Colten Care (2009) Limited

Fernhill

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

The inspection took place on 16 January and was unannounced. The inspection continued 17 Januray 2017 and was announced.

Fernhill was a purpose-built residential home delivering nursing care and support to older people living with dementia. The home is registered to accommodate up to 58 people. At the time of our inspection there were 48 people living there. People were living across two floors. There were four house groups with up to 15 bedrooms with en-suite facilities in each. Each house had a communal living, dinning and kitchenette area. There was also a main kitchen, reception area, hair salon, sweet shop, cinema room, a sensory room and a café. These rooms were used by people and their families to meet and relax in. The manager's office was situated in the middle of the home on the ground floor.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us that the food was good. We reviewed the menu which showed that people were offered a variety of healthy meals. We saw that food was discussed and recorded on chef visit sheets. We found that some of these required updating.

People, relatives, a therapist and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about their lives. Each person had care files which included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by on duty nurses that were trained and qualified to give medicines.

Staff had a good knowledge of people's support needs and received regular local mandatory training as well as training specific to people's changing needs. Staff told us they received regular supervisions which were carried out by the management team. We reviewed records which confirmed this.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. Capacity assessments were mostly completed and best interest decisions recorded as and when appropriate.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs. Records we reviewed showed that people had recently seen the GP, mental health team and a chiropodist.

People, relatives and a therapist told us that staff were caring. We observed positive interactions between staff, managers and people. This showed us that people felt comfortable with the staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes and interests. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before being admitted to the service and care packages reflected needs identified in these. We saw that these were regularly reviewed by the service with people, families and health professionals when available. There was an Admiral Nurse who supported the families at Fernhill and could be contacted by staff to assist in best practice when managing people's individual needs and during pre-assessments.

Relatives and people were encouraged to feedback. We reviewed the relative's satisfaction survey results for 2016 which contained mainly positive feedback. An action plan was in place and actions were completed. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints on file.

People and staff felt that the service was well led. The registered manager and clinical lead both encouraged an open working environment which we observed throughout our inspection.

The service understood its reporting responsibilities to CQC and other regulatory bodies they provided information in a timely way.

Quality monitoring audits were completed by the registered manager and clinical lead. The registered manager analysed the detail and identified trends, actions and learning which was then shared as appropriate. This showed that there were good monitoring systems in place to make sure safe quality care and support was provided to people at Fernhill.

Colten Care had a set of Aims and Values which put people in the centre of the care they received. These reflected delivering a professional service which was friendly, kind, individual, reassuring and honest. During our inspection we found that staff and management demonstrated these by using person centred approaches. These included acknowledging people and each other, promoting choice and independence whilst talking people through the support they were providing in an empowering way.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and personal emergency evacuation plans were in place and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by nurses that were trained and qualified to give medicines.

Is the service effective?

Good

The service was effective. The service was acting in line with the requirements of the MCA.

Staff received training and supervision to give them the skills they needed to carry out their roles.

People were supported to eat and drink enough and dietary needs were met.

People were supported to access health care services and other professionals as and when required.

Is the service caring?

Good

The service was caring. People were supported by staff that knew them well and promoted independence whilst spending time with them.

Staff had a good understanding of the people they cared for and supported them to make decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive. Care file's, guidelines and risk assessments were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place. Relatives told us they felt able to raise concerns with staff and/or the management.

Relatives meetings took place which provided an opportunity for people to feedback and be involved in changes.

Is the service well-led?

Good

The service was well led. The registered manager and clinical lead promoted and encouraged an open working environment.

Relatives and staff spoke highly about the service.

Effective quality monitoring was in place and improvements acted upon within appropriate timeframes.

The management team had a good oversight on the delivery of care to people through the use of the monitoring systems which were up to date.

Fernhill was led by a management team that was approachable and respected by the people, relatives and staff.

Fernhill

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 16 January and was unannounced. The inspection continued on 17 January 2017 and this was announced. The inspection was carried out by an inspector, an inspection manager and a specialist advisor on day one. The specialist advisor was a qualified nurse with specialisms in dementia, end of life and the mental capacity act. A single inspector completed the inspection on day two.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had not requested a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this feedback from the registered manager during the inspection.

