

Almondsbury Care Limited

Ferns Nursing 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



Overall summary

This inspection was unannounced and took place on 28 and 29 April 2015.

Ferns Nursing Home is registered to provide nursing care and accommodation to up to 39 people. The home specialises in the care of older people.

There is a registered manager in post. 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 described the registered manager as open and approachable. People felt able to raise concerns with them and were confident any complaints or concerns would be responded to. There were regular meetings for people who lived at the home to enable them to keep up to date with changes and share their views.

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager there was a deputy and a team of registered nurses and senior carers. This ensured people always had access to experienced senior staff.

Summary of findings

People told us they felt safe at the home and with the staff who supported them. People said staff were kind and sensitive when assisting them. One person said “I rely on the staff for everything. They are always kind and I always feel very safe with them.”

There was sufficient staff to meet people’s needs in a relaxed and unhurried manner. People received care promptly if they requested assistance. The registered manager kept staffing levels under review and made changes to ensure people’s needs were met.

People’s clinical needs were monitored and met by a team of registered nurses. Registered nurses had opportunities to undertake training which kept their skills and knowledge up to date. One person said “You can always talk with the nurse if you’re feeling a bit ropery. They’re very helpful.” In addition to healthcare support from registered nurses people were referred to other professionals according to their individual needs.

All staff had access to on-going training to make sure they had up to date knowledge to enable them to safely and effectively support people. People had confidence in the staff who worked at the home.

People had their nutritional needs assessed and food was provided in accordance with people’s needs and preferences. Without exception people were very complimentary about the food served. Comments included; “Food is very good,” “Food couldn’t be better and there’s always a choice” and “All meals are excellent. Always plenty to eat.”

People said they were supported by kind and caring staff. Comments included; “Staff are kind and gentle when they help” and “Staff are always polite and cheerful.”

People received care that was responsive to their needs and personalised to their wishes and preferences. People told us they were able to make choices about all aspects of their daily lives. The staff responded to changes in people’s needs and care plans were up dated to make sure they reflected people’s current needs and preferences.

People were able to take part in a range of group and one to one activities according to their interests. One person told us “One of the good things about here is there’s always something to occupy you.”

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe at the home and with the staff who supported them.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure for new staff.

People received their medicines safely from registered nurses.

Risk assessments were carried out to enable people to receive care safely and to minimise risks to people's health and well-being.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the skills and experience to meet their needs.

People received a diet that met their nutritional needs and wishes.

People had on-going support from registered nurses and had access to other healthcare professionals according to their individual needs.

Good



Is the service caring?

The service was caring.

People were supported by staff who were kind and patient.

People were involved in decisions about their care and able to make choices about how they were supported.

People had single en-suite rooms where they were able to spend time in private or receive visitors.

Good



Is the service responsive?

The service was responsive.

People received care and support which was responsive to their needs and took account of their wishes and preferences.

People told us they would be comfortable to make a complaint and there was evidence which showed all complaints made were investigated.

People were able to take part in a range of group and one to one activities according to their interests.

Good



Is the service well-led?

The service was well led.

The registered manager was described as open and approachable.

There was staff structure which gave clear lines of accountability and ensured people always had access to senior staff.

Good



Summary of findings

There were effective systems in place to monitor the quality of care and maintain high standards.	
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Ferns Nursing 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 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 28 and 29 April 2015 and was unannounced. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

At the last inspection on 28 August 2014 we identified concerns with some aspects of the service and care provided to people. The service was found to be in breach of 8 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following the inspection the provider sent an action plan to the Care Quality Commission (CQC) stating how and when improvements would be made. At this inspection we found that action had been taken to improve the service and meet all the compliance actions set at the previous inspection.

At the time of the inspection there were 34 people living at the home. We spoke with 20 people who lived at the home, three visitors and 16 members of staff. We looked at records which related to people's individual care and the running of the home. Records seen included three care and support plans, three staff recruitment files, quality assurance records and medication records.

Is the service safe?

