

# Country Court Care Homes 3 OpCo Limited

## Ferrars Hall Care Home

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Ferrars Hall Care Home provides accommodation and personal care for up to 66 older people, some of whom are living with dementia. The home is set over three floors and has various facilities available including a hair and nail bar, cinema room, coffee shop and a library.

This comprehensive inspection took place on 18 May 2017 and was unannounced. At the time of this inspection care and support was provided to 31 people. This was the first inspection since the home was registered in June 2016.

The provider is required to have a registered manager as one of their conditions of registration. A registered manager was not in post at the time of the inspection. A registered manager is a person who has registered with the CQC to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who lived at the home. People were looked after by staff who were trained and supported to do their job.

People were helped to take their medicines by staff who were trained and had been assessed as being competent to administer medicines.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health and nutritional needs were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA 2005] and the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. The provider was aware of what they were required to do should any person lack mental capacity. People's mental capacity was assessed and care was provided in their best interests. Staff were trained and knowledgeable about the application of the MCA.

People were treated by kind, respectful staff who enabled them to make choices about how they wanted to live. People and their relatives were given opportunities to be involved on a day-to-day basis about their planned care.

Not all care plans contained sufficient detail to ensure that staff had full information about how they should support people. This meant that there was a risk that staff, would not being fully aware of their responsibilities.

People were supported to be part of the community and they were helped to take part in recreational

activities that were important to them. There was a process in place so that people's concerns and complaints were listened to and were acted upon.

There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action was taken where improvements were identified.

## 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.

Risks to people had been identified and staff knew how to minimise the risks.

People were supported to take their medicines as prescribed.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

### Is the service effective?

Good ●

The service was effective.

The provider was acting in accordance with the Mental Capacity Act 2005 legislation to protect people's rights.

Staff were trained and supported to enable them to meet people's individual needs.

People's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People were looked after by kind and attentive staff.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Although staff were aware of the needs of people, the care plans did not always contain up to date information. This meant that people were at risk of receiving care that was not always appropriate.

People were encouraged to maintain hobbies and interests and join in the activities provided at the home and in the community.

People's views were listened to and acted on. People and their relatives, were involved in their care assessments and reviews.

### Is the service well-led?

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

The safety and quality of people's care was monitored and kept under review.

The management of staff ensured that people benefited from safe and appropriate care.

**Good** 

# Ferrars Hall Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 18 May 2017 and was unannounced. It was carried out by two inspectors 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. Their area of expertise was in caring for older people and those living with dementia.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

Prior to the inspection we made contact with a local authority contracts monitoring team to help with the planning of the inspection and to gain their views about how people were being looked after.

During the inspection we spoke 10 people and two relatives. We also spoke with the registered manager, quality assurance manager, a senior care worker and three care staff.

We looked at three people's care records, medicines administration records and records in relation to the management of staff and management of the service, including audits.

Due to their complex communication needs some people were unable to say to us about their experience of being looked after. Therefore, we observed care to assist us in our understanding of the quality of care people received.

# Is the service safe?

## Our findings

People told us that they felt safe because staff were always around. One person said, "Yes, I feel safe." Another said, "I do feel safe and secure here." There is always plenty of staff around." A relative said, "I've no concerns about safety; there's keypad control on the [front] door and there's always staff moving around."

People had individual risk assessments in place. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks, poor nutrition and poor skin integrity. We found that for some people there had been two risk assessments put in place for the same thing but these had conflicting information. However staff were aware of the risks and action to be taken to reduce these risks.

Staff we spoke with were aware of their roles and responsibilities and knew how to keep people safe from the risk of harm. Staff received training and were able to describe the types of harm that people might experience. They also told us about the actions they would take in response to any event where a person was at risk of harm. This included reporting the concerns to the management team of the home and to external agencies, which included the local safeguarding team. Members of care staff were also able to demonstrate their knowledge regarding the signs to look out for that people might experience if they were being harmed. A member of care staff said, "There may be a change in person's behaviour." Another member of care staff gave a similar response and added that people may become quiet and withdrawn or may not eat.

