

## Colten Care (2009) Limited

# Fernhill

### Inspection report

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Date of inspection visit:

19 August 2019

20 August 2019

Date of publication:

30 October 2019

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Fernhill is a residential care home providing personal care to 57 people at the time of the inspection. The service can support up to 58 people. The building was split into four smaller units giving it a much homelier feel. People could move around freely. There were café areas, a 'post office', hairdressers and many smaller areas for people to engage in activities and private conversations. The service had an accessible garden.

The service had gone through some major upgrading. Some work was not yet completed including the design of a new roof garden and updating in several areas. Though this work was not yet completed we found no concerns of issues that effected the running of the service and in keeping people safe.

### People's experience of using this service and what we found

People said about the staff; "I observe that the staff are very well trained here, they know what they are doing" and "Everyone gets on well here, staff and the residents are happy." Staff interacted with people at their pace, were unrushed and lots of positive interaction between each other. Staff in all roles were empowered to sit and chat to people and developed relationships that helped people feel confident to speak up. Relatives told us the service was, "The staff are very good with mum, they never rush her they have time for her" and "The staff are there for mum when she needs them, she is never rushed". People and their relatives were supported in a variety of ways to have a say in how the service was run. A relative said; "There are regular residents and relatives' meetings here".

The leadership of the home was commented on as being outstanding and everyone we spoke with said they would highly recommend the home. Staff commented that it was the best place they had worked and wanted their loved ones to move in. One staff said a new member of staff had told them; "What they had learnt at Fernhill is that from what they see and what we do with people they wouldn't be scared to get dementia if they were somewhere like here."

People received exceptional care and support from a staff team who valued and celebrated individuality and diversity. Care was provided in a highly respectful manner which put people at the heart of all that was provided. Visitors commented on the exceptional care and support they received, as well as their loved ones.

The management and staff were skilled at supporting people's relatives to understand the changes in their family member's behaviours, wishes and emotions. The company employed 'Admiral Nurses.' These are specialist dementia care nurses who gave expert practical, clinical and emotional support to people and their families facing the challenges of dementia.

There was an outstanding comprehensive programme of often unique and personalised activities arranged every day that was very much based on people's interests and preferences. There were also group activities. A staff member said; "We ask people if they could have one wish we could answer for you what would you like us to do." They went onto say how many wishes they had made come true for people.

Staff worked exceptionally well together to involve people, and their family members in the planning and delivery of care. People and relatives told us the staff had found suitable activities to support individual preferences. This included gardening and growing fruit and vegetables, shared events with local schools and involvement with volunteers from the local community.

The service encouraged people to become more mobile to increase their independence. This had resulted in one person 'Pimping up the Zimmer Frame.' Which meant they personalised their own Walking frame to add colour/designs which had been proven that people would use this more as it was personalised.

The service had a café, post office and sweet shop. People could go to the café area at any time to enjoy a drink and snack as a change of scenery or with visiting family and friends. People could access the post office to send letters or cards and buy 'old fashioned' sweets from the sweet shop.

Staff were creative in how they engaged people and prevented people feeling isolated. People and their relatives were supported with end of life care in a sensitive and individual way.

People and their relatives experienced a positive and inclusive approach to care and encouraged to give their feedback to help improve the service. The staff worked with outside professionals and communities to improve people's health and social wellbeing. The registered manager and staff team all had a very good understanding of their roles and were empowered to make suggestions to keep improving the care.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

People told us they felt safe and secure and well cared for. People were safe because the service had good systems for monitoring risk and staff had a good understanding of people's needs and how to keep them safe. People and relatives told us there was enough staff on duty to meet their needs and they did not need to wait when they called for support. People were supported to take their medicines safely.

People told us the food was 'Good' and 'Lovely' and they had plenty of choice. People and relatives they told us they were involved in planning their care and assessing their needs. People and relatives told us they could choose the décor and personalise their rooms. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last

The last rating for this service was Good (published 1 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Fernhill

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector, one assistant inspector, a specialist nurse advisor and an expert by experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Care home name is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We also reviewed notifications we had been sent. Notifications are specific issues that registered people must tell us about.

#### During the inspection

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.

We met many of the people living in Fernhill and spoke with eight people in depth about the care they received. We spoke with eight relatives about their experience of the care provided. We spoke with 10 members of staff including the operations manager, registered manager, clinical lead, quality manager, administration staff, senior care workers and care workers. We also spoke with one visiting health professional.

