Fern Lea Residential Home Limited

Fern Lea Residential Home

Inspection report

52 Pearson Park
Hull
HU5 2TG
Tel: 01482 441167
Website: www.example.com

Date of inspection visit: 29 June 2015
Date of publication: 24/08/2015

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

Overall summary

Fern Lea is registered with the Care Quality Commission [CQC] to provide care and accommodation for 18 older people who may be living with dementia.

It is large converted Victorian building and accommodation is provided over three floors. The upper floors are accessed by stairs or stair lifts, there is no passenger lift. Communal areas on the ground floor comprise of a lounge and a dining room. The garden has been adapted with raised flower beds and seating areas.

It is situated in a park and has good access to local facilities and amenities. It also has good access to public transport routes to the city centre.

This inspection took place on 29 June 2015 and was unannounced. The service was last inspected in April 2014 and was found to be compliant with the regulations inspected at that time.

The registered provider is also the registered manager. A registered manager is a person who has registered with the CQC 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

Staff understood the importance of reporting abuse if they witnessed it and how to keep people who used the service safe from harm. They had received training in how to recognise abuse and how make sure this was reported to the proper authorities.

Staff had been recruited safely and were provided in enough numbers to meet the needs of the people who used the service. This ensured, as far as practicable, people needs were met and they we not exposed to staff who had been barred from working with vulnerable adults.

People who used the service were provided with a wholesome and nutritious diet which was of their choosing. People's weight and food consumption was monitored and staff involved health care professionals when needed. Staff had received training which enabled them to meet the needs of the people who used the service; they also received support to gain further qualifications and experience. This meant people were cared for by staff who had the skills and who received support to meet their needs. People's human rights were respected and upheld by staff who had received training in the principles of the Mental Capacity Act 2005. People were supported to access their GPs and district nurses supported the staff to ensure people's health needs were met.

Staff understood people's needs and were kind and caring. People had good relationships with the staff and they had been involved with the formulation of their care plans and reviews. Where people needed support to agree their care this had been arranged and family members had been involved or advocates.

People received care which was person centred and staff understood and respected people's choice and wishes and respected people's dignity. The service provided a range of activities for people to participate in, which included activities within the service and in the local community. People were supported to pursue individual hobbies and interests and staff took the time to engage those people who were living with dementia in meaningful activities.

There was a complaint procedure in place for people to use if they felt the need to express dissatisfaction with the service provided. The registered provider investigated any concerns to the satisfaction of the complainant. All complaints were recorded and the outcome shared with the complainant, any action taken as result of a complaint was recorded and any lessons learnt were shared with the staff.

People who used the service were involved with the running of the service. The registered provider sought people's views and opinions; they also sought the views of others who had an interest in the person's wellbeing. The registered provider had a range of audits and checks which ensured, as far as practicable, people lived in a safe well run service. The management style of the registered provider was open and inclusive, people who used the service and staff could approach them and felt comfortable doing so. Staff meetings were held so the registered provider could share information with the staff.

The registered provider analysed all incidents and accidents to see if there were any trends or patterns and put action plans in place to address any shortfalls identified. The registered provider informed the CQC of any notifiable incidents so we had up to date information on which to assess the ongoing quality of the service provided.

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?
The service was safe.

Staff knew how to recognise and report abuse and had received training about how to safeguard people from harm.

Staff, who had been recruited safely, were provided in enough numbers to meet people's needs.

System were in place which made sure people lived in a well maintained, clean and safe environment.

Staff handled people's medicines safely and had received training.

Good

Is the service effective?
The service was effective.

People who used the service received a wholesome and nutritional diet which was of their choosing.

Staff received training which equipped them to meet the needs of the people who used the service.

People's rights were upheld and systems were in place to ensure people were supported with decision making when needed.

Staff supported people to lead a healthy lifestyle and they involved health care professionals when required.

Good

Is the service caring?
The service was caring.

People were cared for by staff who were kind and caring.

Staff understood people's needs and how these should be met.

People or their representatives were involved in the formulation of care plans.

Good

Is the service responsive?
The service was responsive.

Activities were provided for people to choose from.

People received care which was tailored to meet their needs and person centred.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Good

Is the service well-led?
The service was well led.

The registered provider consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

Good

Summary of findings

The registered provider held meetings with the staff to gain their views about the service provided.

Fern Lea Residential 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 registered 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 29 June 2015 and was unannounced. The inspection was completed by one adult social care inspector and 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.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who used the service and three of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day including meal times.

We spoke with the registered provider, the administrator, three care staff and the cook.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty, or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, the staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus.

