storing, administering, recording and returning medicines were used.

The provider ensured there were enough, trained and well supported staff to meet people's needs in a safe way.

An electronic system was used to make sure staff training was up to date. Staff attended training relevant to people's needs including nutrition, dementia care and care of the dying person. In addition, staff attended moving and handling training, first aid, safeguarding and mental capacity training.

The premises were safe and dementia friendly. Appropriate checks of fixtures, fittings and equipment were completed. Thought and consideration had been given to the environment to support people to identify specific rooms whilst also maintaining a homely and welcoming atmosphere.

Everyone we spoke with said the service was well run and there were no areas that needed to improve. There were no complaints and any minor concerns were responded to immediately and shared with staff, where appropriate, so lessons could be learnt.

Systems were in place to monitor the quality of the service provided and action plans were used to drive improvements.

The registered manager was focused on innovation and sustainability using technology to good effect to ensure effective and efficient systems were in place.

A sister service known as 'Home Care Services – Care Hub' was available for people living in the local community. People who received respite care at Ferguson Lodge and some relatives of people living at Ferguson Lodge also used the service if they needed some support with meals or maintenance. This meant there was support available by a trusted organisation known to people. This service does not provide personal care and therefore is not registered or regulated by the Commission.

Further information is in the detailed findings below.

## 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.

# Ferguson Lodge

## 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 comprehensive inspection took place on 18 September 2018 and was unannounced. A second day of inspection took place on 19 September 2018 which was announced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. 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.

We contacted the local authority commissioning team, the safeguarding adult's team 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.

During the inspection we spoke with eight people living at the service and six visitors. We also spoke with the registered manager who was also the nominated individual and owner. We also spoke with the team leader, four care staff, the activity co-ordinator, the administrator, the chef, a kitchen assistant, laundry and domestic staff. Following the inspection, we rang the deputy manager as they were unavailable during the inspection site visits.

We reviewed three people's care records and five people's medicine records. We also reviewed two staff recruitment files and records relating to the management of the service.

We looked around the building and spent time in the communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of

people who could not talk with us.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

Staff were knowledgeable about keeping people safe. People and their relatives said they felt safe. One relative said, "I have peace of mind, yes my [family member] is safe I know they are alright here." Staff understood what to do if they thought someone was at risk of abuse. One staff member said, "If I thought someone was at risk, or if they disclosed something I would explain that I needed to speak to the manager so we could put precautions in place to keep them safe. I'm confident they would respond and take it seriously." A relative told us, "It's a lovely place, the family are happy knowing [family member] is safe which was the biggest worry."

Systems and processes were in place to ensure any concerns, such as safeguardings, incidents and accidents were reported, investigated and lessons learnt. There was a culture of continuous learning and new ideas were discussed and considered before being implemented. The registered manager explained they were developing areas such as infection control and health and safety to ensure continuous improvements were made.

Where risks had been identified assessments were completed and reviewed to minimise any harm people may come to. A care worker said, "If we don't think the assessment is right we can raise it and it'll be updated."

Staff used safe moving and handling practices to support people with mobility needs. Appropriate checks of equipment had been completed and measures were in place to ensure the safety of the premises, including gas and electricity installations and fire safety procedures.

A dependency tool, based upon people's care needs, was used to calculate the number of staff needed. Staff told us there were enough of them to support people safely and they explained how they would ask for support if needed. People's needs were met in a timely manner and call bells were answered promptly.

Safe recruitment practices continued to be followed, which meant staff had the right values and were appropriate to work with vulnerable people.

The provider had systems in place to ensure the safe use of medicines. A staff member said, "I am trained and observed. We have good relationships with the pharmacy and good systems are used, it works well." A relative said, "Oh yes, medicines are managed safely."

Medicine administration records were completed appropriately and clearly. The treatment room was clean and hygienic with appropriate storage and disposal facilities.

People were protected by the prevention and control of infection. Relatives were complimentary of the care

taken with hygiene and one said, "It's always clean and it doesn't smell." They added, "The first time I came to look around it struck me there was no smell, you don't always get that."

