Burwood Care Home Limited

Fern Hill House Care 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

We carried out an inspection at Fern Hill House Care Home on 21 and 22 August 2018. The first day was unannounced.

Fern Hill House Care 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.

Fern Hill House Care Home provides accommodation and care and support for up to 24 people, some of who were living with dementia or mental ill health. There were 17 people accommodated in the home at the time of the inspection.

Fern Hill House Care Home is located on a main road close to the town centre facilities of Bacup. It is an older style property with facilities on three floors, which could be accessed by steep staircases or a number of chair lifts and a passenger lift. There was a small car parking area with a gated seating and smoking area to the front of the house.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 carried out on 13 and 14 February 2018, the service was rated as 'Requires Improvement'. We found three breaches of the regulations in respect of medicines management, risk management and care planning. This was the third occasion the provider had failed to meet the regulations as they were also rated as requires improvement in January 2016 and March 2017. Therefore, following the inspection of 13 and 14 February 2018, we imposed conditions on the provider's registration that required them to send us a monthly improvement plan to show what they would do and by when to improve the service.

Following the last inspection of 13 and 14 February 2018, regular meetings had been held with the registered persons, CQC, the local authority safeguarding team and the commissioners of services. The clinical commissioning group medicines optimisation team, infection control team and local commissioners of services had worked with the provider and the management team and staff to support them with improvements. The provider had voluntarily suspended admissions to the home and an agreement was made to allow a restricted number of admissions to the home until the commissioners were satisfied that significant improvements had been made. An action plan was available to support further improvements and was regularly updated by the provider and shared with local commissioners and CQC.

At this inspection, we found the rating had improved to 'Good'.

The management of people's medicines had improved and they were managed in a safe manner. People had their medicines when they needed them. Staff administering medicines had received training and supervision to do this safely.

Records relating to people's care and support had improved. The information in people's care plans was sufficiently detailed to ensure they were at the centre of their care. We discussed how the information could be improved. People's care and support was kept under review and, where possible, people were involved in decisions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

Improvements had been made to ensure the home was a clean, safe and comfortable place for people to live in. However, there had been slow progress with further improvements to people's bedrooms. Following the inspection, the registered manager sent us a detailed improvement plan with clear timescales. Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort.

The management team and staff had worked hard to introduce much needed changes and improvements; they were aware further improvements were needed and there was a plan in place to support this. People and staff were happy with the improvements that had been made and considered the service was managed well. Communication had improved and people felt they had been involved in decisions and consulted about any changes.

People were happy with the personal care and support they received and made positive comments about the staff. They told us they felt safe and happy in the home and staff were caring. People were comfortable in the company of staff and it was clear they had developed positive trusting relationships with them. Staff understood how to protect people from abuse.

People were supported to have 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 respected people's diversity and promoted people's right to be free from discrimination.

People had access to a range of appropriate activities both inside the house and in the local community. People's nutritional needs were monitored and reviewed and appropriate professional advice was sought when needed. People were given a choice of meals and staff knew their likes and dislikes.

People told us they were happy and did not have any complaints. They knew how to raise their concerns and compliments and were confident they would be listened to.

A safe and robust recruitment procedure was followed to ensure new staff were suitable to care for vulnerable people. Arrangements were in place to make sure staff were trained and competent. People considered there were enough suitably skilled staff to support them when they needed any help. Staffing levels were monitored to ensure sufficient staff were available.

Effective quality assurance and auditing processes helped the provider and the registered manager to identify and respond to matters needing attention. There were systems to obtain the views of people, their visitors and staff. People felt their views and choices were listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe in the home and they were protected against the risk of abuse. Staff understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice.

The management of risks to people's health and wellbeing had improved.

Safe recruitment practices had been followed. There were sufficient staff available to meet people's needs.

The management of people's medicines had improved. Medicines were managed safely and administered by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff were provided with training and development which enabled them to meet people's needs.

Improvements to the environment had been made to provide safety and comfort for people. Further improvements were being made; a system of reporting required repairs and maintenance was in place.

People enjoyed their meals. Their dietary needs and preferences were met. People were supported appropriately with their healthcare.

Staff had received training to improve their understanding of the MCA 2005 legislation. People's capacity to make safe decisions and to consent to care were in place but needed further improvement.