We reviewed a range of records. These included eight people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought and received feedback from three health and social care professionals.

We reviewed further information about positive achievements sent to us by the registered manager. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were safe because the provider had detailed policies and procedures which staff were following. The registered manager ensured suitable risk assessments had taken place which considered people's preferences and where needed, equipment or more staff training was put into place. One person said; "I do feel safe here, it's a safe place to live" and a visitor said; "My friend is very safe here, she is well looked after."
- Staff knew how to keep people safe and had a very good knowledge about how to identify risks and report concerns and incidents. People and their relatives also felt confident to report concerns about safety.
- Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns and spoke passionately about not tolerating poor care.

Staffing and recruitment

- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.
- Throughout the inspection, we saw there were enough staff available to meet people's needs and keep them safe. The registered manager regularly assessed people's needs and adjusted staffing levels accordingly. People, relatives and staff all told us there were enough staff on duty to meet their needs. We saw staff had enough time to sit and talk to people and ensure their emotional and social needs were also being met.

Using medicines safely

- People received their medicines safely and on time. Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- When accidents and incidents occurred these were discussed at regular staff meetings, as a learning opportunity.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs and preferences with the person, their relative and various professionals prior to them moving into the service. They used this information to create person centred care plans.
- Assessments of people's individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed.
- People were supported to access a range of health professionals to enable them to live healthier lives. This included access to GP's and tissue viability nurses.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.
- Healthcare professionals did not have any concerns about the care and support provided by the home. They said they are; "always welcomed, shown where they need to go, and staff are very supportive and attentive during their visit, providing input and support when or if needed."

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant skills and qualifications to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs. For example, staff completed dementia care training.
- New staff completed a full induction and worked alongside more experienced staff to get to know people. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to.
- Regular supervision sessions were arranged where staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported by management.

Supporting people to eat and drink enough to maintain a balanced diet;

- People told us; "The food is lovely here, just as I like it" and a relative said; "I have tried it and it is very good." People said they could have whatever they wanted at any time of day or night and staff would support them.
- Meals were unrushed, the atmosphere calm and the environment welcoming, people were smiling, chatting and laughing. We observed staff supported people with their meals. Those who needed assistance



were sensitively supported with their drinks and meals.

- People's care plans held information to ensure they received consistent support with their nutrition.
- People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to see their GP, district nurses, and attend other health appointments when required.
- Health information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.
- The registered manager explained how they had made a commitment to use medication as a last resort to support people who might challenge the service and were living with dementia. They said by knowing the person better and being able to engage them with daily opportunities to support them during difficult moments. The audits showed only four people needed anti-psychotic medication which the registered manager said was; "A great achievement for a home of our size."

Adapting service, design, decoration to meet people's needs

- The provider had an on-going environmental improvement plan and were nearly the end of major improvements and upgrades. A lot of the work had already been completed. People, relatives and staff told us how impressed with the work being carried out with minimal disruption. The provider encouraged family involvement in maintaining the premises.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives confirmed they were involved with decisions about their care and staff always asked for consent. Staff had a good understanding of the MCA and DoLS and how to support people to have as much control as possible in decision making. Staff understood that people could have mental capacity in one area if they did not in another.
- For some people who did not have capacity their relatives were appointed Power of Attorney and copies of these documents were on their care records. For other people the registered manager had ensured DoLS process was followed so that decisions were agreed in the person's best interest.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People valued their relationships with staff and felt they mattered. They all said they were treated extremely well, with kindness and compassion. People commented, "The staff are very kind to me, very good" and "There is a good atmosphere here, everyone gets on very well together". One relative told us; "To my view the staff treat her with the greatest respect always". One relative had written a compliment thanking staff and said; "You guys made [...] (name of relative) both happy and proud, dignified and appreciated. You put our minds at rest when we could not be there."
- People received support by a management and staff team who provided truly person-centred care. Staff built and develop their relationships with people which ensured they were getting the most out of life. For example, the registered manager showed the home promotional video on their 'Dementia Promise' The video recorded the registered manager saying they; "Supported people to be more interactive and engaged. ....enabling them to visit passed loves and interests." One example given by the registered manager was of a talented artist, who was living with dementia, who they had with staff support and encouragement, "Empowered to go to the shops, buy the paint and this gave them the confidence then produce a wonderful painting displayed in the service."
- Compassion, respect and kindness were core values of the service. Great emphasis was placed on ensuring people had the opportunity to have new experiences. For example, the staff supported one person to make a music CD after the staff arranged for them to visit a recording studio. This person had a visit from the police choir and joined in and is now a member of Fernhill's own choir. This would not have happened without the dedication of the staff.
- They encouraged meaningful social interaction, provided mental stimulation and promoted people's well-being. People spoke well of the level of activity and entertainment provided. One person said; "I enjoy activities and do get involved, they do a good job here to encourage everyone to join in" and a relative said; "Mum is bedridden, and they will come to her room, sing and chat to her."
- Church services were held in recognition that some people were no longer able to easily leave the home. For people unable to leave their room a 'room visit' was arranged by the visiting church and spiritual staff.
- Relatives told us how being welcomed and involved in their relative's care meant a lot to them. They said staff made it feel like their home too and because of this spent more time with their family member as they were actively encouraged to be there. They went on to say they could visit without restriction and there were plenty of spaces to meet privately with their family member if they chose to.
- Staff told us they loved their work and were committed to making sure people were at the heart of the service. The service had a busy but relaxed atmosphere and we observed warm, kind and caring interactions between people and staff. One staff told us; "We go above and beyond because we do not stop where we