## Is the service effective?

### Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People's needs were assessed and care and support was delivered in line with current standards. The team leader explained that people's needs were assessed before they moved to the home, then if it was felt people's needs could be met an initial basic care plan was developed with the person when they moved. This was set for a one week review. The team leader said, "We are responsive to changes and update care records in response to changes to care or after a review."

Staff worked as a team to deliver appropriate care and support. One staff member said, "We are all the same here and work together for residents." There was a focus on multi-agency working and liaising with other healthcare services to provide a good service for people.

The chef provided a well-balanced diet made up of freshly made meals, fruit and enough hydration. One relative said, "It's a really good menu, salmon, turkey everything is fresh." Another relative explained how their family member was supported with their specialist dietary needs. They said, "It's pureed food and they are supported with eating. There's no processed or frozen food." The chef was proud of their achievements with regards to people's nutrition. People had gained weight and no one had any skin concern's related to poor hydration.

A relative said, "They are on to people's medical needs straight away. Things are sorted out immediately." People were supported to keep their own GP if that is what they wanted as the home did not have a specific practice they worked with. If someone was resident for a short stay the staff liaised with the person's own GP to ensure medical support was consistent or, if out of area, a temporary registration was made with a preferred GP practice.

People were registered with a local dentist or, if needed, arrangements were made for people to have access to a specialist dentist dependent upon their needs. Opticians, podiatry, district nursing was also provided as well as access to any specific health care services that were needed such as consultants or dieticians.

The décor was chosen by the people living at Ferguson Lodge. The team leader said, "It's a home. It's people's home and we have the pleasure of working in it." Items of memorabilia were on display throughout the home and if people chose to they had their names and important photographs on display on their doors. A relative said, "I think the photos are a really good idea, it helps my [family member] know which is their room." Dementia friendly signage was used on toilets and bathrooms to help people find their way around the home.

The deputy manager was thoughtful of the needs of people in relation to the design and décor of their home and was researching dementia friendly environments thoroughly before making any commitment to further developments.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made appropriately and were required people's mental capacity had been assessed and best interest decisions made.

Care staff said, "Some people can make their own decisions, for others we show them two options and they can chose or we do things in people's best interest."

An electronic system was used to raise an alert when staff training was needed. Staff said, "There's lots of training, first aid, moving and handling, safeguarding, medicines, dementia, everything you need." We were also told, "Support is offered by the management team, we have supervisions and appraisals which are good." Staff who were new to care completed the Care Certificate as part of their induction and all staff were required to have a mentor who they worked alongside when they were new in post.

Staff said they were appropriately trained to meet people's needs. Training had been completed in areas such as safeguarding, mental capacity, moving and handling, medicines, nutritional needs, skin integrity and fire safety. Staff were supported well and attended regular meetings with their manager to discuss their performance, well-being and any areas where additional support was needed.

## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People were treated with kindness, respect and compassion. Emotional support was offered to people and their relatives when needed.

One person said, "The staff are nice people, they help me and if I want them they are there. I like to keep my independence so I try to do things for myself. The staff respect this and keep my privacy." A relative said, "It's spot on, I really like it, I like the staff. It's a lovely home." Another said, "The staff always knock on doors, they are kind and give people kisses and cuddles. They are the best!"

Staff spoke to people kindly and with respect. Everyone looked comfortable and relaxed with each other, there was lots of laughter and the atmosphere was warm and homely. Terms of endearment were used between people and staff and people sought staff out for a cuddle or some time to sit and hold hands. This was an appropriate and compassionate time which clearly brought people comfort. Small lounge areas were available for people to use if they wanted some private time with their family members, friends or staff.

There was an awareness amongst staff that, at times, people's relatives and visitors also needed support and to be asked how they were there. One staff member said, "It's about supporting everyone, residents and their family members. We all need support sometimes."

People and their relatives were included in care planning, reviews and decisions about the home. One relative said, "I'm kept in the loop. I was involved in writing the care plans and in three monthly reviews. If anything needs to change we are told and involved."