Is the service caring?

Good

The service was caring.

People told us the staff treated them with care and kindness and we observed good relationships between staff and people living in the home.

People were encouraged to maintain relationships with family and friends. There were no restrictions placed on visiting.

Staff respected people's rights to privacy, dignity and independence. Where possible, people were able to make their own choices and were involved in decisions about their day.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of suitable activities inside and outside the home.

Each person had a care plan that was detailed and reflected the care they needed. People's needs and risks were kept under review.

People told us they knew who to speak to if they had any concerns or complaints and were confident they would be listened to.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post who was responsible for the day to day running of the home.

The management team and staff had worked hard to introduce much needed changes and improvements; there was a plan in place to support further improvements. People, their relatives and staff felt the home was managed well and they were happy with the recent changes and improvements made.

There were effective systems to assess, monitor and improve the quality and safety of the service. Shortfalls had been recognised and had been followed up; the registered manager was aware of where improvements were needed.

There were systems in place to seek feedback from people living in the home, visitors and staff.

Fern Hill House 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.

An unannounced comprehensive inspection took place at Fern Hill House Care Home on 21 and 22 August 2018. The inspection was carried out by an adult social care inspector, an inspection manager and an expert by experience on the first day, and by one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In preparation for our visit, we checked the information we held about the service and the provider. We considered the previous inspection report and obtained the views of the local authority safeguarding and contract monitoring team, the infection prevention and control lead, the medicines management team, local commissioning teams and other health and social care professionals. We analysed information from previous complaints and safeguarding alerts and incorporated the themes into the planning of this inspection. We reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

We used the information in monthly improvement plans we had asked the provider to send to us. We also 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 us some key information about the service, such as what the service does well and improvements they plan to make.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with eight people living in the home, two relatives, four care staff, the maintenance person, the operations director and the registered manager. We also spoke with a healthcare professional.

We had a tour of the premises and looked at a range of documents and written records including four people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, customer survey outcomes, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and records relating to the auditing and monitoring of service.

Following the inspection, we asked the area manager to send us some additional information. This was promptly provided.

Good

Is the service safe?

Our findings

During the last inspection, we found the provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found staff did not have clear and accurate guidance on how to manage risks in a consistent manner without restricting people's freedom, choice and independence. Following the inspection, the provider sent us a monthly action plan which set out the action they had taken and intended to take to improve the service.

During this inspection, we found improvements in the way the risks to people's health, safety and wellbeing were managed. Risk assessments were in place including those relating to falls, moving and handling, skin integrity and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly and information about any changes in people's risks or needs was communicated between staff during shift changes. We discussed how the documents to identify changes in the risk scores could be improved. The registered manager reviewed and implemented new records during the inspection.

We noted records were kept in relation to accidents and incidents that had occurred at the service, including falls. Referrals were made, as appropriate, to the GP, the falls team and the district nursing team; we also observed alarm mats in use for people who had been identified at risk of falls. We saw the incident and accident records were checked by the registered manager who carried out an analysis of the information to identify any patterns or trends. We discussed how the analysis of the information could be more detailed; we were shown a new analysis record which would be introduced this month.

We found individual risk assessments and strategies were in place to help identify any triggers and guide staff how to safely respond when people behaved in a way that challenged the service. Appropriate action had been taken in response to incidents of this type, such as the referral to the mental health team. Records confirmed staff had received training in this area which helped to keep them and others safe from harm.

People's money was managed safely. Financial protection measures were in place to protect people. Staff were not allowed to accept gifts or assist in the making of, or benefiting from people's wills. We noted there were systems in place to respond to concerns about staff's ability or conduct; there was good evidence the registered manager had acted appropriately to keep people safe.

During the last inspection, we found the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we could not determine whether people had received their medicines as prescribed. Following the inspection, the provider sent us a monthly action plan which set out the action they had taken and intended to take to improve the service.

During this inspection, we found improvements in the way people's medicines were managed. The local commissioning medicines optimisation team had been providing the registered manager and staff with

advice and support. A healthcare professional said, "We have had a very positive experience with the care home. They are always very prompt with their ordering (of medicines)."