are, we treat people as individuals not to think, oh they can't do that because they have dementia" and another said; "We are constantly striving to make it the best it can be for people living with dementia." Both staff members gave examples on how they achieved this. For example; involving people in everyday task including shoe cleaning, preparation of vegetable for meals and hanging out the washing.

Supporting people to express their views and be involved in making decisions about their care

- Staff were skilled at supporting people's relatives to understand the changes in their family member's behaviours, wishes and emotions. The company employed 'Admiral Nurses.' These are specialist dementia care nurses who gave expert practical, clinical and emotional support to people and their families facing the challenges of dementia. For example, the Admiral Nurses, who worked alongside staff in the home on a regular basis also arranged a 'Day Clinic' in the service for people from the community to drop in and offer advice and support. People from these drop-in sessions often planned a respite stay and sometimes longer-term care.
- People, their relatives and health professionals told us they were fully involved in decisions about people's care. Regular reviews were held as well as daily conversations with people as care was being provided. People had a 'relatives expectations sheet' which clearly showed details of conversations with family members, updates they had been given and any enquires from them regarding their relative care needs.
- We saw there were various forums where people could express their views in relation to their care and the planning and running of the service. For example, there was a 'Companionship team' and 'Resident of the day.' Both which provided group or one-to-one interactions with people to ensure people were able to express their view and have a voice. Staff signposted people and their relatives to sources of advice and support. For example, the Admiral nurses. Useful information in the form of leaflets and posters were displayed around the home.
- Staff in all roles were trained equally so were aware of people's conditions and assessed needs. This meant people who were comfortable speaking to staff in non-care and non-support roles, such as housekeeping or catering, could do so. All information was updated into people's care records for all staff to review. This had given people who chose not to talk previously the confidence to speak up and tell staff how they preferred to be supported, making an enormous difference to the quality of their lives. The registered manager held focus groups and meetings with people, so they could talk about any issues.
- Staff completed Dementia training and then became 'Dementia Friends.' Staff were encouraged to learn more about what it is like to live with dementia. Then they passed their knowledge on to other staff.

Respecting and promoting people's privacy, dignity and independence

- People were respected for who they were and were always treated with dignity and respect. People, relatives and healthcare professionals told us staff were excellent at respecting and promoting their privacy, dignity and independence. One relative said; "I notice that the staff are careful to protect mum's dignity and that of other residents".
- The registered manager spoke about how they encouraged people to become more mobile to increase their independence. This had resulted in one person 'Pimping up the Zimmer Frame.' Which meant they personalised their own Walking frame to add colour/designs which had been proven that people would use this more as it was personalised. Another person had a walking frame which the staff always referred to as the 'Dog.' A term this person was used to as they had been a dog handler and they understood the term even though they were now living with dementia. The impact for both these people had been their continued independence by being able to walk using their personal equipment.
- Staff spoke with and about people in a respectful manner, whilst showing genuine affection for people and their relatives. Staff told us how they understood when people wanted or needed more staff time and when they wanted to be alone due to knowing peoples body language and gestures so well. Staff explained how they treated people the same way they would treat their own family members and felt this helped to

create a homely environment and a sense of family.

- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships. For example, we saw how staff supported and respected people's time to be alone with their visitors.
- People's right to privacy and confidentiality was respected. Staff made sure that any discussions with or about people were held in private. A healthcare professional told us how sensitively and carefully staff handled information and always discussed people in private.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights. Staff told us how they checked with people before sharing information with loved ones.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. Staff used their in-depth knowledge of people's histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were.
- Staff provided personalised care and support which placed people and their families in control. Some people who were living with dementia could become distressed, however they were supported with empathy, professionalism and confidence by the staff team. Staff said this empathy and knowledge came from working alongside and the support they received from the Admiral Nurse team. One visitor said; "She (their friend) is well cared for, the staff are there for her when needed." A staff member said; "You get residents who are anxious but that isn't as a result of living here it's more due to change in their life, but staff here have people's best interest at heart and like to give as much choice to people."
- People and relatives were actively involved in planning and developing their care and a relative told us they felt valued and listened to. Another relative told us; "My sister and I were involved in mum's care planning."
- We observed numerous examples of personalised care which evidenced excellent understanding of people's needs relating to their care and preferences as well as any social and cultural beliefs and backgrounds.
- Innovative ways were used to make sure people and their family members had choice and control over the care and support they received. For example, the 'Resident of the Day' scheme. This scheme is to help play a part in delivering the service's promise of 'Cherishing You' to each and every person and to ensure that on at least one day a month people are made to feel extra special because the focus of the team is on them for the day. Staff, the person concerned, and family members sit down to review all elements which influenced the person's well-being and help the person 'Lead the fullest life possible'. For example, during a review it was highlighted that one person loved to play the piano when they lived at home. The registered manager arranged for the piano to be moved into Fernhill. At first this person ignored the piano and one day started playing it again and the registered manager said how it was an amazing experience for both the person and their relative. This had increased the person's confidence and pride. One person said; "The staff do encourage me to be a bit more independent."
- Assistive technology was used to support people to be involved in decisions about their care. For example, the service worked with Bournemouth University and their 'Gaming Technology team'. These sessions included the use of computer tablets and games consoles. This followed a pilot run over 12 weeks. The registered manager said it was a great success and sessions would continue in the service by turning one area into a gaming technology hub. People commented how they'd enjoyed using the computers to play

games, for example, tennis and bowling. Something most people would no longer be able to do now. Comments from people who attended this session said; "It's really uplifting" and "The things (talking about the tablet discussion they'd had) are very interesting." The impact for people was about mixing with other people, on learning about new technology as well as enjoying the games and subject they had previously enjoyed and were once again able to research. Comments included was how these sessions had been 'fascinating' and 'interesting.'

- Care records were very personalised and included people's preferences and areas where they were independent and did not require support. Records provided excellent summaries about people's care needs, night-time routine, life history and relationships. As people's needs changed, care plans were reviewed and updated to make sure they reflected people's needs, beliefs, equality and diversity. Staff were familiar with the information in the plans and used this to ensure they gave the best support in an individualised way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service currently employed four dedicated staff to provide activities, they were called the "Companionship Team." These staff were very passionate about their role and demonstrated a desire to tailor activities to people's individual preferences. Speaking about the impact a recent activity had had on them, a person told us; "I wouldn't have had a better time if I had been in heaven!"
- There was an outstanding comprehensive programme of often unique and personalised activities arranged every day that was very much based on people's interests and preferences. There were also group activities. A staff member said; "We ask people if they could have one wish we could answer for you what would you like us to do." They went onto say how many wishes they had made come true for people.
- Other excellent activities people got involved in included the homes local community allotment, visit by the local donkey sanctuary, Fernhill's own choir, visits by the local primary school and senior schools. Also, people enjoyed side by side bike rides. One-person wish was to see the marching band that they had been part of. This was arranged with a VIP tour of a local stadium and the marching band met them there and played the last post for them. A staff member said; "We try and make it homely, so they choose to live here. We try and make sure their life continues, they go to the beach and take a picnic so that when they live here it's like their living at home but in a different way."
- Staff had created a wedding in the garden of the service for one person who was to unwell to attend the original wedding, however was able to attend the garden ceremony.
- The company employed a 'Music and Arts' staff member. They were employed to support people and it stated on the Colten Care website that music and art; "Plays an important and powerful part in all our lives. For our residents, they have a particularly therapeutic effect, and can aid in engaging interest, regulating mood, maintaining dexterity and hand and eye coordination, stimulating creativity, and are also often a calming influence when a resident is at their most anxious."
- The service had a café, post office, sweet shop and were in the process of building a roof garden. People could go to the café area at any time to enjoy a drink and snack as a change of scenery or with visiting family and friends. People could access the post office to send letters or cards and buy 'old fashioned' sweets from the sweet shop. One relative said; "I like coming to visit my relative) and coming to the café as it makes more of the visit, like we've been out rather than me coming into see her in the lounge here".
- The home's activities programme was displayed on a notice board and informed people about upcoming events. We saw a range of activities were available including trips out and entertainers visiting the home. One show the staff had put on received excellent reviews. One said; "What an amazing day", after seeing the Greatest Showman show. Then went onto say; "Many congratulations to you and every single member of staff for making the day so successful. The costumes were great, and the choir was spectacular."
- Staff were continually looking for new experiences and opportunities for people to enjoy. For example,

