

Priorcare Homes Limited

Fernlea

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 completed an unannounced inspection at Fernlea on 4 September 2018 and 6 September 2018. At our last inspection of this service in May 2017 we rated the 'safe' domain as requires improvement because we found that staff had not received sufficient guidance to safely administer 'as required' medications. We also rated the 'well led' domain as requires improvement because we found that care records were not always accurate and up to date and that there was not sufficient and effective audits in place to identify and address concerns. At this inspection we found that the provider had made the required improvements.

Fernlea is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Fernlea are registered to provide accommodation and support for up to 13 people. People who use this service may have physical disabilities and/or learning disabilities. At the time of the inspection, the service supported 11 people.

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

People were safeguarded from avoidable harm and abuse and people's risks were assessed and managed. There were enough safely recruited staff to meet people's needs. Medicines were managed safely and protocols were in place for staff to follow. People were protected from the risk of infection.

People's needs were assessed and planned for and staff were suitably inducted and trained. People's nutritional needs were met and the registered manager had systems in place to ensure people received consistent care. People's consent was sought in line with the principles of the Mental Capacity Act 2005.

Staff were kind and caring and had good relationships with people. People were supported to make choices in line with their communication needs. People were treated with dignity and respect and their right to privacy was upheld.

The service delivered care that was person centred. People were supported with activities which took account of people's preference and choices. People's diverse needs were assessed and planned for and regular reviews were undertaken. There was a complaints policy in place and complaints were investigated in line with this policy.

The registered manager and provider had systems in place which enabled them to monitor the service and identify areas for improvement. People, relatives and staff spoke positively about the commitment of the registered manager and the provider who were open and approachable. The registered manager understood their responsibilities of their registration with us (CQC).

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 were protected from the risk of harm because staff understood how to recognise and report suspected abuse.

People's risks were assessed and actions were put in place to mitigate concerns.

Medicines were administered and managed safely.

People lived in a clean environment and were protected from the risk of infection.

Lessons were learned when things went wrong to make improvements for people who used the service.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and care plans were in place to ensure people were supported to meet their needs effectively.

People were supported by suitably trained staff and care was delivered in a consistent way

People had enough food and drink and were supported to make choices. People enjoyed the food and were supported with their nutritional needs to maintain their wellbeing.

The organisation supported people to access healthcare and worked with professionals to achieve consistent care.

People's needs were met by the design and adaptation of the premises.

Staff understood and applied the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People were supported to make decisions about their care in line with their individual communication needs and were given choice and control to be as independent as possible.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's preferences and diverse needs were taken into consideration and were met by staff.

Reviews of people's needs were regularly undertaken to ensure the support provided met their changing needs.

People, staff and relatives were able to make complaints, which were acted on to make improvements.

People were supported to have their end of life wishes met.

Is the service well-led?

Good ●

The service was well-led.

There were systems in place to effectively monitor the consistency of the service, which ensured risks to people were mitigated

There were plans in place to continually improve the service.

There was good leadership and teamwork in place and the management team were approachable and accessible.

The registered manager was aware of their responsibilities.

Fernlea

Detailed findings

Background to this inspection

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

This inspection took place on 4 September 2018 and 6 September 2018 and was unannounced. The inspection team consisted of two inspectors. The previous inspection was completed in May 2018 and there were no breaches of regulation at that time.

As part of the inspection process, we reviewed all information we already held about the location. We looked at previous inspection reports and notifications. A notification tells us information about important events that by law the registered manager is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to make. Due to technical problems, the provider was not able to complete a PIR. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with three people who used the service and three relatives. We also spoke with the registered manager, the provider and two members of staff and we observed how staff engaged with people who used the service.

We viewed the care records of four people and we looked at four staff files. We also looked at records relating to the management of the service which included staffing dependency tools, training matrixes, policies and procedures, monthly audits, Medication Administration Records (MARs) and compliments and complaints received about the service.

Is the service safe?

Our findings

At our last inspection we found that medicines were not always administered safely and improvements were needed to ensure protocols were in place for people who needed 'as required' medication. During this inspection, we saw that this had been addressed and each person who needed 'as required' medication had a detailed plan in place that identified when the medication was needed and why. We saw that this was now being reviewed each month along with the Medication Administration Records (MAR). This meant that staff could identify when people needed medication such as pain relief and administer this accordingly.

People received their medicines as prescribed. One relative told us, "My relative has never had any issues with their medication and they always get the right medication at the right time". Medicine policies were in place and staff were observed administering medication in line with the policy. For example, we observed a staff member wash their hands before handling medication and doing this for each individual person. The member of staff wore a tabard that identified them as the staff member administering medication so that they were not disturbed during this process. All staff who gave medicines to people had their competency assessed by the registered manager and staff told us that they had received up to date training and were regularly checked to ensure they remained competent in the administering of medication. MARs and other associated records relating to people's medicines showed us that staff were accurately recording when people's medication had been administered. Medicines were stored at a safe temperature and were kept in a locked trolley.