Staff had access to a full set of medicines policies and procedures. We found there were safe processes in place for the receipt, ordering, administration and disposal of medicines. Care staff who were responsible for the safe management of people's medicines had received training and, checks on their practice had been undertaken. We observed staff provided patience and consideration when administering people's medicines.

We sampled four people's medication administration records (MARs). A photograph identified people on their MAR and any allergies were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to the person. People had consented to their medication being managed by the service; we were told no-one was managing their own medicines. There was a system to ensure people's medicines were reviewed by a GP that would help ensure people were receiving the appropriate medicines.

Medicines that were prescribed 'as needed' were supported by clear guidelines. Handwritten entries had been witnessed, medicines were clearly labelled and were dated on opening and carried forward amounts from the previous month were recorded. This helped to monitor whether medicines were being given properly. We noted appropriate codes had been used when people had not taken prescribed medicines and external medicines, such as creams, had been applied and recorded accurately.

Appropriate arrangements were in place for the management of controlled medicines, which are medicines which may be at risk of misuse. We found one discrepancy which was remedied immediately to ensure the controlled medicines register was accurate.

The temperatures of medicine storage areas were recorded. However, room temperatures were not always completed on a daily basis and the records to support the monitoring of fridge temperatures were unavailable. The registered manager assured us the temperatures would be monitored regularly.

During the inspection, we observed people were comfortable in the company of staff. We observed staff interaction with people was kind, friendly and patient. People told us they felt safe. They said, "They look after me properly. I feel safe" and, "The staff are lovely, we have a laugh about things." Relatives told us, "My [family member] is here and I feel he's a lot safer here than his last home. He's only needed his medicines for his behaviour once since he came, the last place gave it every day" and, "We think [family member] is very safe here. We were bothered about the steps that she had to go up to get to her room, but they moved her a second time without us having to ask."

Staff had safeguarding vulnerable adult's procedures and whistle blowing (reporting poor practice) procedures to refer to. Safeguarding procedures are designed to provide staff with guidance to help them protect people from abuse and the risk of abuse. Staff had received safeguarding training and there were designated safeguarding champions in the home that provided advice and guidance to other staff in this area. Staff understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. They told us they would have no hesitation in reporting any concerns either to the management team or to other agencies and were confident the registered manager would listen and respond appropriately to their concerns.

The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns. Action to be taken and lessons learned from incidents had been discussed with staff during

meetings and with the provider at management meetings. Arrangements were in place to respond to external safety alerts to ensure people's safety.

Staff had access to a set of equality and diversity policies and procedures. We noted people's individual needs were considered when care was being provided and some information was recorded as part of the care planning process. This helped to ensure people had access to the same opportunities and the same fair treatment.

We looked at three staff recruitment records and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and suitable references had been obtained. These checks helped to ensure that staff employed were suitable to provide care and support to people living at the home.

People were happy with the availability and numbers of staff. Comments included, "They are always around, they come in good time and check that I'm alright or if I need anything" and, "They are a good bunch, down to earth. I press the buzzer and they come to see whether I need help." A healthcare professional described the staff as 'attentive and enthusiastic'.

We were aware there had been significant changes to the staff team since our last inspection. Staff confirmed there were sufficient staff to meet people's current needs. They told us about the changes to the staff team and they were confident they now had a good team. During our visit, we observed people's calls for assistance were promptly responded to; staff were attentive to people's needs and available in the main lounge and dining room. A dependency tool was used to provide guidance about recommended numbers of staff.

We looked at the staffing rotas and found a designated senior carer was in charge with two care staff throughout the day and a senior carer and a care staff at night. There were sufficient ancillary staff such as cooks and cleaners. The registered manager and deputy manager worked in the home five days each week and provided out of hours support as needed. We were told any staff shortfalls due to leave or sickness were covered by existing staff or by the registered manager or deputy manager; agency staff were not currently being used.

We looked at the arrangements for keeping the service clean and hygienic. We found all areas to be clean and people told us, "The home doesn't smell when you come in and it looks brighter and cleaner" and, "It's much cleaner than it used to be." The local authority infection, prevention and control lead nurse had provided the registered manager and staff with support and advice in this area. Recommendations were made following the last visit in April 2018; the registered manager had addressed most of the issues and others were included in the development plan.