Good

Is the service safe?

Our findings

People told us they felt safe at the service, comments included, "I do feel safe, there is staff about and I think the staff know what they are doing", "I do, if I ask a question they answer it", "Yes, it is safe as houses", "The carers make me feel safe" and "Yes, doors and bolts everywhere, and staff about, staff check on me every night."

People told us they felt there were enough staff on duty, comments included, "If I use my buzzer they always come", "Yes, there seems to be there's always someone around", "There is no wait, I think there's enough staff" and "They respond quickly to the call button."

Visitors told us they felt their relatives were safe at the service, comments included, "I know he is safe, I can see he is happy." They also told us they felt there were enough staff on duty, comments included, "Yes there's always enough staff here."

All staff we spoke with were able to describe the registered provider's policy and procedure for the reporting of any abuse they may become aware of or witness. They told us they received training about what abuse is and how to recognise the signs of abuse, for example, bruising and a change in mood. They were aware they could approach other agencies to report any abuse; this included the local authority and the CQC. We looked at training records which confirmed staff received training about how to safeguard adults from abuse and this was updated annually. There was a record of all safeguarding incidents and the outcome. We spoke with the local authority safeguarding team, they told us they had no concerns about the service and there were no outstanding safeguarding investigations on going at the time of the inspection.

Staff understood their responsibility to report any abuse they may witness and knew they would be protected by the registered provider's whistleblowing policy. They told us they found the registered provider approachable and felt they could go to them and trusted them to undertake the appropriate investigation and keep people safe. We saw all accidents and incidents had been recorded and action taken were needed, for example seeking medical attention following falls by either calling the emergency services or attending the local A&E department. The registered provider undertook an analysis of all the accidents and incidents which occurred at the service to establish any patterns or trends so working practises could be changed if required to keep people safe.

Staff told us they would not discriminate against anyone due their age, race, religious beliefs or sexual orientation. They told us they had received training about this subject and records we looked at confirmed this.

The registered provider undertook risk assessments of the environment to ensure it was safe for the people who used the service. We saw emergency plans were in place to make sure the service continued to be delivered if anything should happen, for example, floods or breakdowns in essential services like water, gas or electricity. People's care plans contained emergency evacuation plans which instructed staff in what to do in the event the person needed to be evacuated from the building. The evacuation plan took into account the needs of the person and their level of mobility and support they may need.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely. We saw there were rotas in place which showed the amount of staff that should be on duty daily and the skill mix. Staff told us they thought there were enough staff on duty and we saw staff going about their duties efficiently and professionally. The registered provider told us they used the dependency levels of the people who used the service to calculate the appropriate staffing levels.

We looked at the recruitment files of recently recruited staff. We saw these contained references from previous employers, an application form which covered gaps in employment and experience, a check with the Disclosure and Barring Service [DBS], a job description and terms and conditions of employment.

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacist. Controlled medicines were recorded, stored and administered in line

Good

Is the service safe?

with current legislation and good practise guidelines. The supplying pharmacist undertook audits of the medicines system as did the registered provider. Records were kept of the temperature of the refrigeration storage facilities.

Good

Is the service effective?

Our findings

People we spoke with told us they enjoyed the food provided, comments included, “I like the food, it’s very good, I have no complaints, my favourite is fish and chips”, “I get a reasonable amount of drinks”, “I enjoy the food, it’s tasty, we are very lucky and I get a choice at breakfast”, “It is good food, I like plenty of veg and there are plenty of drinks”, “The food is good and hot, there’s plenty of tea and I get nice porridge.”

People told us they thought the staff had the skills to care for them, comments included, “I think they do very well, they are very thorough.”

People told us they could choose how to spend their day comments included, “Yes, I can choose when to get up and go downstairs” and “You can do what you like really.”

People told us they could access health care professionals when they needed to, for example, their GP. Comments included, “Now and again I have needed one and they have call them”, “We get seen by the chiropodist every eight weeks" and “They would call a doctor if I needed them, we have a regular chiropodist visit us.”

Visitors told us they were involved with their relatives care, comments included, “I have Power of Attorney so I’m involved quite a lot.” They also told us they were aware the service made sure their relatives had access to health care professionals when they needed them, comments included, “Yes they do, he has diabetes and the district nurse comes in regularly” and “Yes they do, the district nurse comes in.”

