

## Barchester Healthcare Homes Limited

# The Fernes

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of this home on 12 July 2017. The home is registered to provide accommodation and personal care for up to 52 older people, some of whom live with dementia. Accommodation is arranged over three floors with lift access to all areas. The second floor of the home is designated to support people who live with dementia and is called 'Memory Lane'. At the time of our inspection 29 people lived at The Fernes and the third floor of the home was not in use.

This was the first inspection of this home since it had been newly registered with the Commission in July 2016.

A registered manager was 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 were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff deployed to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered, stored and ordered in a safe and effective way. For people who chose to manage their own medicines, staff encouraged and supported them to manage these safely.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. Incidents and accidents were clearly documented and investigated. Actions and learning were identified from these and shared with all staff.

People were encouraged and supported to make decisions about their care and welfare. Where people could not consent to their care, staff sought appropriate guidance and followed legislation designed to protect people's rights and freedom.

People received a wide variety of nutritious meals in line with their needs and preferences. Meals were well presented and staff supported people at mealtimes in a calm and supportive way. People had access to fresh fruit, snacks and drinks throughout the day and were encouraged to be independent with these. Those who required specific dietary requirements for a health need were supported to manage these.

Staff showed skill in communicating with people who had memory problems or lived with dementia. They were calm, kind and gentle in their interactions with people and people responded well to the support offered to them. People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care.

Care plans in place for people reflected their identified needs and the associated risks. Staff were caring and compassionate and knew people in the home very well. External health and social care professionals were involved in the care of people and care plans reflected this.

The registered manager promoted an open and honest culture for working which was fair and supportive to all staff. Staff felt supported in their roles and people and their relatives spoke highly of all staff.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

## 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.

Risk assessments were in place to support staff in mitigating the risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and they knew how to keep people safe. There were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner.

The home was clean, fresh and well presented.

### Is the service effective?

Good 

The service was effective.

Where people could not consent to their care, staff sought appropriate guidance and followed legislation designed to protect people's rights and freedom.

People were supported by sufficient staff who had the necessary skills and training to meet their needs. Staff knew people well and could demonstrate how to meet people's individual needs.

People received nutritious food in line with their needs and preferences.

The environment was very well adapted to support the needs of people who lived with memory loss or dementia.

People had access to health and social care professionals as they were needed.

### Is the service caring?

Good 

The service was very caring.

Staff knew people very well and supported them to live in a warm, friendly and welcoming environment.

Staff were skilled in communicating and interacting with people who lived with memory problems and dementia.  
People's privacy and dignity was maintained and staff were caring and considerate as they supported people.

People were valued and respected as individuals. Their independence was promoted and they were happy and content in the home.

People and their relatives were involved in the planning of their care.

### Is the service responsive?

Good ●

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs.

People were supported to participate in a wide range of events and activities of their choice and were encouraged to remain independent.

Systems were in place to allow people to express any concerns they may have and complaints were investigated and actions from these were implemented.

### Is the service well-led?

Good ●

The service was well led.

There was a registered manager in place at the home. They promoted an open and honest culture for working which was fair and supportive to all staff.

People spoke highly of all staff. Staff felt very well supported in their roles.

Robust audits and systems were in place to ensure the safety and welfare of people in the home.

# The Fernes

## **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.

Two inspectors and an expert by experience completed this unannounced comprehensive inspection on 12 July 2017. 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 our inspection we reviewed the information we held about the home, including notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. In June 2017, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR for this home.

We spoke with 14 people who lived at the home. We observed care and support being delivered by staff and their interactions with people in communal areas of the home including at a mealtime. We spoke with two visitors and eleven members of staff, including; the registered manager, deputy manager and the home services manager, senior carers and carers, members of kitchen and domestic staff and an activities coordinator. Following our inspection we received feedback from two health and social care professionals who supported people who lived at The Fernes.