Our findings

At our last inspection we found the providers recruitment practices were not robust and did not fully protect people. During this inspection we looked at personnel files for newly appointed staff and found there was a robust recruitment process in operation which minimised the risks of abuse to people.

The provider ensured all new staff were fully checked before they began work in the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff personnel files contained evidence that new staff had not commenced work in the home until all checks had been received by the registered manager. One member of staff said "I wasn't able to start until all the checks were back but thankfully it didn't take too long."

The last inspection highlighted shortfalls in how the registered manager dealt with allegations of abuse. Since that inspection all allegations have been reported to the relevant authorities and fully investigated. The registered manager has kept the CQC informed of allegations and the actions that had been taken to make sure people were fully protected. Staff had received training on recognising and reporting abuse and all were confident that any allegations reported would be fully investigated. One member of staff told us "I am absolutely confident that anything reported would be dealt with." Registered nurses had a good knowledge of what action to take if any concerns were reported to them.

The last inspection identified some moving and handling practices carried out by staff were not safe and did not promote people's well-being. Since that inspection all staff had received refresher training in moving and handling techniques to make sure their practice was in line with up to date guidelines. We observed staff assisting people with their mobility using various equipment including mechanical hoists. People were supported at their own pace and constant reassurance was given to people being assisted. One person told us "Staff treat me well. They use a hoist but they are always gentle. I feel safe."

People told us they felt safe at the home and with the staff who supported them. People said staff were kind and

sensitive when assisting them. One person said "I rely on the staff for everything. They are always kind and I always feel very safe with them." A visitor told us "I know they are safe. I have no worries when I walk away."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People said they received care promptly if they requested assistance. One person said "If I ring the bell they are generally pretty quick. Of course it depends what time of day it is and how many other people need help but it's never an issue." One person who was being nursed in bed told us "They all pop in and out and they have time for a chat. I'm never on my own for long."

When people requested assistance they received this quickly which meant they did not have to wait for an extended period of time before being helped. One person was in the lounge area and pressed their bell to be helped. Staff responded and assisted the person in four minutes.

Staffing levels were monitored to make sure they continued to meet people's needs. The registered manager told us they sought feedback from staff about staffing levels. The minutes of a staff meeting showed the increased needs of people at night time had been discussed and as a result additional staffing had been arranged to make sure people's needs were met.

Risks to people's health and well-being were assessed and control measures were put in place to minimise risks and ensure they received care safely. Where people were assessed as being at risk of pressure damage to their skin appropriate equipment had been put in place such as pressure relieving mattresses and cushions. We heard staff asking people if they wished to be assisted to change position to further reduce risks. One care plan stated the person needed to be assisted to change position every two hours when they were on bed rest. This person told us "They come and turn me over every two hours. I think it helps." This showed staff were working in accordance with assessments to minimise risks to people.

People received their medicines safely from registered nurses. Medication administration records had photographs of people to minimise the risk of errors occurring. Medication records showed medicines entering

Is the service safe?

the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. People were regularly offered these medicines to make sure they remained comfortable and pain free. One person told us "I think they are good with the tablets. You never have to wait and if I'm uncomfortable they always give me something to help."

Care staff were responsible for applying prescribed creams when they assisted people with personal care. Although care staff said they were informed where to apply creams by registered nurses there were no written instructions for them to follow. This could mean that people's prescribed creams were inconsistently applied meaning their effectiveness could not be evaluated. We discussed this with senior staff and the deputy manager took action to address this during the inspection.

Is the service effective?

Our findings

At the last inspection we found people were not always receiving care in line with their assessed needs. We identified no concerns at this inspection. For example one care plan had been up dated to state that due to a decrease in a person's mobility they needed to be assisted to transfer using a mechanical hoist. The person confirmed, and we saw, that staff always assisted them using a hoist. One person said "I'd advise anyone to come here. I am definitely well looked after and get all the care I need."