If people had a preference to be supported by female staff only this was recorded and respected.

The team leader explained that people had lived at the home with their pet cats. This was assessed in terms of the cat's welfare and the needs of the people at the home. Plans were in place to ensure the cat was well cared for which meant the person could keep their beloved pet with them whilst living at the home. Family members were also able to bring pet dogs to the home which people told us they "loved."

If people had particular communication needs the provider was committed to ensuring these could be met. For example, staff had learned some hand sign language so they could support people who used this as their first language. Menus had been available in a different language and the chef was in the process of developing a pictorial menu. In the meantime, people were shown plated meals to choose from.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Staff provided care that was responsive to people's needs. Personal profiles included information of what was important to people was in place, as well as information about people's life story. Staff spent time getting to know people and this information was used in planning activities. The activities co-ordinator said, "We do general games with people, reminiscence, one to one time. I also like to do sensory things like manicures and facials. We set up a knit and natter club and one of the residents had to remind me how to knit!"

People were supported to maintain links with family members, especially those who lived further away and people had direct dial telephones in their rooms. People were also active members of the community and attended coffee mornings at the local extra care housing scheme, attended church and went shopping in the local area. Links had been established with the local schools and churches and these were being strengthened.

A relative said, "There's a lovely garden which is used in the summer and plenty for people to do, entertainers, knitting, dominoes, bingo and keep fit."

Care plans and risk assessments provided information to ensure staff knew how to support people safely and how to maintain people's independence and preferences. The management team was responsive to ideas for developing care plans to include more information on people's preferences to ensure they were fully personalised.

There had been no complaints. A relative said, "I have no complaints. If I ask for something they do it." The team leader explained that any minor concerns were addressed straight away so they didn't develop into complaints. Any concerns were shared with the staff team together with how it was being resolved so everyone could learn and improve things for people.

The team leader explained that lots of people had said they wanted to stay at the home at the end of their life. In response, emergency healthcare plans had been put in place which documented their views. The team leader said, "Wherever people want this we try and make it happen with the support of the district nurses. Family are supported and the staff, we do it well." Memorial services had been held at the home and the garden had areas of remembrance for those who had touched the lives of people and staff at the home.

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

A registered manager was in post at the time of the inspection. They were also the nominated individual and owner of Ferguson Lodge. 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.

The team leader said, "My job is always about the people I work with, I love the care side of things. If we are not perfect we will improve, there's no blame culture here. We encourage and support through supervision and appraisal. If there are issues we highlight them, resolve them and improve."

A great deal of attention was given to ensuring staff with the same values as the company worked at the home. Having "the right values" was something all the staff team spoke about. There was a culture of providing high quality care and support for people in a homely environment where people felt safe and cared for.

A relative said, "I've met [management team] they are fine, no different to the other staff, they are all approachable and reassuring."

All the management team understood regulatory requirements including their responsibilities to ensure quality was maintained and risks were minimised. Various audits and actions were completed which had been effective in leading developments and improvements. For example, the introduction of one page profiles for people and staff. The registered manager shared their plans for improving infection control as a head housekeeper had been employed. There were also plans to improve health and safety systems. Of the people, staff and relatives we spoke with no one had any concerns about the way Ferguson Lodge was run. A relative said, "It's well ran, they are quite strict."

Meetings were held with staff, people and relatives to ensure they were involved in the service. Due to the welcoming atmosphere and approachability of the team any comments about the service were openly discussed with a positive attitude.

The registered manager focused on ensuring the sustainability of the service through a thoughtful and considered approach to ensuring quality of care in a homely environment. Innovations were used in relation to computerised systems and technology which meant processes were effective and efficient which freed time which could be spent with people.

A sister company had been developed called 'Home Care Services – Care Hub.' Personal care was not provided so it is not a service regulated by the Commission. This was seen as a vital provision for some

people who had short breaks at Ferguson Lodge for respite as they could access the service when they returned home if they needed a little support with meals or maintenance. Some relatives whose family member resided at Ferguson Lodge also used the service so they had some support at home.