There were infection control policies and procedures for staff to refer to and staff had been trained in this area. Staff were provided with protective wear such as disposable gloves and aprons; suitable hand washing facilities were available to help prevent the spread of infection. The service had a designated cleaner and cleaning schedules were in place; the registered manager gave assurances the completed schedules would be checked on a weekly basis and as part of the auditing process. An infection prevention and control champion had been appointed and was responsible for conducting checks on staff practice in this area, attending local forums and for keeping staff up to date.

The laundry had sufficient equipment to maintain people's clothes. We noted there had been recent issues regarding people's clothing going missing. This had been discussed with the staff. The registered manager were confident improvements would be made in this area.

Equipment was stored safely and we saw records to indicate regular safety checks were carried out on all systems and equipment. People had access to a range of appropriate equipment to safely meet their needs and to promote their independence and comfort. There were arrangements in place for ongoing maintenance and repairs to the building and the service had access to a maintenance person who responded to promptly to any requests for maintenance or repair. Records showed repairs were undertaken promptly.

Training had been provided to support staff with the safe movement of people. We observed staff using safe practices and offering re-assurance when supporting people to move around the home. Records showed staff were trained to deal with healthcare emergencies.

Records showed staff had received fire safety training. Regular fire alarm checks had been recorded to ensure staff knew what action to take in the event of a fire. Each person had a personal evacuation plan in place in the event of a fire, that assisted staff to plan the actions to be taken in an emergency.

The environmental health officer had awarded the service a five-star rating for food safety and hygiene. There was key pad entry to the home and visitors were asked to sign in and out which would help keep people secure and safe.

We found that records were managed appropriately at the home. People's care records and staff members' personal information were stored securely in locked cabinets and were only accessible to authorised staff.

Good

Is the service effective?

Our findings

People told us they were satisfied with the service they received and felt staff had the skills they needed. Comments included, "I am happy here. I am comfortable", "It's nice here and the staff are great" and "The staff are lovely." A relative said, "There's a lovely feeling when you come in and everyone is smiling."

Before a person started to use the service, a thorough assessment of their physical, mental health and social needs was undertaken to ensure their needs could be met. Most people, or their relatives, were enabled to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff could determine whether the home was able to meet their needs. There was good evidence that the registered manager had considered people's current needs, staff skills and the layout of the home before accepting any new admissions to the home.

We looked at how the service trained and supported their staff. We looked at the training plan and found that the provision of appropriate training had improved and staff received a range of training that enabled them to support people in a safe and effective way. All staff had achieved or were working towards a recognised care qualification. Staff spoken with confirmed their training was useful and beneficial to their role; they told us they were well trained and could request further training if they needed to. The service had linked into training provided by the local commissioners; this had helped the staff to provide people with safe, effective and consistent care.

Staff told us they were well supported by the registered manager and could approach the management team to discuss any issues. We looked at the supervision plan and found not all staff had received regular one to one supervision and not all supervisions and spot checks had been documented. Supervision provided staff with the opportunity to discuss their training needs, responsibilities, to receive positive feedback about their practice and any areas for improvement. The registered manager assured us the service was now fully recruited and all staff would be provided with planned one to one sessions. Staff were also invited to attend regular meetings and received an annual appraisal of their work performance.

New members of staff participated in a structured induction programme, which included an initial orientation to the service, working with an experienced member of staff, training in the provider's policies and procedures, completion of the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the skills and knowledge which they need to provide safe, compassionate care.

Staff told us communication about people's changing needs and the support they needed had improved to a good standard. Records showed key information was shared between staff and healthcare professionals; staff spoken with had a very good understanding of people's needs. A healthcare professional told us, "They have a file and make notes ready for my visits. A member of staff accompanies me around the home and makes notes ready for their handover. It's working better now; the handover communication wasn't great but that's improved."

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs related to their health. Records showed that the advanced nurse practitioner and district nursing team regularly visited the service and monitored the care and treatment of people in their care; appropriate referrals were made to a variety of healthcare agencies. Staff could access remote clinical consultations which meant prompt professional advice could be accessed out of hours, and in some cases hospital visits and admissions could be avoided. People considered their health care was managed well and they received medical attention when they needed it.