A person told us, "When I use my call bell they [staff] come right away". Another person told us, "Staff do come when you ring the bell." A member of staff told us, "There are enough staff, new staff always work alongside a permanent member of staff and never alone." We saw that staff had time to sit and talk with people. People, relatives and staff told us that there were sufficient staff working at the home.

People told us, and we saw that there were sufficient numbers of staff available. During our inspection we noted that people's requests for assistance were attended to promptly and staff were available in the communal areas of the home. The registered manager explained how people's care and support needs were assessed before they moved into the home. This assessment was then used to determine the staffing levels required to keep people safe. One person said, "There's always someone around when you need them and at night time as well."

There were recruitment procedures in place to ensure that only suitable staff were employed to look after people. Staff confirmed that they had not started to work at the service until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they started work at the service. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work.

People told us that they were satisfied with how their prescribed medicines were managed and received them at the appropriate times during the day. One person said, "The carers [staff] deal with my medication."

Another person said, "I have one tablet a day for my [medical condition]" and another said, "I have [name of medicine] with my breakfast."

We saw that people were asked if they wanted to take their medicines and were given a reason for why they needed to take their prescribed medicine. In addition, people were asked if they needed any of their prescribed medicines to ease any discomfort that they might be experiencing. People were helped to take their medicines safely by staff who were trained and assessed to be competent with this aspect of people's care. Medicines administration records were completed to show that people had received their medicines as prescribed. Where an error had been identified for example in the recording of the medicines, an investigation was undertaken to prevent any further errors. Medicines were kept secure so that only authorised staff had access to people's prescribed medicines. This showed that procedures were in place to keep people safe from the risk of unsafe management of their medicines.



# Is the service effective?

## Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in registered services are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made applications to the local appropriate authority when they believed a person was being deprived of their liberty. The applications were based on assessments of people's capacity to make informed decisions. These included, for instance, decisions where they were to live and how they were to be looked after. The manager was waiting the outcome of the DoLS applications that had been submitted to the local authority. In the mean time we saw that people were provided with care that was in their best interests.

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS.

People were being cared for by staff who had received the required training. One relative said, "The staff know [family member] very well and they are amazing, they get lots of training." Staff told us that they had attended training in a range of topics. One member of care staff described their induction training and this included working alongside more experienced staff members. They also told us that their induction training included fire safety, safeguarding and moving and handling. On-going training included caring for people living with dementia and health and safety training and infection control. The registered manager confirmed and staff training records showed that all of the staff had attended the provider's required training.

Members of care staff told us that they had the support to do their job, which they said they enjoyed doing. One member of staff said, "I love it here, everyone is so supportive." They told us that they worked well as a team and had support from the management team. This support included informal and one-to-one support. The one-to-one support included discussions about staff training needs and the standard of their work performance.

We found that people were helped to maintain their nutritional health. People told us that they had enough to eat and drink and we saw that they chose when and where they wanted to eat. People had positive comments about the quality of the food. One person said, "The meals are very good." Another person said,

"The food is lovely, it's always hot." A third person said, "I don't have much of an appetite but the food is good for those who want to eat." People were helped with eating and drinking if they were not able to do this for themselves. People's individual dietary needs were catered for which included soft and pureed diets. Information about people's food and drink allergies was obtained and shared with the catering staff. This was so that they were able to prepare meals and snacks according to people's individual dietary needs. The chef was able to tell us about people's various nutritional need. They told us they had undertaken a course on 'textured modified foods' this provided information on the different textures of food for example fork mashable. Drinks were available throughout the day. Relatives were also offered a drink. One person told us, "I can call for hot water and they always bring it to me." Another person said, "You have a big jug of water in your room so you can have a drink even at night."