People told us that they had confidence in the ability of staff to maintain their safety. One person told us, "I like the staff, they are nice. I feel safe here". A relative told us "I know [person's name] is 100% safe at Fernlea". Staff had completed safeguarding training and staff were able to demonstrate to us how they looked for signs of abuse and how to report any safeguarding concerns. A staff member said, "I would report any concerns to my manager and I can also report any concerns to the Local Authority (LA) or the Care Quality Commission (CQC)". There was a safeguarding policy in place and the registered manager and staff were able to apply this policy in practice as records we saw evidenced that safeguarding referrals had been made and actioned.

People were supported to manage their known risks to keep them safe. There were risk assessments in place that clearly showed any presenting risks and provided guidance to staff in how best to mitigate these. Some moving and handling risk assessments were lacking in detail but this was addressed by the registered manager whilst we present. One relative told us, "[person's name] risks are all managed well". Staff could identify people who needed support to stay safe and we saw that risk assessments were followed. For example, one person required distraction and social stimulation to alleviate the risk of agitation. Staff explained how they used the information on the risk assessment by describing the techniques and approaches used to prevent the person from becoming agitated. We observed staff engaging with the person on regular intervals to ensure they minimised any presenting risk. Records confirmed that the person's agitation had decreased as a result of adopting the measures outlined in the risk assessment. This demonstrated that people's risks were minimised by effective risk assessment and planning.

There were enough staff available to meet people's needs. A member of staff told us, "There is enough staff, it is just disappointing for us all when someone rings in sick only because this may limit the amount of social activities that we can undertake. However, the registered manager will always help so that people aren't disadvantaged by not being able to go and enjoy some social activities". The registered manager showed us a dependency tool that enabled them to work out the required ratio of staff to people. This concurred with the number of staff who were present whilst we carried out the inspection.

The service had a clear recruitment policy that ensured all relevant checks were completed before newly recruited staff commenced duty. The registered manager told us that staff were required to provide two references and were subject to a Disclosure and Barring Service (DBS) check. The DBS check highlights criminal convictions to help prevent unsuitable people working with vulnerable groups. The staff records we looked at confirmed what the registered manager had told us. This showed us that safe recruitment procedures were being followed.

People were protected from the risk of infection. Staff explained how they minimised the risk of infection and cross contamination. We observed staff wearing Personal Protective Clothing (PPE) when needed including when cooking meals and supporting with care tasks. Staff had access to PPE that was located around the premises. The environment was clean and tidy and we saw a member of domestic staff carrying out their duties during the inspection.

The registered manager was able to tell us how the service responded when an incident occurred and how incidents were monitored and reviewed to prevent reoccurrence. Records and documentation that logged incidents were analysed by the registered manager to ensure action was taken to reduce a reoccurrence. These actions were shared with staff through forums such as staff meetings so that the service could learn and make improvements when things went wrong. The registered manager could demonstrate that they understood their requirements under the Duty of Candour. The Duty of Candour places an obligation on providers and managers to be open and transparent with people who use the service.

Is the service effective?

Our findings

People had their needs assessed and planned for effectively. People had personalised care plans that considered their wishes and needs. A relative told us, "I have been involved in [person's name] care planning. Staff know what [person's name] needs are and if anything changes, I am kept informed". People had care passports that were individualised and contained information about people's support needs such as likes and dislikes, communication needs and triggers that may cause the person to become upset or display behaviour that may challenge.. Staff understood the needs of the people who they were supporting and explained how they used the care plans to underpin the support they provided to people. Reviews were completed monthly and any changes were discussed with the person and the support plans were updated to show the changes.

People could be assured that they would be supported by staff that had received the support and training that they needed to provide effective care and support. Staff told us they received sufficient training and that they had received a detailed induction when they commenced their employment at Fernlea. One staff member said, "I spent a week shadowing a colleague and I read through everybody's care plan so that I could begin to get to know the people here." The registered manager told us that training was completed on line annually but face-to-face training was also delivered. Staff told us they were also subject to competency checks and that this was welcomed. This ensured that staff could apply their training in practice. Another staff member told us, "The registered manager will do observations of my practice, for example when I am administering medications". The registered manager told us they had a system in place to record when training had been completed and when training was due for renewal to ensure that staff regularly updated their knowledge in key areas. Certificates confirmed that staff had completed training courses.