Information was shared when people moved between services such as transfer to other service, admission to hospital or attendance at health appointments. People were accompanied by a record containing a summary of their essential details and information about their medicines; where possible, a member of staff or a family member accompanied the person. In this way, people's needs were known and taken into account and care was provided consistently when moving between services.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were policies and procedures to support staff with the MCA and DoLS and records showed staff had received training in this subject; this would help improve staff understanding of the processes. One person had an authorisation in place and other applications had been submitted to the local authority for consideration. The registered manager was aware she needed to undertake checks on the progress of any applications.

People's capacity had been assessed and there was some information recorded about people's capacity to make specific decisions about their care and support. We noted best interest decisions were recorded where people had been assessed as lacking capacity to make specific decisions in relation to medicines and leaving the home safely. There was information in people's care plans to provide guidance for staff on least restrictive practice in order to protect people's rights. The registered manager assured us that this information was being reviewed to provide sufficient detail to ensure all staff acted in people's best interests and considered their choices.

We observed staff asking people for their consent before they provided care and treatment such as with administering medicines or with moving from one part of the home to another. Staff told us they understood the importance of gaining consent from people. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person. One person said, "They talk to me and ask me what I want and how I want it doing."

We noted people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place. Each person's doctor had signed the record and decisions had been taken in consultation with relatives and relevant health care professionals. A DNACPR decision form in itself is not legally binding. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. We found people's care plans reflected their decisions and preferences in relation to this and staff were aware of people's wishes. We

discussed how the information in people's care plans could be improved in this area.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals and that they had a choice. People said, "I like the food", "I can have a take away if I want" and "The food's good and we get plenty." A relative said, "I stay and have lunch with [family member] about twice a week. The food's very good and they're always very welcoming." One person gave a thumbs up sign to indicate they were happy with the meal and we overheard people making comments such as, "This is good" and, "I really like this."

The main menu was displayed in the dining room and people were asked for their choices earlier in the day; their choices were not confirmed again whilst at the dining table. We noted a vegetarian option was available each day and observed drinks and snacks being offered throughout the day. The dining tables were set with cutlery and napkins although condiments were not available on all the tables. We observed people being supported and encouraged to eat their meals at their own pace and people being discreetly observed in line with their care plan. We overheard friendly conversations and banter during the lunchtime period.

Information about people's dietary preferences and any risks associated with their nutritional needs was shared with kitchen staff and maintained on people's care plans. Staff provided people with appropriate food and drink in line with their care plan. Food and fluid intake charts had been implemented for those people deemed at risk and there was effective monitoring of the records to identify any deficits in people's dietary intake. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. We were told the nutrition support team had delivered training sessions to support staff with understanding malnutrition and the appropriate use of food fortification.

People, or their visitors, gave us mixed feedback about the improvements to the environment. Some people told us they were happy with their bedrooms and they were happy with the improvements made so far. A relative said, "The décor is still tired even though they have done things, it's just everything is done cheaply and then it's poor quality. The new painting of the bedroom door looks great from outside but poorly finished inside the room. There's no lampshade in her room and the bulb is too small."

The home was on different levels with steep stairways to each floor; there was also a passenger lift and three stair lifts available to provide access. Following a recent incident, access to the stairways was protected by key coded doors. We were told people used the passenger lift and those who used the stairways, did so safely. However, access on the first and second floor corridors was limited and not suitable for people in wheelchairs or those with limited mobility; this meant people would have to move to a more suitable available room if their mobility needs changed. We discussed how this was made clear to people, with the registered manager and area manager. We were told people's mobility needs were considered prior to admission and information relating to this would be included in the new service user guide. The area manager and deputy manager assured us risk assessments would be reviewed and updated in response to this.

We looked around the home. Aids and adaptations had been provided to help maintain people's safety, independence and comfort. All the bedrooms were single occupancy and were provided with hand wash basins. Some people had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. Bathrooms and toilets were suitably equipped and corridors were light and clear of any obstructions. We noted pictures and other items of interest were displayed on the corridor and lounge/dining room walls; this helped people with a cognitive or memory impairment to identify where they were in the home. The bedroom doors were easily identified by colour and number, and

had letter boxes and door knockers; this helped people to recognise their bedrooms. Appropriate signage and coloured doors were in place for bathrooms and toilets. Improvements were planned such as themed corridor areas and a themed dining area.