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, a dietician and physiotherapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being. Feedback received from healthcare professionals confirmed they were very satisfied with the running of the service and the care provided at Ferrars Hall to support people's health. They told us that there is always a member of staff to support their visit that was knowledgeable about the person. One relative told us "The staff are quick to get a GP in if any resident [people who use the service] need one."

## Is the service caring?

### Our findings

We received positive comments from people about the care that they received. One person told us, "Oh yes they [staff] are very good, we're very well looked after." Another person told us, "Nothing's too much trouble for the staff." A third person said, "They're [staff] all very kind and nice." One member of staff told us, "I sit with people and try and reassure them when they are upset. I try and talk one to one." We observed this happen during the inspection where one person became unsettled. A relative said, "I think it's [care] excellent here and I'm confident that they're doing their best for [family member]."

Staff knew people well and treated them in a caring manner and with dignity and respect. Staff referred to each person by their name and took time to ask them how they were. Staff offered people a guiding hand for reassurance and support as they moved around the service. Staff provided people with the information on what activities were taking part. This gave people the choice of whether to join in or not. One person said, "I don't have to join in if I don't want." Staff had time to sit and talk to people throughout the day. We saw that when one person became unsettled staff took the time to go back to their room as they were looking for some of their property. Staff then sat and talked with them until they were happier.

We observed an exercise sessions in the morning in the middle floor lounge. We saw that everyone was encouraged to take part. People were smiling and laughing and seemed to enjoy taking part. Staff took the time to make adjustments to the exercises so everyone could join in.

Staff asked people their permission before moving any of their belongings such as a walking frame. This was to allow other people to pass by. Staff also explained to people what they were doing and gave them simple instructions when they helped them with their mobility such as carefully guiding them to sit down in to a chair. People told us that they could choose when they got up and went to bed and were they would like to spend their time. One person told us, "I suit myself, sometimes I go to my room just to relax."

People confirmed that staff treated them with respect, knocked on their bedroom doors before entering and encouraged independence. One person stated, "They [staff] always knock on my door before coming in. They call out who they are." Another person told us, "I am starting to do a lot more for myself."

The home had various small areas for people and their families to sit. There was a coffee bar, cinema room and a library. We observed a lunch time in two dining rooms and saw that people knew each other well and chatted to each other whilst they were having lunch. The dining tables were set with cloths, napkins and condiments. This helped to give it a homely feeling throughout the home.

Information was available in the main reception as to how people could access advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

People, and their relatives, said that staff met people's care needs. One relative said, "They take great care of [family member]. I couldn't ask for a better place. The staff are so friendly and supportive. Another relative said, "The staff are always around although they are very busy. Overall, we saw that people were happy with lots of smiles and laughter and people confirmed they were well looked after. One person said, "I am well looked after. Couldn't be any better here."

Pre admission assessments were undertaken by the manager. This helped in identifying people's support needs. Care plans were then developed which provided guidance for staff on how people's needs were to be met. People were involved with their care plans as much as was reasonably practical. One person told us, "Yes, my care is discussed with me regularly." Where people lacked capacity to participate, input from people's families, other professionals, and people's historical information was used to assist with people's care planning.

Care plans that we looked at did not always provide detailed information on how people's care needs were to be met. One person's care plan and risk assessment in relation to their mobility had not been updated following three falls and the risk was recorded as a low risk. For another person where they required adapted utensils to support them to drink the details of what they use had not been recorded in their plan. For one person who required turning the detail in their care plan only stated 'regularly'. However, one member of staff stated that it was four hourly. There was a chart in place that stated two hourly turns were required, although the recording was not consistent. We also found that there were no detailed instructions available for people who had creams to be applied as directed. We found that staff were able to describe how the person's care needs were met. This put people at risk of receiving care that did not meet their care needs and support. We discussed this with the manager; they told us they would carry out a review on all care plans to ensure that care plans reflected people's current care needs.

