

Anchor Trust

Ferendune Court

Inspection report

Ash Close
Faringdon
Oxford
Oxfordshire
SN7 8ER

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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

This unannounced inspection took place on 27 June 2017.

We had found two breaches of the regulations at our previous inspection in September 2016. At this inspection we looked to see what measures had been taken to ensure the quality of the service, and to see if these measures had been effective and improvements had been achieved. The provider told us that all the actions required to meet the regulations had been completed by the end of November 2016 as scheduled in the actions plans. During our inspection on 27 June 2017 we found that all of the recommended actions had been completed.

Ferendune Court is registered to provide accommodation for up to 48 older people who require nursing and personal care. The home is situated in Faringdon, Oxfordshire. At the time of our inspection there were 46 people living at Ferendune Court.

There was a registered manager 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 told us they felt safe and staff were aware of their responsibility to keep people safe. Risks to people's safety were appropriately assessed and managed. The service promoted positive risk taking resulting in people gaining a huge confidence boost.

Staff displayed a thorough knowledge of how to identify any safeguarding concerns and knew the process of reporting such concerns. Medicines were administered, recorded and stored in line with current guidelines.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. There were sufficient numbers of suitable staff to keep people safe.

The registered manager was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Mental Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The registered manager and staff understood their responsibility to ensure people's rights were protected.

Records showed that staff received the training they needed to keep people safe. The manager had taken action to ensure that training was kept up-to-date and future training was planned.

Staff told us they felt supported by the management and received supervision and appraisals, which helped to identify their training and development needs.

People had regular access to healthcare professionals. A wide choice of food and drinks was available to people and suited their nutritional needs. People's individual preferences regarding food were always taken into account.

People had positive relationships with staff and were treated in a caring and respectful manner. Staff delivered their support in a calm, relaxed and considerate manner. People and their relatives were actively encouraged to participate in the planning of people's care. Staff were empathic when dealing with people's privacy and dignity.

Care plans were person-centred and ensured the care and support suited people's needs and expectations. People's own preferences were reflected in the support they received.

The management appreciated and acted on people's and relatives' opinions on the service, including complaints. Such information was used to implement changes and enhance the functioning of the service. People and staff had confidence in the manager as their leader and were complimentary about the positive culture within the service. There were systems and processes in place to help monitor the quality of the care people received.

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.

People were kept safe from abuse. The registered manager and staff understood their responsibilities and knew how to report any concerns.

People's risks associated with their care were managed to help ensure people's freedom was supported and maintained.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Is the service effective?

Good 

The service was effective.

Staff had completed appropriate training to enable them to provide people with care effectively. Staff were supervised and felt well supported by the whole team and the registered manager.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People were supported to eat and drink sufficient amounts of food and liquids. People received health care support when they needed it.

Is the service caring?

Good 

The service was caring.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People's privacy and dignity were promoted and staff were aware of the importance of supporting people to sustain their independence.

People were supported to maintain relationships with their friends and family. We observed many people having visitors

throughout our inspection.

Is the service responsive?

The service was responsive.

Documentation was personalised, up-to-date and included specific information about people's backgrounds, events and persons important to people.

People were supported to participate in a range of activities and were encouraged to pursue their hobbies and interests.

The registered provider had a procedure to receive and respond to complaints. People knew how they could complain about the service if they needed to.

Good ●

Is the service well-led?

The service was well-led.

Staff and people spoke highly of the registered manager and the way they ran the home.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored and there were systems in place to make necessary improvements.

Good ●

Ferendune Court

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 27 June 2017 and was unannounced. It was conducted by three inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who participated in this inspection had a sound knowledge of caring for people with dementia.

Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with the registered manager and the deputy manager. We talked to seven people and three relatives. Many of the people who live in the home were unable to speak with us so we used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of understanding the care of people who are not able to communicate with us. We reviewed records relating to medicines, care records for six people and records relating to the management of the service including complaints, health and safety and quality assurance records.

Is the service safe?

Our findings

At our previous comprehensive inspection in September 2016 we had identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not always been deployed in a way that had met people's needs and assured their well-being.

At our recent inspection in June 2017 we found the provider had taken actions to implement the required improvements. We saw that there were enough well trained staff who were able to keep people safe. When asked about staffing levels, one person told us, "They are a bit pushed, but on the whole they are good". Another person said, "Yes, they have enough staff but they could do with more staff sometimes". One person's relative told us, "They could always do with more but they have always been good to mum".

We asked people if they had to wait for staff to respond to their call bells. One person told us, "They respond really quick to my call bells". Another person told us, "The call bell is by the bed and yes, I've used it and I do have to wait for them to come".

Staff members told us the number of staff was sufficient to keep people safe. A member of staff said, "We have enough carers and enough time to talk to people and do activities". Another staff told us, "We have enough staff and it makes the job better".