Since the last inspection the registered manager had introduced some additional recording tools for care staff to record the care they had provided to people during their shift. Information about people was securely stored to maintain people's confidentiality. However we noted information was recorded in different files which at times made it difficult to track people's care. For example one person's care plan said they needed to be weighed weekly due to concerns about their food intake. Records of weights were separate from the care plan which initially made it look as if the care plan was not being followed. The separate weight records showed the person was being weighed in accordance with their care plan and was maintaining a stable weight.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. One member of staff said they had found the induction useful and they had opportunities to shadow more experienced staff to learn about people's individual care needs. Staff told us in addition to induction training, and statutory training in health and safety, there were opportunities for training that was specific to the needs of people who lived at the home. Care staff were able to undertake vocational qualifications in health and social care which gave them up to date knowledge and skills.

People were confident staff had the appropriate skills to support them effectively. One person said "I feel safe because there is always someone here who knows exactly what to do." Another person told us "The staff definitely know what they are doing. No concerns there."

Registered nurses were able to keep their clinical skills up to date by attending training. One registered nurse told us they had recently attended a training course on wound

care. After the training they had spoken with a person's doctor to change the way they were treating a wound. The person's wound care plan had been altered in line with the learning from the training course. The progress notes for the person showed the new care regime was having a positive outcome. This showed staff used their learning to make sure people received effective care to meet their needs.

The majority of people who lived at the home were able to make decisions about their day to day care and support. All staff asked people if they wished to be helped before they carried out any task. One person said "You are not made to do anything. You have a choice." Another person told us "They always ask my permission to help me."

Staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us they always offered people choices and respected their decisions. They said if someone was not able to make a decision they would talk to a relative or someone that knew them well. This showed they worked in accordance with the principles of the act.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. No one living at the home at the time of this inspection was being cared for using these restrictions.

The provider's action plan following the last inspection told us additional training would be provided to staff to ensure their knowledge and skills were up to date and people received effective safe care. Particular areas highlighted for further training were the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Since the last inspection all staff had received further information on these subjects.

Is the service effective?

The registered manager had also invited an independent consultant to give advice on these issues and was in the process of updating policies and practices in line with information from the consultant.

There were always qualified nurses on duty to make sure people's clinical needs were monitored and met. A visiting relative told us they felt the registered nurses monitored people's health well. One person said "You can always talk with the nurse if you're feeling a bit ropery. They're very helpful."

People had access to other healthcare professionals according to their individual needs. One person said "They always call a doctor if you're poorly and if you need new tablets they get those quickly." Another person said they had been assisted to see a dentist. Care records showed people had access to a range of healthcare professionals including dieticians and speech and language therapists.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where people required a specialist diet this was provided. Two

people's care plans stated that they needed to have a pureed diet and thickened drinks to reduce the risk of choking. At lunchtime we saw these people received a meal and drinks in line with their needs which showed staff were following the people's care plans.

People were able to choose where they ate their meal; some people ate in the main dining room whilst others preferred to eat in their rooms. Without exception people were very complimentary about the food served. Comments included; "Food is very good," "Food couldn't be better and there's always a choice" and "All meals are excellent. Always plenty to eat."

People who required physical assistance with their meals were supported to eat in a discreet dignified manner. Staff always asked people if they wanted to be helped with their food. Where people agreed to be assisted staff sat with them and chatted whilst supporting them. No one was rushed with their meal and people were given ample time to eat. This all made lunchtime a pleasant and sociable experience for people.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Comments included; “Staff are kind and gentle when they help” and “Staff are always polite and cheerful.” One person told us “The staff couldn’t do more and I’m very thankful to have this place as my home.”

There were numerous cards thanking the staff for the care they had given to friends and relatives. One card thanked staff for their “Compassionate care.” Another said their relative had received “Dedicated love and care” at the home.

People’s privacy was respected and all personal care was provided in private. When people required assistance to meet their personal care needs, staff assisted them to their private rooms to make sure their dignity was protected. People were clean and well dressed which showed staff took time to assist people with personal care. One person said. “We are treated with respect. The staff keep our dignity and help us to do the things we can’t manage. All the Staff are kind to you. We are well looked after.”