We spoke with four people who used the service and four relatives. We met with one therapist who had an understanding of the home. We had discussions with 12 staff including the chef.

We spoke with the registered manager, clinical leads, quality manager and services manager. We reviewed five people's care files, policies, risk assessments, consent to care and treatment, quality audits and the 2016 quality survey results. We observed staff interactions with people, a meal time and activities. We looked at four staff files, the recruitment process, complaints, training, supervision and appraisal records.

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.

Good

Is the service safe?

Our findings

Fernhill was a safe home for people living with dementia to live in. Staff demonstrated safe practice by following guidelines and knowing who may be at risk of harm.

People commented to us they felt safe living in the service. One person said, "I'm ok here, it's nice". A therapist said, "I think Fernhill works to high standards and is safe. The atmosphere is always positive". A relative told us, "It's totally safe here. Staff are so skilled and confident" Another relative said, "My loved on is safe. (name) uses a wheelchair due to a number of falls. I feel they are safe here".

Staff told us that they believed the home was safe for those who lived there. One staff member said, "Fernhill is safe. People are well cared for and we regularly re assess people's safety". Another staff member told us, "It's definitely a safe home; the care is of a high standard. We are open and report everything". Another staff member told us, "its safe, staff go above and beyond. There are measures in place for example; sensor beams and mats are in place for high falls risks so we can respond quickly and keep people safe".

Staff were able to tell us how they would recognise if someone was being abused. Staff told us that they would raise concerns with management. Staff were aware of external agencies they could contact if they had concerns including the local safeguarding team and Care Quality Commission. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. The service had a safeguarding policy in place which detailed principles, preventative measures, the investigation process and key contacts.

Fernhill managed the risk of harm to people using a variety of different systems. For example; risk assessments had been completed and measures put into place, there were also monitoring checks in place for some people. A staff member explained that one person in their house group was currently on 30 minute checks. We asked to see this persons check sheet and found that it was up-to-date and correct. The staff member said that sometimes people may be on more regular checks depending on their needs and level of risk. Staff told us these charts were good and useful. We found that equipment such as sensor beams and sensor mats were used. The registered manager told us they had just started to use ramble guard which altered staff to movement before people had stood. The registered manager said that these would be used for people who were assessed as high risk and predominantly used at night. Other areas of risk which had been assessed included skin breakdown, moving and handling and the risk of falling out of bed. Measures in place included the use of air mattresses, hoists and padded bed rails. Staff were aware of people's risks and controls in place to protect them from harm.

People had Personal Emergency Evacuation Plans (PEEP) in place. These plans detailed how people should be supported in the event of a fire. Fernhill had an emergency plan in place for staff to follow should there be any type of emergency. Situations covered included; fire, gas leak and flooding.

The registered manager told us that staffing numbers are set by head office but added that this can vary depending on people's individual needs. They said that people's dependency and staffing levels were

assessed as part of the pre-admission process and then re assessed three times a year. The registered manager told us that staff had previously raised a staffing level concern so had worked care shifts to review this. Following this review the registered manager's request for additional staffing was granted. We reviewed four weeks of the rota which reflected the numbers given to us by the registered manager. We were told that the home rarely used agency staff and that there was a small bank of staff. This meant that the care delivered to people was provided by staff who knew them. Staff and relatives told us that there were enough staff. A relative said, "I think there are enough staff. Care is never compromised". The clinical lead said, "There are enough staff. We have good numbers to deliver good standards of care". A staff member told us, "There is a good staff ratio. there are also activity coordinators and nurses on hand to help if we need it". Another staff member said, "There are enough staff but more would always be better!". We found that the home was also trialling sundown shifts as a person is displaying behaviours at this time of day. This told us that the home ensured there were sufficient staff in place to keep people safe and consistently meet their needs.