The records we looked at confirmed that the staffing levels did not fall below the assessed minimum. We noted that agency staff were employed to cover shifts at times. This was recorded clearly in the rota. We were told where possible the same agency staff worked at the home to provide consistency. We asked people about the quality of care provided by the agency staff. One person told us, "The staff are very good. There's a chap called [name]. He's brilliant but I think he's agency staff. When I was ill, he was very good to me".

People told us they felt safe living at Ferendune Court. One person said, "I feel safe because I can lock the door". Another person told us, "Yes, I feel safe. It's the general feel of it here". One person's relative admitted, "They talk about abuse, never had any qualms about here".

Risks to people's safety were assessed with regard to people's health needs, environment and equipment before people received care and were regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs and helped identify risk factors specific to each person, such as manual handling, falls, use of cream containing paraffin or use of specialist equipment. The assessments were reviewed to ensure the information was up-to-date and reflected people's current needs.

The service actively supported people's positive risk taking. The benefits of positive risk-taking can outweigh the harmful consequences of avoiding risk altogether and support a person's well-being. One person told us that they were supported in independent walks around Faringdon. The person was prone to falls due to their condition, unfamiliar with the local area and did not speak English. The person used a mobile phone with a translator and was able to contact the service immediately in case of an emergency. The person used

a printed map of the local area with the highlighted route of their choice. Staff and the managers were aware of the route. The person told us, "This is very important to my health and wellbeing to be able to walk freely. I'm an independent person and this helps me to recover from my condition. When I came here, I could not walk and had to use a wheelchair. Now I can walk long distances with the use of a walking stick. This means a lot to me".

Staff were knowledgeable about the procedures in place to keep people safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had a good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. A member of staff told us, "We can report abuse to the manager. We can also report to the Care Quality Commission (CQC) or to the police".

A thorough recruitment policy and procedure were in place. We looked at the recruitment records and saw that staff had been recruited safely. The records included application forms (containing employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

Medicines were stored securely and in accordance with the manufacturer's instructions so that they remained effective. People's medicine administration records (MARs) were clearly organised and explicitly stated people's allergies and possible side effects of their medicines. There were no signature gaps in any of the charts we looked at. Staff had completed medicines training as well as six monthly medicine competency assessments.

We saw records of maintenance and monthly health and safety checks for the equipment used in the home. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT), checks of electrical equipment, fire alarm testing and water temperature checks. This showed that the provider had appropriate maintenance systems in place to protect staff and people who used the service against the risks of unsafe or unsuitable premises or equipment.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of their re-occurrence. The registered manager showed us this system and explained the levels of scrutiny that all incidents and accidents were subjected to within the home. They showed us what actions had been taken to ensure people were safe after an incident had taken place. For example, people were referred to appropriate health care professionals which helped to reduce the number of falls.

There were robust contingency plans in place in case of an untoward event. The business continuity plan assessed the risk of such events as fire or bad weather conditions.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet people's needs. Staff had undergone a thorough induction programme which had given them the basic skills to care for people safely. The induction programme was linked to "Skills for Care". This meant care workers completed Care Certificate training. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. In addition to completing the induction training, new staff were provided with opportunities to shadow more experienced staff. This enabled them to get to know people and learn how they liked to be cared for. A member of staff told us, "Induction is very good. It's still on-going as I am still under probation. It included e-learning and assessments".

The training matrix and individual records showed what training staff had completed and when they were due for refresher training. Training sessions included moving and handling equipment, first aid, infection control and safeguarding adults. A member of staff told us, "I can ask for any extra training and training is often offered".

Records showed and staff had received regular supervision sessions and our discussions with staff confirmed this. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw records confirming that staff had received annual appraisals of their individual performance and had an opportunity to review their personal development and progress. A member of staff told us, "We have one to one supervisions every month to discuss well-being and any concerns". Another member of staff told us, "We have yearly appraisals where we talk about development opportunities".

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. We checked whether the service was working within the principles of the MCA. Staff had received training on the MCA and this training was updated with staff where necessary. The provider and staff had a clear understanding of the MCA. They knew how to make sure people who did not have capacity to make certain decisions were protected to ensure any decisions made were in their best interests. Where medicines were to be administered covertly, the provider sought views of relevant professionals and family members, and organised best interest meetings. A member of staff told us, "The MCA is about supporting people in their best interest and giving them choices". Staffs' thorough knowledge of the subject helped ensure people's rights and interests were protected.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All staff including domestic staff had received MCA and DoLS training. They were able to explain what deprivation of liberty was and why and how people could be deprived of their liberty. A member of staff told us, "We follow the best interest process and involve advocates and people with power of attorney".

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a health care emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly noted on the front of the care file.