There was a plan in place for redecoration and refurbishment of the service and we found that improvements had been made and were ongoing. Recent purchases included a new sluice washing machine, fire doors and a hoist to assist with moving people safely. Improvements had been made in areas such as furnishings and fittings in the communal areas, and with some bedroom flooring, radiator covers, doors, fittings and furnishings. However, whilst we found improvements we also found broken furniture handles in one bedroom, uneven and ill-fitting flooring in five bedrooms and on the corridor, old mesh radiator covers in some rooms and an unsecured radiator cover in the lounge. We noted the shortfalls had been identified and included in the plan for action.

However, we were concerned by the lack of progress to redecorate and refurbish the bedrooms since our last inspection. We discussed this with the area manager, the registered manager and the maintenance person. The registered manager confirmed, "All rooms have had some work done on a priority need basis during this year but going forward I will address all urgent equipment or furniture repair or replacement issues by end of September; and then a structured prioritised upgrade programme over the next 15 months i.e. all done by end of 2019." Following the inspection, we were sent a detailed plan with reasonable timescales for completion. We will monitor progress with this.

Good

Is the service caring?

Our findings

People spoken with were happy with the care and support they received. They told us they were treated with care and kindness and were treated equally and fairly. They said, "The staff are lovely and caring, they look after me very well" and, "I can get out on my own. Staff are okay and let me be independent where I can; they will come when I call. I like being self-sufficient."

We saw a number of compliments that highlighted the caring approach by staff. However, the cards were not dated which meant it was difficult to determine whether they were recent compliments.

People were encouraged to maintain relationships with family and friends. Friends and relatives confirmed there were no restrictions placed on visiting and they were made welcome in the home.

During our visit, we observed staff taking time to chat with and listen to people and interacting with people in a caring, friendly and respectful manner; we observed appropriate humour and warmth from staff towards people. People appeared comfortable in the company of staff. We observed good relationships between staff and people living in the home and staff were knowledgeable about people's individual needs and personalities. There was a key worker system in place which provided people with a familiar point of contact in the home to support good communication. Where possible, people could make their own choices and were involved in decisions about their day.

We observed people were treated with dignity and respect and without discrimination. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. People were dressed comfortably and appropriately in clothing of their choice. We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills.

People told us the staff respected their privacy. We observed staff ensured personal care interventions were carried out behind closed doors in the person's bedroom or bathroom. All staff were bound by contractual arrangements to respect people's confidentiality.

People's wishes and choices with regards to spiritual or religious needs was recorded and people could receive religious services in the home. People's wishes and choices with regards to receiving personal care from female or male carers was recorded however, their ethnicity and sexual orientation was not recorded; this information helped staff to be aware of people's diversity. The registered manager assured us this information would be included in people's care records.

People were encouraged to express their views by means of daily conversations and during residents' and relatives' meetings. The meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. We found people's views had been listened to and acted on in areas such as the provision of activities and meal choices. A monthly newsletter had been introduced which also kept people up to date with events in the home.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms. Bedrooms were fitted with appropriate locks and people told us they could spend time alone if they wished.

Useful information was displayed on the notice boards and informed people about how to raise their concerns, safeguarding, planned activities and events in the local community. Information about advocacy services was displayed. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

During our last inspection, we were told the guide to the service, the brochure and the website were being developed and would be shared with people in a format they understood. People needed this information to understand their rights and responsibilities whilst staying at Fern Hill House Care Home. During this inspection, we were shown a finalised copy of the brochure and were told the guide was currently being developed; we will review this at the next inspection. The registered manager told us the information could be made available in other formats to ensure it was accessible to everyone.

Good

Is the service responsive?

Our findings

During the last inspection, we found the provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found the care plans did not always provide staff with clear guidance and direction on how best to support people when their needs had changed. Following the inspection, the provider sent us a monthly action plan which set out the action they had taken and intended to take to improve the service.

During this inspection, we found improvements had been made. Each person had an individual care plan, which was underpinned by a series of risk assessments. The care plans were organised and included valuable information about people's likes, dislikes, preferences and routines, which helped ensure they received personalised care and support in a way they both wanted and needed. Information about people's changing health needs and specialised care needs were recorded and the advice given by health care professionals was documented and followed. We discussed how the information could be improved in relation to recording specialised care needs and ensuring the 'This is Me' documentation and end of life preferences were completed in full.