staff found one person used to be a dentist and had written a book on the subject. Staff arranged for this person to visit the local dentist to realise how life changing the book had been for people in the dentistry industry. Staff commented this person received a 'hero's welcome' when visiting the dentist. Staff said this inspired them to 'Dig deeper' to find out other people's interests and histories. This led to them find people at the service had been 'Code Breakers' and 'Professional footballers.'

- People's life and family history was used to identify and provide activities and social events that were meaningful and culturally relevant for people. Important dates and events, like birthdays and anniversaries were remembered and celebrated.
- There was whole team had an outstanding approach to providing and contributing to keeping people occupied. Any activity ideas from staff were taken to residents' meetings to be considered by the people living at the home.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and information was provided in different formats if necessary to meet the Accessible Information Standard. Where people wore hearing aids and spectacles, staff ensured these were in place, clean and working. Technology was used to support people to make choices.
- People used mainly speech, large print and some photos to communicate. People had a 'Communication' care plan. This described how the person communicated and how information might best be presented to them to help them understand this. The plans also described whether people were able to express pain. One staff member said; "For people who cannot communicate we use a life diary, which we encourage family to complete."

#### Improving care quality in response to complaints or concerns

- People, relatives and staff all told us they did not have any complaints but knew how to complain and felt they could speak with anyone and would be heard. They all had confidence the registered manager would take quick action to resolve them.
- People and their relatives said they felt the service was responsive and listened to their views. One relative said, "If there was a problem I would speak to the manager."
- People were reminded regularly about the complaints procedures and we saw the complaints policy and complaints forms were readily available. It was clear from documentation, all complaints were taken seriously and addressed quickly including a written response.

#### End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life and each person had an 'Advanced Care Plan' in place documenting people's preferences.
- The service worked closely with a range of healthcare professionals to provide specific training for staff and outstanding end of life care. This helped to ensure that people had a comfortable and dignified death.
- Staff provided support for the relatives of people who were dying which included access to a family room where they could stay close by.
- Many of the compliments received by the service related to the quality and tenderness of the end of life care provided. For example, one read; "How can I put into words how grateful we are for the love and care you showed to our treasured mum. The last week has been so hard to bear watching mum fade away. But the comfort all of you gave both us and mum helped so very much" and another "A very big thank you from

me and the family for all the wonderful care you gave (name of relative) whilst he was with you in our 2nd home. He was always treated with dignity and respect, I shall forever be grateful for the care and love he received."

- Every year the service held a "Celebration of Life Day" and invite all the relatives of people who have passed away in the last year. One relative told how they had got 'closure' (over the death of their relative) by coming to this event.



## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by an exceptionally motivated registered manager and staff team. Their commitment to providing a service that passionately promoted person-centred values and a strong commitment to promoting independence and social inclusion was exceptional.
- People benefited from an exceptionally well led service and the registered manager and clinical lead nurse had worked tirelessly to shape a culture where people really were at the heart of the service. People told us; "The registered manager is very nice to me, the home is well run" and "I do think this home is well managed, very good indeed."
- There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People were empowered to be as independent as possible. Staff spoke very highly of the culture within the service and the wider organisation, drawing comparisons with others they had worked in and describing it as the best.
- Relatives spoke of the strong person-centred approach of the leadership team. For example, relative said; "All the staff are extremely professional. Fernhill is well led and well run. I would highly recommend" and "I especially wish to convey my deep appreciation of (named registered manager) skill and work."
- The leadership teams person-centred focus was also evident in all the staff team who were observed to be motivated to care for people in the best way possible. Staff were constantly seen to be smiling, positive and friendly in their approach to people. Staff told us; "Since (named the registered manager) has been here this place has just flourished" and "When (named registered manager and clinical lead nurse) started that's when the morale really lifted, they are really really good, they are the best we've ever had" and "100% well run, I can't fault the manager or any of the senior leadership team. They look after their staff and residents and make sure the home is running perfectly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager encouraged an open and honest culture at the service. The registered manager understood their responsibilities in relation to Duty of Candour and following incidents or accidents, had ensured that all relevant people were informed, and every opportunity used to support organisational learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were treated as partners and were actively consulted and involved on an

ongoing basis about their care and wider issues within the home. One staff member said; "We have focus groups with (named the registered manager) and one of the companionships (activities) team and the residents. We use coffee mornings or a social engagement to find out if we are doing things right for the residents."

- Regular residents and relatives' meetings were held and very well attended. The minutes of these meetings reflected that honest and inclusive discussions were held and where ever possible, actions taken in response.
- People were involved in the recruitment of new staff and were able to provide feedback about their suitability for the role.
- The food menus were changed seasonally with people's views being sought on every new menu to ensure that these reflected people's wishes.
- The provider encouraged an inclusive environment. Staff were very well supported, and the registered manager worked in a collaborative and open way with the whole staff team. Staff told us they felt valued and that teamwork and morale were good.
- Staff meetings were held regularly during which staff could discuss matters affecting people using the service or recruitment and staffing matters. They were encouraged to comment and share ideas about how practice and care might be improved. This demonstrated a focus on ensuring effective communication with staff in all roles.
- Staff told us they had multiple opportunities to discuss issues and make suggestions for improvements and team building. We were given examples of staff providing each other with emotional and practical support which promoted excellent team working.
- Staff understood, and were committed to, the values promoted by the registered manager and provider.
- Additional training was undertaken by 'Champions' where key staff were nominated with key roles. For example, they had lead responsibilities for continence assessments and advice. This staff member had an additional member of staff who was about to complete training and would then support them with this role. The continence lead covered several homes in the Colten group. This meant there was little or no need for the District Nurses to visit this service, therefore continence assessments were completed in a timelier manner and people gained access to appropriate continence aids much quicker.
- Champions also led on areas such as tissue viability. This enabled staff to seek prompt advice and support about pressure ulcers for example. This had minimised the number of external referrals that had been needed to the tissue viability team.
- The provider operated an award scheme to recognise staff for their contribution to the service. One staff told us how the service is up for an award for; "Supporting people who live with dementia" and also a "Best Homes" award. This showed the company was committed to rewarding excellence in care.
- The provider and registered manager supported and encouraged staff at all levels to develop and progress their careers through the organisation. The registered manager and nurses were supported to continue to develop their management and leadership skills and had attended a range of internal and external training programmes to support this. One staff takes the lead for wound care and tissue viability within the home and is supported by the registered manager and the company's trainer as well as the clinical training manager.
- The service provided placements for student nurses from the local university enabling them to gain practice experience of a care home environment. The registered manager felt this learning was two ways. Where each could share their knowledge and skills. One staff member said they had been well supported with keeping up their nurse's registration and more recently with mentorship education so that they were able to support the student nurses on placement at Fernhill.
- The service was very much part of the local community. Two children's school, one senior and one primary, regularly visited the home allowing people to enjoy interactions, crafts and games alongside the children.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff in all roles were highly motivated to ensure people had the best day possible and all understood how their role and interactions contributed to people's wellbeing. At lunch time, staff were consistently attentive and recognised when people needed additional assistance and provided this in a discreet manner.
- Staff when asked, what they were proud of in the service responded with; "I think it would be the care we provide and the extras we do, we don't just treat the residents as residents, they are important to us. They are not just a job to us we like to make things easier for them like finding books for someone to read or painting pictures, just something to make them happier. Anything to make it easier for them." Another said; "Proud of staff, manager, the team, they support each other and sort out any issues. If I'm ill the staff text me and find out how I am and offer help. Never ever been treated like that in places I've worked before." A third said; "Proud to be part of the team, all of Fernhill. Proud to be part of a good team a good home."
- There was a positive energy throughout the home and the management team were all extremely passionate about their role and took complete ownership for the quality and safety of the care provided. One staff member, who had not worked in care before said how nervous they were. However, went onto say how well supported they were. They said they had been; "Overwhelmed by the amount of support they had been offered and everyone is happy to help with any questions they have." They went onto say how they were; "Welcomed with open arms and has been made to feel part of the team."
- The feedback about the registered manager and clinical lead was consistently very positive and demonstrated that people, their relatives and health care professionals had complete faith and confidence in their ability to ensure the delivery of high-quality care.
- The registered manager and clinical lead brought a strong continuity of leadership to the home and demonstrated their commitment to the service and to driving continuous improvements and the provision of outstanding care.
- They had developed a senior leadership team who were all very competent, knowledgeable and ably supported the inspection team throughout the inspection.
- The management team and senior leadership team were supported by the provider who had a range of systems in place to ensure the smooth operation of the home and to support good communication. We observed consistently effective and constructive engagement between the leadership team and staff. For example, regular meetings took place with all departments to discuss a range of issues relating to people's care and the running of the home. People and staff told us they took an active part in these meetings and were thanked for their contribution to the high levels of care provided.
- Following staff inductions, the registered manager linked new staff up with a buddy, a senior carer to support staff to complete shadow shifts working alongside them until they knew people and their daily routines as well as their new colleagues.