A nutrition screening chart was in place, completed and up-to-date. This meant that people's nutritional needs were monitored. We saw that people's weight was managed and recorded regularly where people were at risk of malnutrition. There were people receiving fortified food which was clearly recorded in their care plans. As a result, after a short period of time people regained their proper weight. Staff had a good understanding of each person's nutritional needs and how these were supposed to be met. A member of staff told us, "We weigh residents and if they are losing weight, we refer them to dieticians and a GP. We have a few residents on supplements like fortified food ". People liked their meals. One person told us, "I enjoy it and we get a good choice of food. If I don't like something, they will change it and I never get hungry at night".

People were supported to maintain good health by accessing health care services and obtaining advice from a range of professionals. These included GPs, psychiatrists, district nurses, community mental health nurses, speech and language therapists, and other professionals from the Care Home Support Team (CHSS).

The interior of the dementia unit was dementia friendly. For example, the carpets were free of any patterns that might cause confusion and all the bedroom doors were painted in different colours so that people knew where their rooms were. There were memory boxes in front of each bedroom door with photos and items important to people. There were also quiet corners which had different themes, such as the seaside, and were decorated with different patterns. Small seating areas were available for people to rest or chat with others. The colours in the dementia wing were used to help people orientate themselves. The walls of the dementia wing displayed key pictures and items that encouraged activity and communication between people but the decor was not too crammed. Following suggestions by staff, the registered manager had introduced a homely feel to the dementia wing bathroom by applying themed wallpapers, pictures, blinds and decorations. This helped to prevent people with dementia from experiencing the distress that would be caused by the use of a traditionally decorated care home style bathroom. The bathroom was designed to be less clinical which people preferred more than a traditionally decorated care home style bathroom.

Is the service caring?

Our findings

People using the service and their relatives spoke very positively about staff and the care they received. One person told us, "I like the staff. They are very friendly and helpful". One person's relative complimented staff, "They're very good here. They are very friendly and caring". Another person's visitor told us, "I've always found staff cooperative and helpful".

We observed that staff respected people's dignity and privacy. Staff knocked on people's doors before entering their rooms. They also ensured the curtains were pulled and the doors were closed while they provided people with personal care. One person told us, "They always knock on my door even when the door is open. They always close the curtains and the door when they are doing something for me". A member of staff told us, "During personal care, we close the curtains and the doors to give them privacy". We saw that care staff spent enough time talking to people to make them feel supported and comfortable at the service. For example, we observed a care staff member talk to one person and then give them assistance with a drink and a snack.

During the Short Observational Framework for Inspection (SOFI) we saw staff assisting people with their meals. People were offered food options by staff who talked to them or used gestures and other prompts to ensure people understood them and could make their choices. We observed staff assisting people with eating and drinking in a calm and caring manner. Staff worked well as a team; there was frequent communication among staff members who shared all information needed to ensure people's needs were met.

We saw people were offered choices in their daily routines and that staff encouraged people's independence. For example, people could make decisions on how to spend their free time. People could choose meals to eat, times of rising and retiring, clothes to wear. They could also decide whether to participate in offered activities or not. Relatives confirmed people were offered choices and staff said the communication with people was good. As a result, people were able to express their choices and decisions. Staff were able to describe how they offered choices to people. A member of staff told us, "We encourage the residents to do the things they can, like washing their face or brushing hair".

People were able to have visitors at any time and they could talk to their guests in the privacy of their own rooms. One person told us, "My cousin comes and sees me with their children. I always have visitors. My friends live close by as well and there are no restrictions to when they can come in".

People's records included their decisions about their end of life care. The end of life care plans recorded people's wishes and choices as to what was to be done after their death. For example, the plans contained details of people's wishes regarding funeral arrangements and the service followed this as far as possible. This showed that the service had a caring approach and respected people's end of life wishes.

Staff were discreet and respected people's confidentiality. A member of staff told us, "We do not discuss information about our residents to people who don't need to know". We saw that records containing

people's personal information were kept in the main office which was locked so that only authorised persons could enter the room. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored on a password protected computer.

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. The aim was to make sure the home was appropriate to meet the person's needs and expectations. Following the initial assessments, care plans were prepared to ensure staff had sufficient information about how people wanted their care needs to be met.

People told us they and, if appropriate, their relatives were involved in discussions about their care and in the review process, and records confirmed this. Staff were provided with information which detailed what was important to each person, described their life history, daily routine and the activities they enjoyed. Care plans were reviewed by the registered manager on a monthly basis and adjustments or changes were made to the support if needed. Staff told us they were kept fully informed about any modifications in the support people required. This was achieved either by face-to-face discussions with the team leader, by handover meetings or via the communication book.

