

Fern Lea Residential Home Limited

Fern Lea Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service:

Fern Lea Residential Home is a care home that was providing personal care to 16 people at the time of the inspection. The service accommodates up to 18 older people, some of whom may be living with dementia.

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

People received a caring and responsive service, from staff who were trained and well supported. There were enough staff available to meet people's needs. Staff were attentive to people's safety and wellbeing, and the provider acted to mitigate risks to people. However, aspects of environmental safety required improvement. The provider took action to address this. We have also made a recommendation about recruitment, to ensure practices were more robust.

People received their medicines as prescribed, and staff supported people to access a range of health professionals and specialists when required. There was good information available about people's health needs and appointments; this promoted good communication with visiting professionals. People told us they enjoyed the food and staff ensured people had enough to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in decisions and their choices respected.

The provider developed detailed care plans which gave staff clear information about people's needs and preferences. This helped staff provide person-centred care. Staff were caring and spoke about people with affection. People's privacy and dignity was respected.

People had opportunity to take part in activities and were supported to maintain contact with friends and relatives.

Systems were in place to check the quality and safety of the service and the registered manager demonstrated commitment to continual improvement. We have made a recommendation about quality assurance systems, to ensure checks in place are more effective in identifying all issues. We received positive feedback from people and staff about the management of the service. Staff were motivated and told us there was good team work. People and relatives were satisfied with the service and felt confident about raising any concerns should they ever need to.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated Good (published 4 August 2017).

Why we inspected:

This was a scheduled inspection based on the service's previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Fern Lea Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by one inspector.

Service and service type

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

The service had a manager registered with the CQC. They were also the provider's nominated individual. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at information we held about the service, including information the provider is required to send us about events which occur. We requested feedback from partner agencies. We used this information to plan the inspection.

During the inspection

We spoke with six people who used the service and one relative. We spoke with five members of staff including the registered manager, the manager and three care workers.

We looked at records related to people's care and the management of the service. We viewed care records relating to two people, medication records, two staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection

We continued to review evidence from the inspection.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question is now requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed and minimised risks to people's safety but some environmental safety systems were not robust enough.
- Health and safety checks were conducted and equipment was regularly serviced. However, insufficient action had been taken to minimise the risk of people potentially scalding themselves with hot water. The provider updated us following the inspection with action they had taken to address this. They also agreed to introduce additional window safety checks.
- Risk assessments in relation to people's individual people's needs were regularly reviewed.
- Staff were attentive to people's wellbeing and people confirmed they felt safe living at Fern Lea.
- Staff completed accident and incident records so the registered manager could identify any lessons learned or further action required.

Staffing and recruitment

- The provider employed sufficient, appropriately skilled staff. More staff were deployed at busier times of the day, to ensure staff could be responsive to people's needs. Many staff had worked at the home for a number of years.
- People, staff and relatives confirmed there were enough staff available to care for people safely. One person who used the service told us, "There's enough staff about, I can just call them if I need anything. I have a buzzer in my room, so if I need anything I can just buzz them and they come up to me."
- The provider completed recruitment checks to assess if applicants were suitable to work with people who may be vulnerable. However, these checks were not always as robust as they could be. This included the appropriateness of references and the age of one DBS check.

We recommend the provider seeks advice from a reputable source about best practice in relation to recruitment and reviews their practice accordingly.

Using medicines safely

- The provider had a safe system for the management of medicines.
- Staff who supported people with their medicines were trained and had their competency checked.
- The provider took action following our inspection to improve instructions and records in relation to medicines prescribed for use 'as and when required'.

Preventing and controlling infection

- The home was clean and free from malodours.
- Staff had a schedule for the completion of regular cleaning.
- Care staff used personal protective equipment when required, such as disposable gloves and aprons, to prevent the potential spread of infections.
- Some inappropriate items were stored in toilets and bathrooms, such as decorations and wheelchairs. This increased the risk of bacteria harbouring on items. The registered manager removed these.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and access to local authority policies and procedures.
- The registered manager had not been required to send any referrals to the safeguarding team in the year prior to the inspection but was aware of the procedure to follow and had previously submitted concerns appropriately.
- Staff were aware of indicators of potential abuse and knew to report any concerns.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff received an induction, training and monthly supervision to support them in their role.
- The provider had diversified the types of training they provided since our last inspection, to include e-learning, workbooks and face to face training. Staff were satisfied with the training they received and told us they appreciated the support, training and personal development opportunities they received. One told us, "The training is great."
- People and relatives confirmed staff had the right skills to support people effectively. A relative told us their loved one was, "Getting really well looked after."

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

- The provider assessed people's needs and kept these under regular review. Care was delivered in line with people's needs and legal requirements.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and submitted DoLS applications when required. The registered manager had a system to monitor when any authorisations were due to expire.
- People signed consent to their care plan and staff sought people's views and permission when offering care.
- We discussed retaining evidence where people had a Lasting Power of Attorney or legal representative, to ensure that only those with appropriate authorisation made decisions on people's behalf. The registered manager agreed to address this.