We looked at care plans and associated records for five people and reviewed the medicines administration records for 20 people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, six recruitment files and policies and procedures

# Is the service safe?

## Our findings

People were safe in the home and were supported by staff who knew them very well and understood how to support them to maintain their own safety. One person said, "[I feel] very safe. It's because I have confidence in the place. And you can't just open the outside door.' Another told us they felt very safe because, "There is always someone around." Staff had a good understanding of how to support people to maintain their safety. One member of staff told us, "They [people] are really well cared for here and very safe in this home. We [staff] know them well and always look out for them."

Risks associated with people's care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, nutrition and mobility. For people who were at risk of falls, risk assessments had been completed and informed care plans on their mobility and to avoid the risks of falling around the home.

Risks associated with people's health conditions had been identified and appropriate plans of care were in place to mitigate these risks. For example, for people who lived with breathing difficulties, clear risk assessments and plans of care gave staff information on how these risks should be managed. Staff told us how they identified and responded appropriately to changing risks for people, including deteriorating health conditions or behaviours that put themselves or others at risk of harm. One staff member told us how they would assess and monitor a person if their behaviour changed and the steps they would take to ensure the safety and welfare of the person and others. Another told us, "We know people very well and if we notice differences in their demeanour then we make sure we observe them and try to find out if there is a problem for them." Staff had a good understanding of the risks associated with people's care.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding. They told us this had taught them how to recognise what constitutes abuse and how to report concerns to protect people. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy. The registered manager held clear records on any concerns which had been raised with them, or which they had identified. These had then been reported to the local authority and information on the investigation of any concerns and the learning from these was clearly recorded and shared in the service.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

There were sufficient staff deployed to meet the needs of people. The staff rotas showed there were consistent number of staff available each day and on occasions where staff had been absent from work through sickness these duties had been supported by other members of staff.

The registered manager had a very good understanding of the dependency of the people who lived at the home and how to monitor this through the use of the registered provider's dependency tool. This tool identifies the individual needs of people who live at The Fernes and gives indication of the number of staff required to meet all the needs of people. The registered manager amended this tool when there were changes to people's needs and when people moved into the home. As the home was not at full occupancy at the time of our inspection, the registered manager told us how this tool would be used to inform staffing numbers as new people moved into the home.

People told us there were sufficient staff to meet their needs. One person told us, "There is always someone [staff] around," and another said, "The staff are always around if I need help, can't fault them." Staff told us there were enough staff to carry out their duties. One member of staff said, "There are enough staff, we can be short if people phone in sick. They [managers] cover it. They phone other staff." Another told us there were sufficient staff although more would be needed if more people moved into the home.

Incidents and accidents were reported, recorded and investigated in a way which ensured any actions or learning from these was completed and shared with staff. A log of incidents and accidents was recorded and the registered manager monitored this for patterns and trends to ensure they were reviewed and addressed. For example, a review of incidents of falls which occurred in the early evening had led the registered manager to implement an additional member of staff for a twilight shift. This ensured there were sufficient staff available at a time which was noted to have been a high risk of people falling.

People received their medicines in a safe and effective way. Some people chose to administer their own medicines and the risks associated with this had been assessed to allow them to remain independent with their medicines. For other people, medicines were administered by staff who had been suitably trained and had a good understanding of the policies and procedures around the safe administration of medicines. Staff wore a red tabard during the medicines round to identify to people they were not to be disturbed at this time.

Medicines were stored and administered safely. A system of audit was in place to monitor the administration, storage and disposal of medicines. There were no gaps on medicines administration records (MAR) which meant people received their medicines when they were required. For medicines which were prescribed as required (PRN) a protocol was in place to support staff in the safe administration of these medicines.

The home was very clean, fresh and well presented. Staff had access to appropriate protective equipment to reduce the risk of the spread of infection in the home. All staff had a good understanding of the need to maintain high standards of cleanliness in the home and prevent infection.