People were offered a range of activities to do at the service. One person told us, "I'm playing bingo and exercising today. I also enjoy Tai Chi and if they are doing anything in the home, I always put my name down". The service had two part-time activity co-ordinators who organised both one-to-one and group activities. They also arranged outings and various social events. The co-ordinators explained to us that people living at the service were encouraged to participate in a variety of meaningful activities they enjoyed. These activities included games, quizzes, listening to music and gardening. On the day of the inspection there was a bingo evening organised for people and members of the local community were welcome to join in. A big poster advertising the bingo evening was displayed outside of the building. In the dementia wing we observed how staff engaged one of the residents in doll therapy. The doll therapy is known to be a very effective way for a person with any kind of dementia to decrease stress and agitation. This kind of therapy also enables a person to take responsibility and care for the doll and for initiating speech again. Activities were reviewed and feedback was sought from people to see what they preferred most. One of the activities coordinators told us, "I work part time 20 hours per week and today I've come in to do exercises. Also tonight at 7.30 pm we are playing bingo. We have a program which we continue to amend trying to do other things here to keep the residents occupied".

The service recognised individual needs of people and tailored care to suit their preferences. This included people's nutritional preferences. One person told us, "I follow my own menu and my own diet. I pass them my shopping list and they just accommodate to my needs. For example, I want to have two hard boiled eggs every morning, vegetarian soups and cod or salmon and chicken once a week". Another person's relative told us, "My mum is a vegetarian and if there are just meat dishes, then they will always find her something else to eat".

The registered managers sought people's feedback and took action to address issues raised. Regular residents and family meetings were organised by the service. One person's relative told us, "I've been to two or three of the resident's meetings and they helped me with paper work which is good. They helped me get a Lasting Power of Attorney (LPOA) for my mother and they do listen to me at the meetings".

The service had a complaints policy and procedure. The registered manager and staff were able to explain how they would deal with a complaint. Since our last inspection the service had received one complaint which had been dealt with to the complainants' satisfaction. Staff were aware of the complaints policy and told us they would immediately help people to raise an official complaint if needed. A member of staff told us, "If a resident wants to raise a complaint, I can help them. This is their home and they should be happy".

People had been provided with all the information they required to be able to make a complaint. None of the people and relatives had made any complaints but they said they would feel comfortable to talk with any of the registered managers if they were unhappy about any aspect of their care. One person's relative told us, "I haven't had to raise a complaint or concern. If I had any concerns, I would go to any senior member of staff".

Is the service well-led?

Our findings

At our previous comprehensive inspection in September 2016 we had identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems in place to assess, monitor and improve the quality and safety of service provision had not always been effective. Some of the records had been incomplete or difficult to access.

At our recent inspection in June 2017 we found the provider had taken actions to implement the required improvements. The provider had a number of systems in place to monitor the standard of care delivered to people. A quality assurance and monitoring system was in place to assess the quality and safety of the service and to ensure continuous improvements. Where audits had shown that improvements had been needed, action plans had been produced. These had been reviewed and updated to ensure that the required actions were completed and the improvements achieved. For example, when a catering service audit had found that not all food was labelled, this had been recorded and immediately addressed by the service. People's records were of good quality and fully completed as appropriate.

The people we spoke with and their relatives felt the culture of the home was open and transparent. One person told us, "She's lovely. She's very understanding and she does a fabulous job". Another person said, "I really like her. She helps me more than my family. Today she was about to go with me to a bank to help me open a bank account when you guys arrived here".

The morale of staff was high and all staff members said they felt well supported in their roles. Staff told us there was good teamwork and the registered manager always set an example by being open and supportive. A member of staff told us, "I can discuss bad practice with the manager and I know she will support me rather than sweep it under the carpet. We can learn from our mistakes". Another member of staff said, "The manager is very good, approachable and supports all staff".

There was an incentive scheme organised for staff. An employee of the month received a gift voucher from the provider as recognition of their hard work and going above their contractual duties.

We saw evidence of regular staff meetings. Regular meetings kept staff up-to-date and reinforced the values of the organisation and their application in practice. Staff told us the meetings were useful and enabled staff to contribute to the service development and improvement by sharing their ideas. The recent meetings included topics such as activities, training opportunities and meeting people's nutritional needs.

An "Involving you" form was introduced by the service where staff could communicate their ideas. For example, staff suggested taking people to church and introducing a suggestion box for people which was actioned by the registered manager.

The service worked in partnership with other agencies. They had good links with the local health and social care professionals. More specialist support and advice was also sought from relevant professionals when needed. This helped to ensure people's health and well-being needs were met. At the time of the inspection

the service liaised with one of the universities and participated in the research on using probiotics. We saw evidence of the service organising a Professionals' Day where all local professionals were invited to join and discuss matters related to health care. We saw evidence that the service was organising Silver Line Coffee Morning on the day after the inspection. Silver Line is a confidential and free helpline offering information and advice to older people who suffer abuse and neglect.