Dolphin Property Company Limited

Ferndene Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 16 October 2014 and was unannounced.

Ferndene specialises in the care of older people who have mental health needs including people living with dementia. It provides accommodation for up to 48 people who require personal and nursing care. At the time of our inspection there were 45 people living at the home.

At the time of our inspection there was not a registered manager in post. The registered manager had recently retired and an acting manager was in post. The acting manager was in the process of applying to be the registered manager.

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.

Summary of findings

On the day of our inspection we found that staff interacted well with people and people were cared for safely. People told us that they felt safe and well cared for. When we spoke with staff they were able to tell us about how to keep people safe.

We found that one person had a number of restrictions as part of their care plan and this was not included in the best interest assessment. There was a risk that the provider was not acting in accordance with the mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).If the location is a care home Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was no one who was subject to DoLS.

We found that people's health care needs were assessed, and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a dietician and GP.

Staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs. Although people had access to activities we saw that there was little opportunity for people to develop their interests on an individual basis.

People were supported to eat enough to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

We saw that staff obtained people's consent before providing care to them.

Staff told us that they felt able to raise concerns and issues with management. We found people and relatives were clear about the process for raising concerns and were confident that they had a voice in the running of the service. Audits were carried out on a regular basis however they had not picked up the concerns which we identified such as issues relating to the storage of equipment and best interest assessments not being completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider had safeguarding policies and procedures in place and staff were able to tell us about these.

Medicines were administered safely however there was a risk that medicines were not being stored at the correct temperatures.

Equipment was stored inappropriately in a bathroom area which represented a risk to people.

Is the service effective?

Requires Improvement

The service was not consistently effective

Care plans were up-to-date and included information on people's needs, preferences and risks to their care. Arrangements were in place to ensure that people had access to healthcare services and receive ongoing support if required.

Staff had received training which they said was relevant to the care they provided.

In two care plans we looked at we saw that best interest assessments did not reflect the restrictions that were in place. The provider was at risk of not acting in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

People's privacy and dignity was respected. People were positive about the care they received and we saw they were involved in decisions about what care they received on a day to day basis. When we looked at the care records we saw that records detailed what care people required and how they liked their care to be provided.

Staff provided care in a sensitive and kind manner.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

A weekly activity plan was in place however, there was little opportunity for people to follow their interests and pastimes on an individual basis

We observed occasions when the service changed their practice in response to people's needs and requests.

A complaints policy and procedure was in place and people told us that they would know how to complain and raise concerns.

Summary of findings

Is the service well-led?

The service was not consistently well led.

There were systems and processes in place for monitoring quality. However issues regarding the safe storage of equipment and best interest assessments had not been picked up by audits.

Staff felt supported and able to raise concerns and issues with management. Staff did not feel involved decisions made about the service.

The acting manager and previous manager were knowledgeable about people's needs and we observed them chatting with people and relatives.

Requires Improvement 

Ferndene 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 October 2014 and was unannounced.

The inspection team consisted of an inspector and a specialist advisor. A specialist advisor is a person who has expertise in relevant areas of care being inspected, for example, dementia care.

We contacted the Local Authority commissioners and looked at their most recent report in order to inform our inspection. We also spoke with a community psychiatric nurse.

During our inspection we observed care and spoke with the acting manager, the previous registered manager, seven members of staff, two relatives and four people who used the service. We also looked at three care plans and records of training, complaints and medicines.

We used the short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us. We observed five people for a one hour period.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. One person told us, "Staff are kind to me."

The provider had safeguarding policies and procedures in place to guide practice. Staff that we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. Staff told us that information about safeguarding concerns was fed back at staff meetings and that they were kept informed of safeguarding issues.

A relative told us, "Staff know how to care for [my relative] in a safe way." Individual risk assessments were completed for people who used the service. The provider consulted with external healthcare professionals when completing risk assessments for people, for example the GP and dietician. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. For example, where people were at risk of skin breakdown, recognised assessment tools had been used and guidance provided on their care needs in order to manage the risk.

We saw that the provider had difficulties in storing equipment and when we looked in one of the bathrooms we saw that a range of equipment was stored in there. This was a risk as people could enter the bathroom and trip or harm themselves on the equipment.

People who used the service told us there were always staff available to help them. One person said, "I don't have to wait long for staff to come to me." One member of staff told us that the staffing arrangements meant that all staff were familiar with the needs of people in both units and therefore could provide support in either area. They said this meant that they could respond and provide staffing where it was required to ensure people's needs were met safely. We saw that extra staff had been requested following a person's review when a need for additional support was identified. During our inspection we observed that call bells were answered promptly and there were always staff in the communal areas to provide support to people when they required assistance.