## Is the service effective?

### Our findings

Staff knew how to meet people's needs effectively and took time to allow people to make decisions in line with their wishes and preferences. One person told us, "I sometimes get a bit muddled when they ask me what I want to do. They never rush me; just let me take my time to decide." A health and social care professional said people were encouraged to make choices and staff understood when they needed to support people with choice and decisions and get other people involved in this process.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent.

For people whose capacity to make decisions fluctuated staff took time to support them in making decisions in line with their wishes and preferences. For example, for one person who was living on the ground floor of the home, staff identified their needs may be better met living on Memory Lane on the first floor of the home. This person did not wish to move when this was suggested to them and wanted to take time to consider this option. Staff allowed them time to discuss this and involve their family. Their relative told us, "There was no pressure on [person] to move. Then one day [they] said [they] would like to move." Staff recognised the need to support this person in making a decision in their own timely way.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. The registered manager and all staff had a good understanding of the processes required to ensure decisions were made in the best interests of people.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. For several people who lived at the home an application had been made to the local authority with regard to them remaining at the home to receive all care or leaving the home unescorted. We saw two of these applications had been approved; however several others remained outstanding with the local authority. On further discussion with the registered manager, deputy manager, staff members and people who lived at The Fernes we saw that most of these applications may not have been required. Most people were not restricted in their movements around the home and were not receiving care against their wishes. We discussed this with the registered manager who sought further clarity and guidance on the need to apply for these safeguards as the least restrictive option to ensure the safety and welfare of people.

A program of supervision sessions, induction and training was in place for staff. This ensured people

received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported through these sessions to provide safe and effective care for people.

The registered manager monitored all staff training through the registered provider's central computer system. This identified all training staff had received and training which was due. All staff had received a robust induction to the home and the registered provider's services. Staff told us they were encouraged to develop their skills through the use of external qualifications such as National Vocational Qualifications (NVQ) and the Care Certificate if they had not completed this. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. NVQ are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

The registered provider had implemented a comprehensive training programme for all staff on how to support people who live with dementia. This training was delivered at four levels to enhance staff understanding of dementia. Staff were keen to tell us how this training was helping them to understand dementia and would further develop their skills and understanding to allow them to support people who lived with dementia.

The home environment was very well adapted to support people with memory problems or who lived with dementia. Large and colourful signage supported people to identify areas of the home such as shower rooms, toilet areas and access points. Each area of the home was allocated a street name to help people identify their room as an address and personalise their living experience. Bright colourful communal rooms provided visually stimulating areas for people to enjoy. A program of maintenance in the home was completed to a high standard and people told us they were very proud to live in such a beautiful home. One person told us, "What more can I ask for, this [home] is beautiful." A relative told us, "It's like a five star hotel. Look at it; it's more like a hotel than a rest home." A second relative told us the home environment was excellent and, "I can't see where it can be improved."

People enjoyed a variety of freshly prepared foods of their choice. There was a four week rolling menu in place for which people had given suggested meal ideas and the cook had incorporated these. Menus were displayed on the tables in dining areas and people were shown plated meals to aid them in their choice of meals. Fresh fruit was available for people throughout the day as were a wide choice of hot and cold drinks. Special diets such as those for people who lived with diabetes, wanted to lose weight or had special requirements due to their medicines were catered for. For people who required their daily intake to be monitored we saw this happened and people were monitored to ensure they had an adequate nutritional intake.

Care plans identified specific dietary needs, likes and dislikes of people and the cook was aware of these. People's weights were monitored regularly and action taken should any significant changes be noted. Mealtimes were a calm and sociable time with staff available to support people if this was required. Meals were served by the chef who welcomed comments about the food they had prepared. One person told us, "I'm picky for eating. They [staff] do a good job." Another told us, "Very good [food]. Having a choice is wonderful and if we say we like a meal, staff make sure we have it again. If we don't like it, we say. We got salads introduced more, the chef does that more now. They have a menu on the table and we decide. We can mix it as well and decide on different vegetables." A third person said, "It's nicely cooked and nicely arranged, not just flopped on the plate."