Recruitment was carried out safely. Checks were undertaken on staff suitability before they began working at the home. Checks included references, identification, employment history and criminal records checks with the Disclosure and Baring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. However, on one person's file this form indicated that this check had been satisfactory completed- but other information contained in the staff file indicated that this check had not been requested. HR staff confirmed that this check had not been requested and stated that this was an oversight on one occasion. On day two of our inspection we were shown that Colten Care had amended their procedure with immediate effect to ensure the provider carried out their own checking in future. Where gaps in employment history were apparent on a member of staff's application form, these gaps were explored and documented as part of the recruitment process. We were told that monthly checks of NMC registrations took place to ensure nurses registration had not expired.

People's medicines were managed safely. Medicines were stored securely and keys to medicine storage were held by authorised staff. People's medicines were signed as given and absent from the medicine packages indicating that they had been administered. Controlled drugs were stored appropriately and recorded in a hardbound register. Records of administration duel signed and a stock balance kept. We checked this and found that the stock balance correspond with the stock held. Staff were aware of actions to take in the event of a drug error including reporting and contacting the GP. We reviewed the medicines return book and found that there was a large number of medicines returned regularly. We discussed this with the clinical lead who told us they often received additional stock that may not have been requested but may be printed on the MAR chart. We were informed that they were having a meeting with the medicines provider to review people's MAR charts and address this issue. We were told that they were also meeting with the surgeries to review prescriptions. The clinical lead told us there was now a medicines lead for the home which has proved positive.

People were protected from infection. We observed staff regularly wearing Personal Protective Equipment (PPE) such as gloves and aprons throughout the two days of our inspection. Hand sanitisers were wall mounted and in various areas of the home. Hand washing guidance was readily available. There was a comprehensive infection control policy and audit in place which were up to date. We observed domestic staff regularly cleaning people's bedrooms and communal areas. Domestic staff were professional and worked around people. We observed them asking people if they could enter their rooms to clean them. The home was free from any offensive odours.

Good

Is the service effective?

Our findings

Fernhill was effective. 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training record we reviewed confirmed this. A staff member told us, "Nurses complete capacity assessments with people or we get external assessors if it involved a Deprivation of Liberty".
There was an effective system in place to assess and record people's understanding and decisions. Capacity assessments had been completed for some people and best interest decisions recorded. These were in relation to areas such as covert medicines, nursed in bed and bedrails. We found that staff, health and social care professionals and relatives were involved in making best interest decisions. When reviewing two people's files on day one we found that there were no capacity assessments completed or best interest decisions recorded. We asked the clinical lead if these people had capacity and were told that they did not. We discussed this with the clinical lead who told us they would make sure these were completed as a priority. On day two of our inspection the progress in this was shown to us.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The registered manager told us that 48 Deprivation of Liberty Safeguards (DOLs) applications had been sent to the local authority. 22 had been authorised and 26 were still pending. We found that one person with a DOLs in place had a condition attached to it. This was for the person to be supported to attend church. Records recorded if the person attended church or reasons why they not. We read that on one occasion a taxi didn't arrive. Action taken included contacting the person's relative. This demonstrated that effective systems were in place and in line with relevant legislations and guidelines. We were told that this is the only person to have condition attached to their DOLs.

Staff were knowledgeable about people's needs and received regular training which related to their roles and responsibilities. We reviewed the training records which confirmed that staff had received training in topics such as food hygiene, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; end of life, understanding behaviour, person centred care planning and dementia. A staff member told us, "There is enough training offered. My last training was end of life. Taught me more about palliative care; how to assess needs and support people and their families". Another staff member said, "Colten are good at providing training, we have a lot. Moving and handling gave me new techniques to use when repositioning people and using equipment". A therapist told us, "From what I see staff appear competent and there is on-going training". A relative said, "Staff seem very well trained".

Clinical lead told us that they supported and encouraged nurses to complete reflective accounts to assist them with their revalidation with the Nursing and Midwifery Council (NMC).

Supervisions took place and were recorded regularly. Staff appraisals took place annually. The registered manager told us that they reflect on the organisations five key values and look at achievements and goals for the next year. All of the staff we spoke to said that they felt supported in their roles.