Continuous learning and improving care

- The provider and registered manager were committed to the ongoing improvement of the service and to providing outstanding care. The registered manager was involved in a local group where they were trying to make the local area a "Dementia Friendly Town."
- Following significant events, detailed root cause analyses were undertaken to establish any contributing factors and identify learning.
- Governance was well embedded within the service. Each month a number of audits were undertaken to ensure that the provider and registered manager had oversight of the quality of care and support being provided. These included key areas such as the environment, tissue viability, activities and nutrition. These audits included speaking with people and staff to seek their views and ideas about how the service might improve.
- The provider undertook a range of checks to measure the service against the fundamental standards.

- The company employed 'Admiral Nurses' who were dementia lead nurses. They offered support to people, relatives and staff in caring for people living with dementia. Including helping assess and involve people and relatives before they moved into the service.
- All nurses said they were supported to keep up to date with their clinical knowledge and nurse registration.

#### Working in partnership with others

- The service had developed exceptional links in the local area that benefited people using the service. There was a 'Day Clinic' arranged by the Admiral Nurses for people from the community to drop in and receive advice and support, links with the local university with student nurses training and people to participated in a pilot scheme about technology. A local primary and senior school visited the service regularly.
- The service had forged and maintained excellent links with health and social care professionals and national and regional initiatives. For example, how to reduce the use of anti-psychotic medication in care home for people whose behaviour may challenge.
- The service worked well with other organisations. They had good working relationships with local healthcare services and worked with them to achieve the best outcomes for people. This was supported by the views of healthcare professionals who were positive about the care and support this service gave to people.
- External professionals were extremely complimentary about the working relationship they had with the registered manager, clinical lead and all the staff team.
- One healthcare professional said, "They provide fantastic end of life care. The whole staff team are open to suggestions, will ask for extra help to support people and will pick up the phone to ask advise on people's care needs."
- Another health care professional was very complementary about the reception they received when visiting Fernhill.
- To ensure that people received better joined up care when they transferred in or out of the service, there was a 'Emergency Information' pack. This held information if people needed to be admitted to hospital and held information about the person's key needs and their medication. It helped to facilitate a smoother handover of care between the care home and ambulance or hospital staff.
- The registered manager told us how they worked with other health professionals to promote high quality healthcare and identify early signs of illness.
- They also provided information on a pilot scheme to 'reduce the stress level of people living with dementia' which they had participated in with Bournemouth University gaming technology team. The service is now looking at how to continue these sessions in the service by introducing a Gaming Technology Hub.