Records showed health and social care professionals visited the service as and when required. For example,

care records held feedback from GP's and community mental health team staff. Professionals told us staff identified people's needs and involved them appropriately.

## Is the service caring?

### Our findings

People told us they were very happy living at the home. They told us they felt well cared for and would recommend it. One person told us, "We got an award you know?" The Fernes had been recognised by carehome.co.uk as being in the Top 20 Homes in the South East of England. This award was received in recognition of the excellent reviews fed back from people and their relatives about the high standards of care maintained in the home. People and all the staff of The Fernes were very proud of their home and told us this award recognised the very caring approach they had to ensuring people received high standards of care at all times.

People were valued and respected as individuals and were very content in the home. They were cared for by staff who understood their needs and who provided a calm, caring and happy environment for people to live in. Professionals who visited the home said people were well cared for and happy in the home.

The atmosphere in the home was calm and very friendly. People interacted with each other as they moved around the home and into communal areas which were open and welcoming. There was spontaneous conversation and laughter around the home between people and all staff who worked in the home. There was a sense of camaraderie in the home where people were supported by a large team of staff who knew them well. People told us they enjoyed the company of staff and each other.

Staff demonstrated a high regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. Staff had a very good awareness of people's life history, likes and preferences and incorporated this into the way in which they provided care for people. For example, a member of staff interacted with people in a communal area. They demonstrated an awareness of people's individual history and a genuine interest for their views. One person loved to dance, whilst another loved to see ponies that ran freely in a field next to the home. Staff were aware of these interests and encouraged these people to participate in meaningful activities.

For one person who had been wounded during military service staff were aware of this and the impact this had had on their life. Another person had a complex social history and at times could become very distressed by this. A member of staff explained to us how they recognised the impact these concerns had on the person and supported them to express their feelings and discuss any concerns.

Staff showed advanced skills in communicating with people who lived with dementia. For example, one member of staff spoke with a person who was complaining they had dementia and explaining how this made them feel. The staff member was very empathetic in their response. They took the person's concerns seriously, recognised their feelings and then supported them to move on and discuss new topics such as the weather and activities which were available in the home. The member of staff did not hurry the conversation and demonstrated a skilled approach to communicating with people who live with dementia.

Another person who lived with dementia was walking very slowly and unsteadily towards a communal area

with their visitors. They were obviously struggling with their mobility and unable to articulate this to their visitors. Staff recognised the person was tiring and offered a room closer by for the person and their visitors to use and then provided refreshment for them all. This interaction was handled very smoothly and subtly to ensure the person received support without causing any embarrassment or difficulties for the person or their visitors.

Staff used different environments within the home to promote people's well-being. For example, one member of staff told us how two open veranda areas provided outdoor areas where people could view the countryside and relax when they were feeling anxious or upset. We saw one person was supported to use an outdoor area when they had been feeling sad and needed some time to sit quietly with a staff member. Other communal areas were used by staff to encourage people to join in activities or interact with their relatives.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed to people's rooms at all times unless people requested they were open. Staff knocked and waited for a response before entering people's rooms. Staff had a good understanding of how to ensure people's dignity was maintained. One member of staff told us, "It's about making sure they get the care they need and they are not embarrassed but are respected." Another told us, "These people could be our Mum and we need to care for them as we would our own Mum's."

People were encouraged and supported to remain independent in the home. For one person who enjoyed helping others, staff encouraged them to lay tables at mealtimes and make a cup of tea for themselves and others when they wished. Another person told us how they managed their medicines independently with just a reminder from staff. They told us they found it very reassuring that staff were around to help them if needed but that they enjoyed being independent with their medicines.

The registered provider was in the process of implementing a wide range of best practice strategies in the home to particularly support people who lived with dementia to remain independent. Whilst 'Memory Lane' was a designated floor for people who lived with dementia, people were able to move around all areas of the home independently. Coded doors, lift and access points held signage information to help people remember access codes for the building and promote independence. For one person who was unable to understand the codes displayed staff patiently explained how they worked and supported the person to access other areas of the home. Bright colours in areas of the home helped people to identify different areas for their use such as a sitting lounge, kitchen or bathrooms. Staff used the colours and signage to orientate people and support them. This helped people to independently access areas of the home and attend to their own needs, although staff were present should they require any assistance. Each person's room was individually identified by number, area of the home and signage as chosen by the person to identify their room.