People were supported to maintain a healthy diet and food and fluid charts were maintained where appropriate. A person told us, "I like the food". Another person said, "The food is definitely good". A relative told us, "It's really good food here. It was my loved ones birthday just before Christmas and the cake was amazing. There is always food available and we are always offered it when we visit too". Another relative said, ""There is plenty of food and drink. They are flexible with timings and will offer (name) whatever they will eat and drink". There was a four week menu with two choices plus a vegetarian option each day. We reviewed the menu, which was in a written format and contained a variety of nutritious food. The chef told us that most of the meals were home cooked with fresh vegetables. We were told that alternative options were also available. We found that chef visit forms were completed on admission. These visit forms identified people's nutritional needs. We noted that one person was diabetic and required a pureed diet and another logged that a person liked a glass of sherry before lunch. The forms also logged any additional support people may require. This included; supervision due to poor eye sight. The chef told us that these were updated every three to six months. Further review of the file identified that eight people were overdue a visit. We discussed this with the clinical lead who told us that four of these people had passed away and the others will have visits arranged. We were assured that the kitchen file will be updated promptly.

The chef told us that they had completed dementia training. We noted that different colour cups, saucers, bowls, spoons and plates were used. Using different colours helps make objects and food more visible and stand out to people who may have dementia and or visual impairment. This demonstrated that a dementia friendly approach was embedded to support people with their meals.

We observed people eating and found that there was a relaxed atmosphere. Staff wore aprons, spoke softly to people and made them comfortable in their chairs before supporting those who required support to eat. People who ate in their rooms had food bought to them promptly whilst it was still hot. We saw one staff member going to assist a person in their room. We noted that they knocked on the person's door and said hello.

We were told that the kitchen had been awarded their five star food standards rating which the chef was proud of. The chef told us that birthday cakes were made by the kitchen for every person.

People had access to health care services as and when needed. Records evidenced a variety of professional contact which included; the tissue viability nurse, SALT for safe swallow, Chiropody and GP. A therapist told us that staff follow any advice they leave and that they always record their visits. A relative said, "My loved one refuses food and drink at times but has eaten a good meal today. We are working with the dieticians and using fortified drinks. Staff had persevered and it has improved".

Good

Is the service caring?

Our findings

We observed staff being respectful in their interactions with people. During both days of the inspection the atmosphere in Fernhill was relaxed and homely. We noted a number of relatives and friends visiting people in the home. A person said, "Staff are OK. I like them". Another person said, "Staff nice. They look after me". Another person mentioned, "I like it here very much they are all my favourites". A relative told us, "Staff are caring and treat my loved one with dignity". Another relative said, "The staff are so good so caring. They are like angels. The way staff talk to people is great we are so lucky". A therapist said, "Staff have a caring approach. They obviously care there are always positive interactions seen".

A staff member told us, "I think I'm caring. I am compassionate and empathetic to people". Another staff member said, "I put myself in people's shoes and treat them as I would like to be treated. I support people like I would my mum. Keeping this in mind helps me demonstrate this value".

We observed staff and management acknowledging people as they entered the communal areas on several occasions. We noted that staff got down to people's level when in conversation with them. People seemed comfortable in staff and management company and often engaged in conversation. We noted that the registered manager knew people's names, said hello and asked how people were. We observed a staff member asking what a person wanted to watch on TV. The staff were engaged in conversation about this and not rushed. This showed us that positive caring relationships were established between people, staff and management at Fernhill.

The majority of care files we reviewed held pen profiles of people. These reflected the person's life story, likes, hobbies, interests and health. The files recorded key professionals involved in people's care and how to support them. This information supported new and experienced staff to understand important information about the people they were supporting.

Staff promoted choice and decision making. They supported people to make these in relation to their care and support as much as possible. For example, we observed people being asked for choices of food, drink, activities and places to sit on several occasions. Staff told us that they provided information to enable people to make informed decisions. A staff member told us, "I encourage people to make choices either verbally or visually for example food and clothes". We observed that a person had complained of pain. We noted that the staff told the person they would pass this onto a nurse and observed that the staff did this.