People's care and support had been kept under review and records updated on a regular basis or in line with any changes. People spoken with said they were kept up to date and involved in decisions about care and support. Records of any communication with relatives were maintained and we noted they had been involved in providing useful information about preferences, interests and routines. Some people, or their relatives, had been involved in the review of the care plan. We noted people had been invited to attend formal care plan reviews; this had also been discussed with care staff.

Daily records were maintained of how each person had spent their day and of any care and support given; these were written in a respectful way. There were systems in place to ensure staff could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift and the use of communication diaries and handover sheets.

People were happy with the personal care and support they received and made positive comments about the staff and about their willingness to help them. People said, "I get on well with the staff", "They are very helpful" and, "I like the staff."

We looked at how the service managed complaints. Some people were unaware of the complaints procedure, however, they all stated that they would not hesitate to speak with a member of staff or to the registered manager if they had a complaint. They also told us they could discuss any concerns during the resident meetings. A relative said, "All the staff seem to want to help but not sure why nothing gets done. You mention things, but improvements don't always happen."

During our inspection visit, one relative raised concerns regarding missing clothing and the management of the laundry. They said they had previously raised similar concerns but the issues continued. We referred the

person to the registered manager. We discussed the concerns with the registered manager and noted this had been discussed for action with staff at a recent meeting and was under review.

We looked at the records of complaints. We found two recorded complaints regarding care and support and missing clothing; the complaints had been responded to. We discussed the importance of recording people's minor concerns which would help to determine any themes and would demonstrate that people's minor concerns were taken seriously and that appropriate action had been taken to respond.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for CQC and external organisations. The complaints procedure was displayed in the entrance of the home; we were told the information could be made available in large print and pictures if needed. There was also a telephone number that people could access to raise their concerns and complaints to the providers.

From our discussions and from the records maintained we could see that people were able to participate in meaningful and enjoyable activities in small groups or on a one to one basis. People said, "It (the trip) was good last week. I really enjoyed it", "I've been out for dinner, a full chicken dinner. It was lovely. I like to stay in my room if I'm not going out" and, "I can get on a bus and go into town. I'm happy with that."

The service employed an activities coordinator and the home had access to a minibus. Activities included singing, hair and nails, colouring, local walks, arts and crafts, armchair exercises and doll therapy. The activities coordinator said, "The old plan on the blackboard is being scrapped as the hairdresser and nails are not really activities, they're just personal care. We're going to have quizzes, dominoes, armchair exercises and movie afternoons." Photographs of people engaging in various activities were displayed. Some people had recently been to Towneley Hall and enjoyed a recent 'Mad Hatters Tea Party' with cupcakes and tea. We overheard people making plans to visit a local fish and chip restaurant later in the week, and planning visits to Blackpool for the illuminations and a trip to the local park.

Over the two days of our visit, we observed people participating in a game of throw and catch, cards and armchair exercises, one person was involved in setting and clearing tables and others sat talking to each other or staff. Appropriate music was playing in the lounge and dining room. We observed people moving freely in and out of the house and another person attending a healthcare appointment with their visitor. One person told us the hairdresser visited fortnightly. We discussed the importance of recording people's participation and enjoyment in activities and entertainments.

People were supported to maintain relationships with friends and family. People were also actively encouraged and supported to maintain local community links and develop new relationships. For example, people visited local shops, pubs and cafes either independently or with staff or their visitors. The home was involved in the 'Pride of Bacup', where the local cubs and scouts group helped people with the gardening; a senior citizens annual party was planned for later in the year.

We looked at how the service supported people at the end of their life. No-one was receiving end of life care at the time of our inspection. However, the registered manager told us staff followed guidance from specialist professionals and ensured that anticipatory medicines were in place to keep people comfortable; training had been provided for staff. Where possible, people's choices and wishes for end of life care were being recorded, kept under review and communicated to staff. Where people's advanced care preferences were known, they were shared with GP and ambulance services. There were systems in place to ensure staff had access to appropriate end of life equipment, training and advice.