Staff supported people to eat a balanced diet in line with their assessed needs. A relative told us, "The cook is just fabulous. I am always invited to stay and eat with [person's name] and the smell of the food is wonderful". People told us that they enjoyed the food and we saw that people were given choice and variety. The registered manager told us that there was a four-week menu in place but staff asked people each day what they would like. During our inspection, we saw a staff member asking people what they would like to eat and offering alternatives where necessary. This confirmed what the registered manager had told us. Staff we spoke with understood people's dietary needs and requirements. A relative told us, "[person's name] has been at risk of choking and they need their food cut up for them but all the staff know what to do". We saw in one person's care plan they required a thick and pureed diet and that they should not be distracted when eating. We observed staff ensuring that the correct consistency of food was given to this person and they made sure that the person was able to concentrate solely on eating their meal without any distraction. We spoke to the cook who was able to identify people using the service who had specific dietary needs and this was clearly displayed in the kitchen for all staff to observe.

Systems were in place to ensure people received consistent care. There was a clear line of communication between staff members to ensure that all staff were up-to-date with people's daily needs and requirements. A staff member told us, "We have handover three times a day and we also have a communication book so

that we can see, at a glance if anybody's needs have changed or if there is anything specific we need to do to support people". Staff worked closely with other organisations and professionals such as social workers and records we saw documented when referrals were made to other professionals and when these were actioned. We saw that referrals were followed up by the registered manager in order to achieve the best possible outcome for people.

People had access to healthcare professionals and appointments. A relative told us, "Fernlea always make appointments where necessary for [person's name]". The records we looked at showed us that healthcare professionals were contacted in a timely manner where necessary and we saw healthcare professionals on the premises during the inspection. Staff we spoke with demonstrated that they understood the health needs of people who they were supporting. For example, staff were trained in stoma care and they had been given clear guidance about how to recognise the need for involvement from a specialised healthcare professional and were able to convey this to us when we asked.

The premises were decorated to a satisfactory standard and people were able to personalise their own rooms as they wished. People had their own photograph on their doors so their rooms were easily identifiable. The registered manager told us that one person had limited communication skills and it had been assessed that the person would benefit from sensory equipment to help them engage their senses. We saw this room was in the process of being adapted to include sensory equipment specifically for this person. We observed people moving around the home from communal areas to their own rooms as they wished.

People's consent to their care was sought. Staff encouraged people to make decisions about their daily living routines in line with their communication needs. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were aware of their responsibilities under the MC. A staff member told us, "We use the MCA to help us when assessing if people can make a choice or a decision". Another staff member told us, "I always seek consent before supporting somebody". We observed one staff member asking a person if it would be ok to support them to administer their medication and the records we saw documented that people had their mental capacity assessed and other professionals were involved when decisions needed to be made in people's best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where restrictions were in place to ensure that people were kept safe, the registered manager had made relevant applications for a DoLS. These had either been authorised or were awaiting further assessment for authorisation by the Local Authority (LA). This showed us that any restrictions were being made lawfully and people were supported in line with principles of the MCA.

Is the service caring?

Our findings

People were happy with the care provided by staff. One person said, "It's great here, it just is! Everyone is wonderful". One relative told us, "All the staff are so pleasant and each of the staff deserve a medal the size of a church clock. I do appreciate them all." Another relative told us, "I have no complaints with the care that [person's name] receives. We speak every night and I know [person's name] has absolutely no complaints". We observed caring and compassionate interactions between people and staff. For example, we saw one member of staff comfort one person when they became upset. We saw the staff member try to ascertain as to why the person was upset; gave them reassurance and offered them privacy by asking if the person would like to return to their room. Staff, the registered manager and the provider all took time to chat with people and ask how people were feeling. People responded in a positive way and smiled and laughed when they interacted with staff.

People's communication needs were assessed and staff were able to demonstrate that they knew people well and understood people's individual methods of communication. For example; staff told us that they had worked with a Speech and Language Therapist (SALT) to develop a communication plan for a person who was described as non-verbal. This enabled staff and the person to communicate using Makaton which is a form of sign language along with other forms of body language and gestures so that they could sufficiently meet this person's needs. We observed staff supporting this person and responded to their needs and wishes using this form of communication.

People were encouraged to make choices in the way they received their care. One person told us, "I go swimming now and it is really good for me". We saw that people and their relatives had been involved in the care planning process and a relative told us, "Fernlea are very good at involving everyone." staff gave people choice about the care they received in line with their personal preferences. People's care plans were personalised and were written in a way that promoted their independence.

People had their privacy and dignity respected. A relative said, "Everyone is so caring and we see this every time we visit; we can always go to [person's name] room if we need or want to". One staff member told us, "When we support people with personal care we make sure doors and curtains are closed. I always ensure I seek consent before supporting a person". We observed another staff member asking a person if it was ok if they supported them to administer their medication. People were supported to their room if wished to spend time alone and personal care was provided in bathrooms or bedrooms to ensure people's privacy was maintained.

Is the service responsive?