The registered provider described to us the process they used to ensure all staff training was up to date and refreshed when required. They kept records of dates when the training had been completed and when it needed updating. They had identified training which they thought was essential for staff to receive which would equip them to meet the needs of the people who used the service. This included, moving and handling, health and safety, safeguarding adults from abuse, fire training, emergency evacuation procedures and infection control. Staff told us they found the training was relevant to their role and equipped them to meet the needs of the people who used the service. They told us along with completing the essential training they were also able to access more specific training, for example, dementia awareness and food and nutrition.

Staff received regular supervision and reviews which provided them with the opportunity to discuss work issues, identify training needs and set developmental goals for the next 12 months. We saw records which confirmed this.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS], and to report on what we find. The principles of MCA are to protect people through the use of legislation who need important decisions making on their behalf. The registered provider told us there wasn’t any one at the service who was subject to a DoLS.

We saw food was well presented and looked wholesome and nutritious. People could choose where to eat their meals and this was accommodated, the majority of people ate in the dining room. We saw meal times were social occasions and an opportunity for people to catch up with friends and have a chat. Staff were heard encouraging people to eat and asking people if they would like more to eat. The dining room was clean and bright with plenty of room for people to sit at the table and eat comfortably. Staff provided assistance to those who needed, however, we saw one member of staff stood by the side of two people helping them both at the same time, this did not respect people’s dignity. This was brought to the attention of the registered provider and they agreed to speak to the member of staff and provide retraining.

Food had been prepared to accommodate people’s needs and pureed diets were provided where needed. People’s food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person’s weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as swallowing. Records we looked at showed staff were recording the information required by the health care professionals so they could provide ongoing support and assessments.

Staff monitored people’s health and welfare and made referrals to health care professionals where appropriate. People’s care files showed staff made a daily record of people’s wellbeing and what care had been provided. They

Good

Is the service effective?

also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits form GPs and where people's needs had changed following a hospital admission.

Good

Is the service caring?

Our findings

People we spoke with told us they felt the staff were caring, comments included, "I get on very well with them all, they definitely care about me", "They are alright" and "Yes they do their best."

People we spoke with told us the staff encouraged them to be as independent as possible, allow them time and do not hurry them, comments included, "Yes I am very independent, I go out to my sisters by taxi", and "I think so, but I don't like being mollycoddled."

People we spoke with told us they were involved and supported in planning and making decisions about their care and treatment, comments included, "I am free to tell them and they listen", "I tell them", "Mainly yes and my son is involved as well" and "Yes, fully involved."

Visitors told us the staff supported their relative to be as independent as possible. They also told us they though people received individualised care, comments included, "They treat him great, they are really good with him" and "She can't get out of bed, but I know she gets what she wants."

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission. For example, when using a lifting hoist staff explained what they were doing, what they wanted the person to do, if this was acceptable to the person and that they had understood what had been said. Staff described to us how they would maintain people's dignity and ensure their choices were respected. They told us they would ask people and make sure they had understood what had been said. They also told us they would allow people time to answer.

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who had limited communication and understanding due to dementia. They spoke softly and calmly and gave the person time to respond. They used various ways of communication including verbal and non- verbal, for example, smiling and nodding, to make sure people understood what had been asked of them. We saw staff caring for people in a relaxed and unhurried manner. Staff were supported by ancillary staff that included catering and domestic staff, so they could concentrate on caring for the people who used the service.

Staff knew the people they were caring for and supporting, including their preferences and personal histories. Care plans we looked at contained information about people's preferences, likes and dislikes and their past lives. Staff we spoke with were able to describe people's needs and how these should be met. We saw and heard staff talking to people about their families and their hobbies and interests.

Staff had a good knowledge of the person's past history and were able to engage with people about their previous jobs and where they used to live. This was enjoyed by the people who used the service and was done in a spontaneous way by the staff. Staff told us they enjoyed spending time with people and learning about them, they told us it gave them a better understanding about the person.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded. Those family members who we spoke with and who had an input into the care and welfare of their relatives told us they knew what was in their relative's care plans and the registered provider kept them well informed about their relative's welfare.

All confidential information was stored securely and staff only accessed this when needed.

Good

Is the service responsive?

Our findings

People told us they knew they could make a complaint and raise issues with the staff or the registered provider, comments included, "I would see [registered provider's name] but I have no complaints up to now", "I am not a complainer, but I could tell the manager, I have no complaints but if I had any I would tell her" and "I'd get the boss and tell them straight, but I've never had to, it's all okay."

People felt there was a lack of activities for them to participate in, comments included, "There not much to do during the day" and "It can get a bit boring when your just sat watching the television."