We looked at how technology and equipment was used to enhance the delivery of effective care and support. We noted the service had internet access to enhance communication and provide access to relevant information for people using the service, their visitors and staff. E-learning formed part of the staff training and development programme. Sensor or pressure mats were used to alert staff when people were at risk of falling and pressure relieving equipment was used to support people at risk of skin damage. Staff could access remote clinical consultations to access prompt and professional advice about people's health.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced in 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted information was displayed on notice boards and some of the information was in larger print. The registered manager confirmed the complaints procedure and service user guide could be made available in different font sizes to help people with visual impairments. We discussed how the provision of information in pictures and symbols could improve people's understanding and accessibility to information. We found there was information in people's initial assessments about their communication skills to ensure staff were aware of any specific needs.

Good

Is the service well-led?

Our findings

People, relatives and staff spoken with told us they were satisfied with the service provided at Fern Hill House Care Home and with the way it was managed. People said, "I wasn't happy with some of the staff changes, but things have settled down and it is okay" and, "There have been improvements and things are better under the new management." Staff said, "I love it here and I think we can continue to improve, we've done a lot in a short space of time, but it takes time especially when working on staff professionalism and attitude" and, "So much has improved. There are new staff and the staffing is good, people get meal choices and the environment is cleaner and brighter."

At the last inspection carried out on 13 and 14 February 2018, the service was rated as 'Requires Improvement'. This was the third time the provider has failed to meet the regulations. We imposed conditions on the provider's registration that required them to send us a monthly improvement plan. During this time, the registered manager and area manager had kept us up to date with progress made and had been open and transparent regarding any shortfalls. They had attended regular meetings with CQC, the local authority safeguarding team and the commissioners of services. An action plan was available to support further improvements and was regularly updated by the provider and shared with local commissioners and with CQC.

Following the last inspection, a new manager had been recruited and registered with CQC. The registered manager had responsibility for the day to day operation of the service and was visible and active within the service. She was regularly seen around the home, and was observed to interact warmly and professionally with people and staff. All staff spoken with made positive comments about the registered manager and the way the home was managed. The registered manager was described as 'approachable', 'fair' and 'effective'.

Since the concerns raised at the last inspection the registered manager, area manager and staff had worked hard as a team to introduce much needed changes and improvements in areas such as people's care and support records, the cleanliness and maintenance of the home and the management of people's medicines. The registered manager was aware that further improvements were needed and was committed to the continuous improvement of the service. The registered manager was supported by an area manager who had regularly visited the service to monitor the quality of the home and the effectiveness of the registered manager's practice. This meant that the provider had oversight of the service.

We were told the provider was fully supportive and involved in the plans for improvement. The area manager met with the directors each week to discuss all aspects of the day to day operation of the service. Managers from each of the homes in the organisation, the area manager and the directors attended monthly meetings. The providers had been kept up to date about the running of the home and action plans had been developed and included in the overall improvement plan.

There were systems in place to assess and monitor the quality of the service in all aspects of management including medicines management, staffing, recruitment, accidents and incidents, care planning, infection

control and the environment. We saw action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made. We discussed including specific information with regards to audits, for example, room numbers and named care plans; this would help provide clearer information when devising action plans. The registered manager also conducted spot checks on staff practice and worked alongside staff; we discussed how this could be recorded.

People felt their views and choices were listened to and they were kept up to date. People and staff were encouraged to share their views and opinions about the service by talking with management, by completing feedback forms and by attending meetings.

During the inspection, we found the staff team was positive about the improvements made and happy working at the home. They said, "The home has completely changed from what it was" and, "I can speak to [the registered manager] about anything. Everything I say is in confidence." Staff said they worked well as a team and were supported to carry out their roles; they said they could raise any concerns or discuss people's care with the registered manager. There was a clear management structure and staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns; there was always a senior member of staff on duty with designated responsibilities.

Regular staff meetings had taken place and records showed they discussed a range of issues and had been kept up to date. However, it was unclear what action was taken in response to staff views and opinions raised. The registered manager assured us this would be actioned. Staff were provided with job descriptions, contracts of employment, a staff handbook and had access to policies and procedures which would make sure they were aware of their role and responsibilities.

There were procedures in place for reporting any adverse events to CQC and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies.

We saw evidence that the service worked with a variety of other agencies. These included community nurses, GPs, podiatrists, dieticians, speech and language therapists, hospital staff and social workers. This helped to ensure that people had support from appropriate services and their needs were met.