One person was mobilising independently and stopped in the middle of a corridor asking a member of staff, "Where am I now?" The member of staff kindly and patiently spoke with the person identifying the names of the area they were in and signposting them to their bedroom with, "The big number [X] on the door." The person smiled and carried on mobilising to their room, orientated to the area and able to remain independent. "They are so very kind," they told us, "What would I do without them?"

Rooms were furnished with personalised items and people were encouraged to be involved in how the room was decorated and laid out. This helped people who lived with memory problems or dementia to be orientated in the home.

## Is the service responsive?

### Our findings

People were able to express their views and be actively involved in making decisions about their care. They were encouraged to be active and healthy in the home and were supported by staff who knew them very well.

People were assessed prior to their admission to the home and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs they may have were documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care, along with the support they required from staff.

Staff had a good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans in place were person centred and gave clear information for staff on how to meet people's needs. Guidance for staff on how to support people with specific health conditions such as diabetes, epilepsy and other long term health conditions was specific to the person. Care plans had been updated monthly or more frequently as required. For example, for one person who had sustained an injury following a fall, care plans had been updated to reflect their changed needs.

Information in care plans noted people who were important to each person and who needed to be involved in their lives and in helping them to make decisions. People were supported to maintain close relationships with families and friends. For two people whose family did not live close by, staff told us how they supported these people to maintain contact with their family through electronic messaging services and video conferencing. We observed one member of staff calmly and patiently support a person to access the internet and communicate with their family. The person was very happy to be able to use this form of communication. Relatives and visitors were warmly welcomed in the home and encouraged to participate in daily activities and events.

There was an extensive range of activities available throughout the week in the home. These were planned in advance by an activities coordinator and clearly advertised throughout the home including in each person's bedroom. We saw people were encouraged to help plan and choose these activities through meetings and general conversation with the activities coordinator and staff. Activities included games, crafts, book and gardening clubs, singing, exercises, movies and yoga. External entertainers visited the home regularly and included musicians, singers and dancing.

Regular social activities such as parties to celebrate birthdays, special events (recently a World Chocolate Day event), barbecues and trips to external venues were planned. Two outside areas of the home on the ground floor were well maintained and provided safe garden environments in which people could relax and enjoy good weather. People told us they enjoyed the activities in the home. One person told us, "There's lots to do, you just have to choose what you want. They don't make you do it." Another told us how they enjoyed the singers who came to see them and that, "We all enjoy a good dance when they come." One relative told

us how staff supported their relative to enjoy singing and embroidery as this had been favourite activities for them in the past. During our inspection we saw people enjoyed dancing during a musical event and staff joined in to encourage people to participate.

A system of "Resident of the Day" was in place to promote the care and wellbeing of an individual resident each day. During this day members of staff from each department including the cook, head housekeeper, activities coordinator and maintenance person visited the person to talk of any concerns or needs they may have. The person was able to discuss and review their plans of care with a senior carer to ensure these remained a true reflection of their needs and preferences. Their room would be deep cleaned and any maintenance carried out. This gave people the opportunity to ensure all their needs were being met participate in activities which they enjoyed in a more personalised way and were specific to their needs.

People were able to express their views and be actively involved in making decisions about their care and changes in the home. One person told us how they were a designated "Resident's Ambassador" in the home. They proudly told us they were a "Voice" for people who lived at the home and went to meetings to talk about what people wanted. Meetings were held monthly for people who lived in the home and quarterly meetings were held with relatives. Minutes from these meetings showed people were offered opportunities to discuss any changes at the home including any new activities, meal suggestions and any updates on changes in the home. For example, at one meeting we saw discussions about the need to improve access in the gardens of the home for people who used wheelchairs and also the need for staff to make people more aware of activities happening in the home on a daily basis. We saw actions had been completed to address these matters. The registered manager used many different ideas to share information with people and relatives. These included a monthly activities letter, displays of information and photographs around the home and any communications about activities or events in the home were shared in the home.