We observed the medicine round at lunchtime. We saw that medicines were administered and handled safely. When administering medicines staff addressed people by their name and the member of staff explained what medicines they had for them. Where people were prescribed medicines which only had to be given when necessary, for example painkillers we saw that they were asked if they needed them. One person needed to chew the tablets they were given and we observed that the member of staff explained to them what they needed to do and observed that they had taken their tablets.

Two members of staff whom we spoke with told us that they received yearly updates regarding medicines and were observed administering medicines by senior staff 2-3 times a year to ensure that their practice was safe.

Medicines were stored in locked cupboards according to national guidance, however, when we looked at the records for the temperatures in the upstairs unit we saw these were incomplete. Temperatures had not been recorded on a daily basis and did not record the minimum and maximum temperatures of the medicine fridge. This meant that there was a risk that medicines were not being stored at the correct temperatures and could be ineffective as a result.

Requires Improvement

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One relative said, "We are more than happy with the support our relative receives."

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. They said that they had received training in areas such as moving and handling, food hygiene and infection control. We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required.

Staff were also satisfied with the support they received from other staff and the manager of the service. One staff member said, "We can access support from both managers and the nurses to help us support people." Staff were provided with training which ensured they had the skills to provide appropriate care.

People who used the service told us that they enjoyed the food at the home. One person we spoke with at lunchtime said, "The food is good but I can't remember what I am having." Another told us their meal was "very nice".

The daily menu was on display in the dining area but this was only available in a written format. This meant that some of the people who were resident at the home would not be able to access the information. We observed that staff asked people what they would like to eat during the afternoon for the following day; however when we asked people at lunchtime what people had chosen for lunch they were unable to tell us. It was difficult for people to make an informed choice about their meals because the process didn't provide information that was accessible to everyone.

People had been assessed with regard to their nutritional needs and where appropriate plans of care put in place. We observed people were offered drinks, food supplements and snacks during the morning according to their assessed needs. Both care staff and kitchen staff were familiar with the nutritional requirements of people. For example, one person refused their pudding and staff expressed concern because they had not eaten much breakfast and made a note to offer a snack later in the day. Another person refused their meal and staff offered them an alternative which they told us was the person's favourite. The person accepted this. We observed that dietary information was available to ensure that people had their nutritional needs met.

We spoke with a community psychiatric nurse who visited the home they told us that the home provided good care and worked well with them.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. The provider made appropriate referrals when required for advice and support. Staff that we spoke with gave us examples of how they had supported people with managing changes to their health, for example, when a person began to lose weight they referred them to the dietician.

Staff told us that they had daily handovers where they discussed what had happened to people on the previous shift. They said that these helped them to respond appropriately to people and ensure that they were aware of any changes to their care and health.

A community psychiatric nurse told us that staff kept them up to date with changes to people's support needs and contacted them for advice in a timely manner. They told us that staff followed any guidance or advice they provided and people received the care they required.

Where people did not have the capacity to consent, the provider did not act in accordance with

the Mental Capacity Act 2005 (MCA). The MCA protect people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity a person making a decision on their behalf must do this in their best interests. Processes and policies were in place to support staff to implement the MCA.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are

trained to assess whether the restriction is needed. If the location is a care home Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was no one subject to DoLS.

Requires Improvement

Is the service effective?

We saw that one person was subject to a number of restrictions, for example, the use of bed rails, a lap belt and restricted access to the remote control for a reclining chair. Their care records indicated that they lacked the capacity to consent to this but there was no best interest assessment to show that the restriction was required to meet this person's needs. Another person who lacked capacity was receiving medicines in their food and the best interest assessment did not include reference to this.

Good

Is the service caring?

Our findings

People who used the service and their families that we spoke with told us they were happy with the care and support they received. One person said, "The staff are lovely." A relative told us that they were very satisfied with the care their relative received. One person told us, "The staff are very caring."

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. People responded well to staff and were comfortable with them. People who were unable to verbally express their views appeared very comfortable with the staff who supported them. We saw people smiling and touching staff when they were approached.

We observed lunchtime in both areas and found this to be a pleasant and enjoyable experience for people. People appeared relaxed and chatted with each other. Staff provided support and assistance to people in a sensitive manner in order to ensure that people received sufficient nutrition. For example, a person was struggling to eat their meal and staff asked if they wanted help and offered to load the spoon for them.