Visitors told us they knew how to complain and express concerns, comments included, "I'd see the manager, I've never had to it is absolutely brilliant and I would recommend it to anybody."

Care plans had been developed from assessments undertaken by both the placing authority and senior staff at the service. These were person-centred and described how the staff were to support people to maintain their level of independence and meet their assessed needs. Assessments had been undertaken about what support people needed from the staff and what the staff needed to monitor closely to ensure people's needs were met, for example, tissue viability, nutrition and dietary needs, risk of falls and mobility.

Staff kept records of what support they had provided and if they had contacted any health care professionals. A record was kept of any appointments people attended at their GP or hospital. Care plans were changed as a result of these appointments and changes in treatment or needs were detailed, for example, change in medicines following a GP's visit. All assessments were reviewed on a regular basis to ensure these were up to date and the person was receiving the most appropriate care to meet their assessed needs.

People's likes and dislikes were recorded in their care plans; how the person preferred to spend their day was also recorded, which included any activities or pastimes they pursued. The service employed an activities coordinator who provided people with a plan of activities which they could choose from. When we spoke with the activities co-ordinator, they told us they made sure everyone who used the service was included in the activities provided; this included those people who were living with dementia. This was usually in the form of low level activities based on their needs and ability, for example, sitting and talking to people reminiscing about their past lives. We mentioned to the registered provider that we had received some comments about lack of activities and they agreed to make sure people knew what was being provided so they could participate.

The activities co-ordinator also told us they took people out to use the local shops and on outings in the better weather. They were mindful of those people who preferred to spend time in their room so they made sure they visited them on a regular basis and sat talking with them and read books or the newspaper with them.

The registered provider had a complaint procedure in place; this was displayed in the entrance to the service. The registered provider showed us the system they had in place to record complaints; this detailed what the complaint was, how it had been investigated and what the outcome was. Information was provided to the complainant about who they could contact if they were not satisfied with the way the complaint had been investigated. This included the Local Government Ombudsman and the local authority.

Good

Is the service well-led?

Our findings

People we spoke with told us they felt there was a positive atmosphere at the service and they felt involved, comments included, "More or less they're all nice people", "I like the atmosphere and I always tell them" and "It's pretty good, we are all concerned for each other."

People we spoke with told us they felt the service was well managed, comments included, "They do their best", "I think it is, I feel I am treated the way that I treat them and that is fair" and "I think so up to now it's been okay."

Visitors told us they felt there was a positive culture at the service; they felt they could approach staff and the registered provider and get a positive response. Comments included, "The place is well run and I have a laugh and a joke with staff." They also told us they had received and completed a satisfaction survey "I put excellent every time."

We saw audits had been undertaken in a range of areas on a regular basis. These included, people's care plans, staff training, the environment, accidents and incidents, staff supervision and appraisals, infection control, health and safety, people's nutritional wellbeing and dietary needs, and tissue viability. Action plans had been put in place to address any shortfall identified through the audits with timescales set to achieve these. Each audit subject had been undertaken on a monthly basis, for example a full medicines audit had been undertaken in February 2015.

The management team undertook a daily walk around the building to assess the safety and cleanliness of the environment. This identified areas which needed attention and repair.

Staff we spoke with told us they found the management team approachable and supportive. They told us they could approach the management team for advice and guidance and had confidence in them. The management team adopted an open door policy and we saw staff approaching them during the inspection to discuss people's needs or the outcome of contact with health care professionals.

The management team held meetings with the various teams of staff who were employed at the service, for example, care staff, domestic staff and kitchen staff; we saw copies of the minutes of these meetings. The registered manager also had meetings with the whole staff group on a regular basis, which were also minuted.

Staff had clear job descriptions which detailed their accountability and role, staff we spoke with were aware they could approach the registered provider for advice and guidance. Staff told us they felt they worked as team and all supported each other and felt the management team lead by example, for instance, assisting when needed with caring tasks and meals.

The registered provider had systems in place which gained the views of the people who used the service, their relatives, staff and visiting health care professionals. This was mainly by the use of surveys, the results of which were collated and action plans devised to address any short falls.

The registered provider held meetings with the people who used the service and we saw minutes of these meetings; people's relatives had also attended the meeting. Topics of discussion during the meetings were food, entertainment, staff practices and any concerns people may have. The registered provider had also recorded action taken as a result of concerns raised.

We saw equipment used to ensure people's safety was serviced and maintained as per the manufactures' recommendations and the maintenance personal kept detailed records of repairs and works carried out. Fire equipment was tested regularly and drills undertaken so staff knew what to do in the event of a fire.