The complaints policy was displayed in the entrance to the home. The registered manager and provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. We saw any concerns or complaints were investigated and actions from these were implemented.

Staff were encouraged to have a proactive approach to dealing with concerns or comments before they became complaints. Staff spoke with people and their relatives and visitors in a warm and friendly way and encouraged them to express any views about the service. People and their relatives told us they were able to express their views or concerns and knew that these would be dealt with effectively. Information displayed in the service prompted feedback from people and their relatives about the home through various means including verbally to staff, through the use of comment cards, feedback forms and through on line services.

## Is the service well-led?

### Our findings

People felt the service was well led and spoke highly of all the staff at the home. Health and social care professionals said the service was well led and they received a good response from all staff when they visited as they knew people very well.

Staff were very proud to work in the home. One told us, "I love coming to work. I look forward to coming to work. Staff and residents get on really well." Another told us, "It's calm here, we all get on and it's a lovely place to work." A third member of staff told us, "We work as a team, we all get on and do our fair share."

The registered provider had clear systems and processes in place to ensure the safety and welfare of people. A robust program of audits was completed in the home by the registered manager and their staff to ensure the safety and welfare of people. These included audits on medicines, care records, infection control, environment, equipment checks and fire safety. The registered provider visited the service and completed audits of the service and identified any actions to be completed in the home. We saw these actions were completed.

The staffing structure in place at the home provided a strong support network for staff. Staff had a good understanding of their role in the home and the management structure which was present to support them and people who lived at the home.

The registered manager and their deputy manager provided senior leadership in the home and were supported by a team senior carers and heads of department to ensure a smooth running of the home. A home services manager supported the on-going development of the service including the promotion and marketing of the home. They had worked closely with local groups to promote the home and engage with local people since the home first opened and continued to build these relationships.

Staff told us they felt supported through supervision, appraisals and team meetings. These were used to encourage the sharing of information such as learning from incidents and new training and development opportunities. A short daily meeting called 'Stand up at 9' was held by the registered manager for senior members of staff working in the home on the day including kitchen, domestic, care and maintenance staff. The aim of these meetings was to facilitate good communication between all groups of staff working at the home and ensure the safety and welfare of people. Staff told us these helped them to work better as a team and not individual departments of the home.

The home promoted a system of employee of the month and staff were commended for their contributions in the work place by people and their relatives or visitors. The employee of the month had their picture displayed in the entrance hall of the home for people and their visitors to see, and they received a small prize for the award. The registered manager told us this gave staff motivation and incentives to ensure they delivered the best possible care for people. Staff sought to gain this award and felt it was a good way to have their hard work recognised.



The registered manager promoted an open and honest culture for working which was fair and supportive to all staff. They were visible in the home and encouraged people and the staff to be proud of their home. Staff felt the registered manager was responsive and supportive to them at all times. One told us, "I feel supported. The deputy manager is amazing always ready to help, same with the manager." Another told us, "Managers here are very supportive. They are generally available. If there are any concerns there is always one on the floor and one in the office."

The Fernes had been opened for less than a year at the time of our inspection. The registered manager and home services manager had worked hard to encourage people and their relatives to feedback about the service and ensure this information was used to develop and improve the home. Online surveys were promoted in the home. Feedback forms and comment cards were readily available for people and their relatives to complete. The feedback received for the home was generally very good and had culminated in an award for the home. The home proudly displayed banners and information to celebrate this success and encourage people to share their views on the home. All feedback was reviewed and actions taken if required to improve and make changes in the home. For example, in early June 2017 a comment card to the home suggested the gardens needed further attention as they had not been well tended. Action was in progress at the time of our inspection to improve the extensive garden areas.