We saw that caring relationships had developed between people who used the service and staff. We observed a member of staff supporting a person with a drink. They sat at the person's own level and chatted with them whilst they were providing support, asking if they were enjoying their drink and if they were alright. Staff chatted with people about their families and visits that they had received or were expecting. One person was distressed and staff reassured them and stayed with them until they were settled. When staff supported people to move they did so at their own pace and provided encouragement and support. Staff explained what they were going to do and also what the person needed to do to assist them. They told them to, "Lift their feet," and explained how to support themselves to stand.

Relatives that we spoke with told us they visited the service regularly and found that staff welcomed them. One relative told us, "I feel involved in [my relative's] care." Where appropriate, people had access to advocacy services if needed, although none of the people were using advocates at the time of our inspection. An advocate is an independent person who supports people who have difficulty expressing their views.

People who used the service told us that staff treated them well and respected their privacy. We observed staff knocked on people's bedroom doors before entering and asked if it was alright to come in. However, we saw personal information about people's dietary needs was displayed in the dining area where visitors and residents could access the information. We spoke with the acting manager about this and they told us that they would remove this to ensure that people's privacy was respected.

All rooms at the home were for single occupancy. This meant that people were able to

spend time in private if they wished to. Bedrooms had been personalised with people's belongings, to assist people to feel at home. We saw that bedroom and bathroom doors were always kept closed when people were being supported with personal care. The home was spacious and there were areas for people to spend time with their families if they wanted to, apart from the main lounges. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and asked them if they required assistance.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with told us that they had their choices respected. We observed occasions when people were given choices by staff about their care for example where they would like to eat their meal.

Throughout the day we saw that staff responded appropriately to people's needs for support. We saw that staff always asked people if they wanted support and waited for their consent before providing it. When we spoke with staff they were able to tell us about people's individual needs and preferences. They told us about how they responded in order to meet people's changing needs. For example, when a person's needs had increased they requested additional support in order to meet their needs. Staff told us that some things such as when people liked to have a bath were not in the care record because they would provide this when people requested it. During our inspection we observed that staff were available at all times in the communal areas so that they could provide support to people when they requested.

Staff that we spoke with were aware of the life histories of people living at the home and were knowledgeable about their likes, dislikes and the type of activities they enjoyed. For example we observed a member of staff looking at a photo album with a person and discussing family members. However, the care plans we looked at were task orientated and did not explore in detail the links with people's life history before they came to live at the home. Care plans did not reflect people's life experiences and ensure that they took into account these which meant that new or agency staff may not be aware of people's background and experiences and be unable to relate to them.

There was a weekly activity programme which provided group activities within the home. However people did not have access to individualised leisure activities which responded to people's life experiences and preferences. The manager told us that the activity co-ordinator did take people into the local community if they wished to go and that the local church visited on a regular basis.

We looked at care records for three people who used the service. Care records included risk assessments and personal care support plans. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required.

The complaints procedure was on display in the home. Relatives told us that they would know how to complain if they needed to but that they hadn't had cause to do so. The service encouraged feedback from people and a survey had been carried out in February 2014. As a result of the survey a complaints information sheet had been developed using word and pictures.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was not in post at the time of our inspection. An acting manager was in post who was in the process of registering as the registered manager. They told us that they were receiving a handover from the previous manager to ensure continuity of care for people and staff.

Staff meetings were held and we saw that, where required, actions resulting from these were carried out. Staff told us they found that staff meetings were useful for providing feedback. Team meetings were used to provide staff with feedback from higher up the organisation which helped them to be clear about the aims and objectives within the service both locally and at provider level. Staff told us they were very happy working at the service and motivated.

A staff survey had been carried out in August 2014. Staff had been asked about the running of the home and their satisfaction with their roles. The majority of the responses were positive. One of the issues which had been raised by staff was that they didn't feel they had sufficient input into the decision making within the home. The acting manager told us that they would be looking at how this could be improved.

Surveys had also been carried out with relatives in February 2014 and a summary collated. We did not see an action plan however the previous manager told us that they had addressed the issues raised.

The acting manager told us they were responsible for undertaking regular audits of the home. Records showed that the provider regularly carried out health and safety audits for the home which covered fire safety, electrical checks, temperature checks and clinical waste. Where faults had been identified, actions to rectify were assigned to staff along with timescales so they could be monitored effectively. Although an audit programme was in place the audits had not picked up the issues we identified during our inspection. Issues such as the risks to people due to the bathroom being used for storage and best interest assessments not being completed had not been identified.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the acting manager. Staff said there was always a more senior person available for advice and support. One member of the care staff team said: "There's always someone to ask if you are not sure about anything".

The relatives we spoke with told us that they would be happy to raise any concerns they had. We observed that the acting manager took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team. We saw members of the management team chatting and laughing with people who lived at the home and making themselves available to personal and professional visitors.