There were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's privacy and dignity was respected by staff. Communal toilets and bathrooms had locks on them. People's individual records were kept securely in locked cabinets in nursing stations to ensure sensitive information was kept confidential.

Staff we observed were polite, treated people in a dignified manner throughout the course of our visit and knocked on doors before entering people's rooms or communal bathrooms. We asked staff how they respected people's privacy and dignity. Staff told us that they close doors, cover private areas and talk to

people at their level. A relative told us, "Care is always centred around my loved one". We observed this positive practice during the course of our inspection.

Good

Is the service responsive?

Our findings

Fernhill was responsive to people's changing needs. A relative told us, "My loved one came in grossly underweight but they have helped them put on weight and is better. They helped them come out of themselves". Another relative said, ""(relative) had been found on the floor and we weren't sure whether he was falling or not. They made all the arrangements, put a mattress on the floor and checked him more frequently". We were told about another time when a person had caught a chest infection and the staff had arranged a GP appointment and antibiotics were prescribed. We found that this person had now recovered.

Daily meetings took place which involved clinical leads, the registered manager, the chef, nurses and the activities team. These meetings covered a range of topics which included new admissions, people, deaths, training and changing needs. We noted that it had been recorded that an ungradable pressure ulcer had been identified on one person. The clinical nurse had assessed this; put a wound management care plan in place and notified CQC and the local safeguarding triage. In addition to these meetings we were told that reviews of care plans and needs assessments took place three monthly or before if required. This meant that people's health, wellbeing and changing needs were constantly discussed and reviewed by staff which enabled them to respond promptly to changes. A relative told us, "Needs and risks assessed and reviewed. We are involved and kept up to date with changes".

We observed on several occasions people asking for drinks and staff making these. We noted staff warning people that their drinks may be hot. We also observed people requesting personal care and staff taking them to their rooms once communicating to peers where they were going. During a discussion with a staff member a person wandered towards another who was sat down. The staff member stopped the discussion to attend to the person. These approaches demonstrated that staff were responsive to the people they supported.

Care records had completed pre admission assessments which formed the foundation of basic information sheets and care plans. We noted that there were actions under each key area of care which detailed how staff should support people. As people's health and care needs changed ways of supporting them were reviewed. All changes were recorded in peoples care files which all staff had access to and were kept in the nurse's station.

Two activities coordinators were employed and worked across the home with two Colten Companions. They had a good understanding of people's social needs and what people's hobbies and interests were. There was a people's notice board in each house group home. This displayed upcoming events such as, trips out to coasts, parks and castles, a Chinese new year's party and Burns night. Photos of other events were displayed around Fernhill. We noted that the activity calendar was not pictorial and discussed this with the registered manager and clinical lead who said that they will look at this.

We observed people being given the choice to take part in activities during the inspection and saw that two trips away from the home ran on day one of our inspection. People who chose to participate appeared happy to be involved. A relative told us, "The activity coordinators are very good. There was a pianist here on

Saturday who was very good. My loved one loved it and really responded positively. It was lovely to see". Another relative said, "There's so much entertainment including trips. I went on one to the local garden centre, it was great. There's always something to do".

We reviewed the meeting notes folder and found that relative meetings took place every three months. The last meeting was in November 2016. We saw that the home welcomed as many people and relatives to attend as possible. We noted that eleven excluding staff had attended this one which told us that there were opportunities to feedback to the service. We read that people had been encouraged to use the sensory room, retro lounge and sweetshop if they wanted a quiet area with their loved ones. Other areas discussed included food, staffing and laundry. We noted that relatives had fed back requests for Dorset Apple cake to be back on the menu. And in response we were told that this had now been added. A relative told us, "I attend relatives meetings. They are an opportunity to bring things up and get updated". The registered manager showed us that regular newsletters were also put together and made available.

We reviewed the relative's satisfaction survey results from June 2016. We noted that general feedback had been positive and that relatives seemed very happy with the level of care, staff and running of Fernhill. We found that feedback had been reviewed and analysed by the registered manager and that an action plan had been created to action learning and improvements. In the survey the home asked people to write one improvement that would improve their relatives stay. We noted that someone had mentioned clothes protectors and another that a bedroom needed redecorating. We read that these had been discussed in the relatives meeting and actioned. Fernhill also asked people what the best thing about the home was. We noted that one relative had written; "thank you for the care, respect and love (name) received each and every day. We could not have wished for a better home".