A person being admitted on the day of the inspection, family had brought in pictures and photos which the maintenance person was going to assist in the putting up of these in their room. This was to help the person be comfortable and feel their room was personal to them.

People said the planned activities in the home were good and varied and that they were supported to take part in interests that were important to them throughout the day. Examples included board games, gardening, art and crafts, shopping trips and quizzes. One person said, "They have lots of things on and I get included. I couldn't sit twiddling my thumbs." Another person said, "Being in a big family all my life I need the company and everyone here is so friendly." A third person said, "We've been doing a lot of work for charity knitting blankets." We observed that people were free to use the communal areas and were able to spend time in their bedroom if they wished.

We saw that the member of staff responsible for organising the activities in the home had produced a calendar of events so that people had knowledge of forthcoming events. We saw these events displayed around the home and also in people's room. People told us they had enjoyed the activities on offer. They

told us they could always choose which ones they wanted to join in. People told us that they had been on a recent trip. They said, "We had a marvellous boat trip on Monday it really was fantastic." People's religious need were met and one person told us, "There was a church service the other day with lots of people."

Relatives and people we spoke with told us they would be confident speaking to the manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints but I would tell them if I had." Another person said, "I would see the manager if I needed to complain." Another person told us, "When I first came here I was in a room down the corridor where I felt isolated. I spoke to them [manager] and they agreed to move me to another room. When I got there all my pictures were on the wall. It was a lovely welcome to my new room".

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time living at the home. There was a complaints procedure which was available in the main reception area of the home for people to access if needed. We looked at the last complaint and saw that action had been taken. Complaints were discussed at staff meetings to discuss any action taken and any learning that could be put in to place for other people. This was especially around people's care and support needs.

## Is the service well-led?

### Our findings

There was no registered manager in post. The manager had started the process of applying to the CQC to become the registered manager. People and relatives knew who the manager was and every one told us that they regularly saw them walking around the home. One person said "Yes, I know who the manager is and I see her around regularly." A relative said "She has been very helpful during my [family members] admission. She is always available to talk to." Members of staff also added that the manager would help them provide people with care. They worked alongside us yesterday. This helps them see what care and support people need. They know what is going on."

The manager had made sure that that they had submitted notifications as required as well as applying to deprive people of their liberty in a lawful way. This demonstrated that they had an understanding of their legal responsibilities of a registered person.

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The manager had put together a comprehensive action plan that looked at improvements that were being made to the quality of the care provided at the home. This allowed them to continually reflect on the action that was needed to make further improvements to the home.

A relative told us about the culture in the home they said, "It's very open, [name of manager] is personally involved and always available. Staff communication is good and they keep you well informed." Another relative said, "Oh, the manager; they are very good at listening. I'd have no fears about raising problems with them are very open and available."

People were provided with opportunities to tell the provider their views about their experience of the home. This included during meetings and by completing an annual survey. One person said "We are always being asked if we are happy with the care. Sometimes it can be quite annoying. But I am very happy here. I couldn't ask for better care."

Members of staff were enabled to make suggestions and comments during staff meetings. They said that they felt they were able to raise issues, which included activities and the environment. Minutes of the recent staff meeting demonstrated that staff were reminded of their roles and responsibilities in providing people with safe care.

There were quality assurance systems in place that monitored people's care. We saw that the manager completed audits and checks that were in place and that these monitored safety and the quality of care people received. These checks included areas such as care planning, medicines and health and safety. Our discussions with the manager highlighted that they had identified that care planning was an area that required some action to ensure they provided the detail for staff to meet people's needs. Where action had been identified these were followed up and recorded when completed to ensure people's safety.

Members of care staff were aware of the whistle blowing procedure and said that they would have no

reservations in using this. A member of staff told us, "That is where you report any concerns you have if you think someone is being harmed or neglected and you feel nothing is being done. We can ring you [CQC] if we needed to."