People had access to a visiting hairdresser to support them to maintain their appearance. One person told us “She does me up, makes me feel a bit human. You feel groggy if you sit here all scruffy. When they’ve touched you up and made you look good it gives you a bit of dignity.” Throughout the visit we heard staff complimenting people on their appearance and clothing which made people smile and started friendly conversations.

Everyone had a single bedroom with en-suite facilities. People had been able to personalise their rooms with their own ornaments and pictures which gave rooms a homely individual feel. One person said “It definitely feels like my room, I’m very comfy here.”

People were able to choose where they spent their time. Some people liked to mix with others in the communal areas whilst others preferred their own company. Staff respected people’s choices. One person told us “I like being on my own. Staff respect my decision not to mix.”

Staff interacted with people in a friendly caring manner. More than one person commented on the positive

relationships they had built up with staff. One person said “I’m very comfortable with them all. What I like is you can have a bit of a laugh.” Another person told us “You are never lonely here. The staff are always happy to chat.”

Staff chatted to people and used touch to comfort and reassure people. Where people had difficulty expressing themselves staff showed patience in helping people to make their needs known.

People told us they were able to have visitors at any time and visitors confirmed they were able to visit whenever they wished. Visitors said they were always made welcome and usually offered refreshments.

The registered manager used inventive ways to ensure staff had an understanding of personal care needs and the importance of assisting people who required it. The minutes of a recent care staff meeting showed staff were asked to hold a piece of marzipan through the meeting. They were also asked to wear a pair of glasses where one lens had soap on and the other had soup on. At the end of the meeting staff were asked how this felt. This highlighted to all the importance of ensuring people were assisted to clean their hands after a meal and making sure people’s glasses were kept clean. As a result of this experiment wet wipes were made available in the dining room to help people to clean their hands. We also noticed people had clean glasses.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. People told us they felt involved in their care and were able to make choices. One person said “I feel in charge of my life.” A visiting relative said they were kept informed about things and were involved in writing and reviewing the care plan.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. All staff carried radios to enable them to communicate with other staff wherever they were in the building. Staff did not use people’s names or discuss any confidential information when using these radios. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

At the last inspection we found that the provider did not have an effective system for identifying, receiving, handling and responding to complaints made by people using the service or those acting on their behalf. The provider's action plan outlined how improvements would be made in this area and told us the registered manager would use resident's meetings to emphasise the importance of disclosing concerns. Minutes of a resident's meeting held since the last inspection showed this had been discussed.

Each person received a copy of the complaints procedure in their service user guide and it was displayed in the main reception area for visitors. People and visitors told us they would be comfortable to speak to the registered manager or a member of the nursing staff if they had any concerns. One person told us "I have no complaints but would talk to someone if I did." Another person said "We have a meeting once a month and you are invited to voice any complaints. I did complain once and it got sorted."

Records of complaints showed all complaints expressed verbally or in writing were responded to in a timely manner. We saw that complaints had been fully investigated and action was taken to address people's concerns.

People received care that was responsive to their needs and personalised to their wishes and preferences. People told us they were able to make choices about all aspects of their daily lives. People said they were able to get up and go to bed when they chose and could decide how they spent their day. One person told us "I like to get up by seven and they are usually available to help me." Another person told us "It's my choice to go to bed early with a cup of tea. I like to watch the telly in bed. They respect your choices."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. People told us the registered manager had visited them before they moved in to make sure they had the information they needed. One person said "The manager came to the hospital to visit me before I came here. It was all very friendly." A visiting relative told us they had visited the home and the registered manager had answered all their questions and put them at ease which helped to make the process as stress free as possible.

Care plans contained information about people's personal care needs and their preferences. One person's care plan said they always liked to wear a long sleeved shirt and we noticed on the day of inspection they were. Other care plans outlined people's preferred routines and their food likes and dislikes. Staff demonstrated a good knowledge of each individual which enabled them to provide care that was personalised to each person. One person told us "They will do things in a way that suits me." Another person said they liked peace and quiet in their room. They commented "They still ask me if I want the radio or telly on but they know I don't. I think they want to give me the option to change my mind."