Our findings

People received care that was responsive to their own individual needs. Staff told us about people's preferences and wishes and we were told that diverse needs were considered and assessed. One person was supported with their cultural and religious needs. A staff member said, "We ensure that [person's name] is able to get to practice their religion as they choose and we always ensure that there are meal choices that meet their cultural need". The registered manager told us that they planned to introduce a newly devised questionnaire to discuss people's diverse needs. The questionnaire will be completed with all new and current people who use the service to ensure staff understand people's diverse needs. Care plans were in place and these helped to guide staff to meet people's needs. For example, information about people's history, lifestyle, mobility, nutrition and current health and well-being. Care plans were updated regularly as people's needs changed and these were formally reviewed on a regular basis.

People we spoke with told us they could go out often and we saw pictures around the home of people enjoying a wide range of activities. One person told us, "We do lots of things now". Another person said, "We do lots of things like go to the cinema and the pub. I also do photography and crafts at a club". A relative said, "The activity coordinator organises outings. People go to the cinema and bowling and this weekend there is a trip to Coronation Street which [person's name] is attending". The pictures we saw evidenced what people had told us. We observed a staff member encourage some people in the communal area to make a choice about an activity. People were asked if they would like to watch a film and they were given a choice about which film they would like. We looked at people's care plans and an activity folder. Each person had their own plan that contained their likes and dislikes and risk assessments for each person depending on the chosen activity. It was clear that there were a wide range of activities available that were individualised to people's preferences.

People, relatives and staff all told us that they felt they could make a complaint if they needed to do so and that management were approachable. A relative told us, "I can say anything to the provider and the registered manager and significant improvements have been made over the last two years". Another relative told us, "I have a good relationship with the provider and the registered manager and if I do have any concerns, it would get rectified straight away". Staff demonstrated a working knowledge of the policy when we spoke with them. There was a complaints procedure in place. We saw there had been two written complaints and these had been dealt with; the complainant contacted and action taken to make improvements. We did not see that a written investigation had been completed so we made a recommendation to the registered manager who said he would include an investigation for any other complaints received.

At the time of the inspection the service was not providing end of life care. We saw that some information had been gained regarding people's end of life wishes. The information contained details about the person's family members and health professionals. Staff had contacted people's family and/or social worker to gain further details where people were unable to contribute to these discussions.

Is the service well-led?

Our findings

There was a system in place to monitor the quality of the service. The audits we looked at included medication, falls; care plans, infection control and maintenance audits. We could see where action needed to be taken, this was added to an action plan and then reviewed. For example, the maintenance audit highlighted that new equipment was needed to uphold the standard of cleanliness in the home. The action plan showed us that new equipment had been ordered and delivered and that this was signed and dated and then reviewed to ensure the required action had been taken.

The provider monitored the audits that had been completed in the home and ensured that the service was continually improving. The provider was able to demonstrate where actions had already been taken and improvements put into place and we were told that some changes were still to be implemented.

People, relatives and staff told us they felt the provider and the registered manager were approachable. A person said to us, "[Provider's name] is nice, she is the gaffer." A relative said, "The registered manager has made so many improvements; Fernlea is a much better place now". Staff also told us, "The registered manager is very good. "I can approach them about anything without worrying. As a manager, they are pretty spot on".

There were forums for people, relatives and staff to meet and express their views and opinions about the service and that any ideas, where possible had been acted upon. We looked at the minutes from a residents meeting and could see that a suggestion had been made to hold a summer fete. We saw from looking at consecutive minutes that the fete had been held and monies were raised to go towards the continual improvements of the service. Staff told us that they had regular supervisions and team meetings. We also viewed relative and other professional's questionnaires and feedback forms. The registered manager had effective mechanisms in place to address any issues raised, however the forms we viewed all gave a positive outlook of the service. This showed us the registered manager had systems in place for people, relatives and staff to share their feedback.

There was a positive culture amongst the staff in the home and staff told us that they were happy and enjoyed their work. A staff member said, "I love working here; it is just so different to any other job". The provider had developed ways to reward staff for their work and to create a positive working environment for people. For example, they had created an employee of the month scheme to reward staff for specific pieces of work. Staff told us that they valued this scheme and that it supported the development of a positive working environment. This demonstrated that there was a system in place to improve performance and enhance staff morale.

The registered manager demonstrated that they worked well with other agencies and professionals to manage people's needs. We were able to see from people's records that referrals were made and actioned so that people received on-going care when their needs had changed. For example, we saw that a referral was made to the physiotherapy team so that a person could be supported with their mobility needs.

The registered manager understood their responsibilities of their registration with us (CQC). We had received

notifications of incidents that had occurred at the service, which are required by law. These may include incidents such as alleged abuse and serious injuries. We saw that the previous inspection rating of 'requires improvement' was displayed at the service. This meant that there was a culture of openness and transparency within the service.