Good

Is the service well-led?

Our findings

We found that the registered manager and clinical lead worked hard to develop, promote and embed a positive culture at Fernhill. The registered manager told us, "Leadership and management is about knowing your staff, enabling and empowering them. Role modelling is important. I love being involved". The registered manager also told us that they were most proud of their staff, "they go the extra mile, and they're fantastic". We observed on several occasions people and staff approaching the registered manager. They appeared relaxed and comfortable. During a tour of the service a person started to follow the registered manager towards some stairs. We observed the registered manager support them softly back to their home and reminding the person that it wasn't safe for them to use the stairs. The manager's office was situated in a house group and was open plan with large windows so that people could see inside and out. The registered manager said that being located within the home was important to them and staff. We were told that the registered manager felt supported by their managers and that if at any time additional equipment was required then it would be provided promptly.

Everybody we spoke to talked highly about the registered manager and clinical lead. A relative said, "Very good management, helpful and informative". Another relative told us, "Good management, confident and professional". A staff member said, "The registered manager is a very good manager and leader. Approachable and supportive. Respected. Professional boundaries are established. They are a very visual manager". Another staff member told us, "The registered manager is good. Approachable, friendly. They make time for you". Another staff member said, "The registered manager is great. They have good relationships with people and staff. They lead us well. Regular meetings take place. They get to know staff, are flexible and can be firm if necessary". This told us that the service was well managed by a leader who led by example and knew their staff well.

Colten Care had a set of Aims and Values which put people in the centre of the care they received. These reflected delivering a professional service which was friendly, kind, individual, reassuring and honest. During our inspection we found that staff and management demonstrated these by using person centred approaches. These included acknowledging people and each other, promoting choice and independence whilst talking people through the support they were providing in an empowering way. Staff were aware of these Values.

We reviewed a number of audits and checks the management team carried out which included; infection control, medicines, environment, care plans and slings. We found that the quality manager completes home review audits. These audits used a RAG scoring system. Fernhill was rated as green following the quality manager's last audit. We found that action identified had been signed off as completed. We looked at night review check records. These checks were completed by the registered manager and clinical lead. We saw that these took place three monthly and also involve a fire tests. During these checks we noted that different areas were reviewed which included the safety of people, the communication and coordination of the shift, delivery of care and support and records. We found that the record for the last visit had not been typed up. The registered manager said that they will get it completed. We noted that similar checks took place during the day and saw that daily check sheets were completed. These provided key up to date information to the

manager about changes in people's needs, those who may be sick, on end of life care, being discharged or admitted and medicines. Having these active systems in place showed us that the service had effective management systems in place to monitor the delivery and quality care.

The registered manager showed us how they monitored and reviewed accidents and incidents. They told us that they inputted and analysed data from each house group for example, falls. We saw that this is reviewed and analysed for trends regularly. This was further evidence of good management and having effective ways to quality monitor, analyse and reduce future risks of incidents involving people.

We asked relatives and staff to score the service out of 10. One relative told us, 9.5/10. They do a good job here. My loved one is well looked after". Another relative said, "10/10 because of the staff's ability to care". A staff member told us, "9/10 for staff commitment, nice environment, good management and positive feedback". Another staff member said, "10/10. People can have what they want at meal times, get up at a time of their choice, activities are available and good management".

Staff meetings took place regularly. We found that the last recorded staff meeting was in November 2016. This meeting was held for new staff to feedback on their inductions. We noted that staff were asked two questions; what went well and what could be better. Staff had fed back that generally they were pleased with their induction some feedback included; working with experienced staff was helpful, working organised shifts and having questions answered was good. We noted that one person had fed back saying that have moving and assisting training quicker would be better. The registered manager told us that this training is offered quicker now by the in house trainer. This demonstrated a positive and responsive approach from the registered manager.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.