The staff responded to changes in people's needs. Care plans were up dated when people's needs changed and they needed increased support. For example one care plan had been up dated to show that a person needed increased assistance to eat their meal. At lunchtime we saw the increased level of support was provided.

People were able to take part in a range of activities according to their interests. Each person received a printed timetable of the week's activities to enable them to plan their time around the sessions they would like to join in with. One person told us "One of the good things about here is there's always something to occupy you." Another person said "They asked me about my interests and stuff but I go to all the activities. They're all a bit of fun." In addition to group activities the activity staff had scheduled time with people who preferred one to one activities.

The home arranged trips out for people and helped them to acknowledge and recognise special occasions. There were photos of how occasions had been celebrated and at the time of the inspection they were making and decorating a maypole for a bank holiday event. One person said "They're always coming up with something. I hope they're not expecting me to dance round the maypole, I think those days are behind me. The staff will do it though, which should be fun."

There were regular meetings for people where they were able to express their views and make suggestions about the running of the home. The minutes of a recent meeting showed people had been asked about activities they would like to have arranged. An activity worker told us "We try to match the activities to people's interests and hobbies."

Is the service well-led?

Our findings

At the last inspection we found that people were not protected against the risks of unsafe or inappropriate care and treatment because there was a lack of proper information about them. At this inspection we found there was adequate information to enable staff to provide safe and effective care.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager there was a deputy and a team of registered nurses who oversaw the day to day running of the home. There was always a registered nurse on duty who organised the shift and was responsible for keeping staff informed about the care needs of people. In addition to registered nurses each shift had a senior or lead carer on duty to offer support and guidance to less experienced staff. This ensured there were always experienced senior staff available to people.

People described the registered manager as open and approachable. Care staff said they were always able to speak with a registered nurse or the registered manager if they had any concerns about people's care or well-being. One member of staff told us "There is good teamwork and we are well organised by seniors to make sure everyone gets the care they need at a time that suits them." Another member of staff said "You can go to the nurses or the manager at any time. You never feel you're on your own."

The provider had a clear philosophy of care statement which was displayed in the home and given to all staff when they began work. The philosophy clearly set out the home's aims and objectives and how these would be achieved. The philosophy stated the central aim of Ferns Nursing Home was "To foster an atmosphere of care and support which both enables and encourages our residents to live as full, interesting and independent lifestyle as possible with rules and regulations being kept to a minimum."

Staff were aware of the philosophy of the home and their comments indicated they worked in line with the ethos as far as possible. We were told "We adapt things to suit people and help them to be independent" and "There are

no strict routines and people are always able to make choices." The registered manager told us they aimed to provide a community where people were well looked after but also able to have fun.

Comments from people showed the philosophy of the home was put into practice. One person said "The management do their best to make sure we are happy. The home is as you would want your own home to be." Another person told us "I like it here. You have loads of choices. Choose what you eat, whether you join in or not. If I need something they get it for me. The staff are so kind."

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. For example there was a weekly audit of medication administration records and any errors were highlighted with registered nurses to minimise the risk of errors re occurring. A maintenance person was employed who carried out regular checks on the premises and made sure any repairs were attended to promptly.

The registered manager sent out annual satisfaction surveys to gauge people's views and experience of the home. An analysis of the last survey showed generally people were satisfied with the service provided. Where people had made comments about individual care these had been dealt with by the registered manager.

All accidents and incidents which occurred in the home were recorded and analysed. Action was taken to minimise the risks to people. Action taken had included providing additional equipment to people and seeking advice from the person's GP.

The registered manager was a registered nurse; they kept their skills and knowledge up to date by on-going training and reading. The home was part of the local Registered Care Providers Association (RCPA) which offers guidance and information to registered care providers. The registered manager told us they had attended conferences held by the RCPA and further conferences were planned. The registered manager was a member of the Somerset Learning Exchange Network which provides a discussion forum for care service managers to share good practice and information.

Is the service well-led?

The Ferns Nursing Home was accredited to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.