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

- People were supported to eat and drink enough.
- Information about people's nutritional needs was recorded in their care plan.
- People were satisfied with the food they received and told us it was, "Very nice." One person commented, "I like most of the food. You can choose something different if you don't like what is on the menu."
- Drinks were regularly offered and encouraged.
- A relative spoke positively about how their loved one had gained weight and started eating again since moving to the service.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- Staff were aware of people's health conditions and responded to any changes in people's health and wellbeing. People had access to healthcare professionals and specialists when needed.
- Detailed information was retained about contact with health professionals and appointments. This ensured staff were aware of any guidance given and helped promote good communication between the service and visiting health professionals.
- Staff received training about oral health care and there was clear information recorded in people's care plans about the support each person required to maintain good oral health.

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

- The environment was suitable for people's needs.
- The décor was homely and furniture arranged to enable people to enjoy the views of the park outside. One person told us, "When you look outside there are squirrels running about. It's a smashing place."
- Some of the décor and flooring was a little tired and marked in places, but there was a regular programme of maintenance and decoration.
- People had access to the equipment and adaptations they required.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by very caring and attentive staff.
- People and relatives spoke positively about the staff. One person told us, "The staff are lovely" and others described staff as, "Very nice" and "Kind." One commented, "They (staff) love us."
- A relative told us staff were "Lovely".
- Staff ensured people were treated fairly and their diverse needs respected. The registered manager told us how they would support any specific religious and cultural needs people had.
- Staff demonstrated sensitivity and patience with people and spoke about them with warmth and affection.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. They were able to describe how they maintained people's dignity when providing personal care and support with bathing.
- One person confirmed, "I can have privacy in my room if I want a bit of time out. I like my room."
- People's independence was promoted. Staff adapted their support to people's individual needs and encouraged them to do things for themselves where possible. One person told us, "We do things for ourselves. And if you can't do something they (staff) will help us."

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

- People were involved in decisions about their care. We observed staff offering people choices and responding to these.
- Occasional 'residents meetings' took place to involve people in discussions about the service. People also had individual review meetings to discuss their care.
- People had access to independent support with decision making when required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received a responsive service, from staff who were aware of people's individual preferences and needs.
- Care plans contained detailed information for staff about how to support people in line with their needs and preferences. Care plans and risk assessments were regularly reviewed.
- People were offered choice in their daily routines and when they wanted support with certain tasks, such as bathing.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained clear information about their communication needs. This information was available to be shared with other agencies, should someone need to go into hospital or access another service.
- Some large print information was on display in the home.

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

- Staff supported people to take part in activities, where they wished to. This included quizzes and singing. There were also visiting entertainers and trips out. The property overlooked a large park and one person told they were able to enjoy a walk in the park.
- People were supported to maintain contact with their family and friends. A relative told us, "I can visit at any time and always feel welcome."

End of life care and support

- The provider worked alongside other health professionals to ensure people received compassionate, pain free, end of life care.
- People had opportunity to express any advanced wishes they may have, and relatives were involved in these discussions where appropriate.
- The provider had access to an end of life care training package and there were plans for all staff to complete this.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure.
- Complaints were investigated and responded to in a timely manner. Compliments and thank you cards were also retained and shared with staff.
- People and relatives confirmed they would feel comfortable raising any concerns with the registered manager or staff.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were two managers at the service, one of whom was registered as the manager with CQC. They were clear about their respective roles. Staff were aware of their responsibilities from having regular supervision and effective daily communication with the management team.
- The registered manager was aware of regulatory requirements and submitted information to CQC as required, about events which occurred at the service.
- The registered manager understood requirements in relation to the duty of candour and kept relatives informed about significant events.

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

- Staff spoke positively about the management of the service. One told us, "They are really good. Having two managers helps too; there's always someone to speak to. And they always get back to you." Another told us, "Everyone is very nice and supportive. [Registered manager] is lovely."
- Staff were motivated and told us there was good team work.
- People were satisfied with the service and one told us, "I am very happy here."
- There was a quality assurance system and the registered manager conducted checks on the quality and safety of the service. These were effective in identifying some issues and driving improvements. However, other issues we found in relation to environmental safety, infection control and recruitment were not picked up by the audits.

We recommend the provider reviews the quality assurance system in line with best practice and continues to monitor the effectiveness of this.

The registered manager updated us after our visit about action they had commenced to review safety checks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought feedback about the service from people and relatives. Staff could also give their views in meetings and supervision.

- The provider demonstrated commitment to continually improving the service. They welcomed feedback and suggestions. Since the last inspection they had made some changes and improvements, such as increasing the range of training and purchasing new equipment.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to meet people's needs.
- The provider had links with other organisations and the local community, to enhance people's social opportunities.