

Priorcare Homes Limited

Fernlea

Inspection report

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Tel: 01782342822

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22 December 2015

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 May 2015, and breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the amount of staff available to meet people's needs, to ensure that staff were responsive to people's preferences in care and that improvements were made to ensure that the service was well led.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fernlea on our website at www.cqc.org.uk

At this inspection we found that the provider had made the required improvements to meet the legal requirements.

We saw there were enough suitably qualified staff available to meet people's needs and the provider had systems in place to assess and monitor their staffing levels.

People were protected from harm because staff knew how to keep them safe and understood how to report allegations of alleged abuse.

People's risks were assessed and staff understood how to support people with their risks whilst maintaining their independence.

People were supported to access hobbies and interests that met their needs and preferences.

People told us and we saw that staff were available to support people and were responsive to their individual needs.

Staff were motivated and enthusiastic about their role and they felt supported by the management.

Feedback was sought from people, their relatives, staff and other professionals and issues raised were acted

on to bring around improvements.

There were systems in place to monitor the quality of the service and these had been maintained by the registered manager.

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 ●

We found that action had been taken to improve the safety of the service.

There were enough suitably qualified staff available to meet people's needs.

People were protected from harm because staff knew how to keep them safe and understood how to report allegations of alleged abuse.

People's risks were assessed and staff understood how to support people with their risks whilst maintaining their independence.

Is the service responsive?

Good ●

We found that action had been taken to improve the way the provider responded to people's needs.

People were supported to access hobbies and interests that met their preferences.

Staff were available to support people and were responsive to their individual needs.

Is the service well-led?

Good ●

We found that action had been taken to improve how the service was managed.

Staff were motivated and enthusiastic about their role and they felt supported by the management.

Feedback was sought from people, their relatives, staff and other professionals and issues raised were acted on to bring around improvements.

There were systems in place to monitor the quality of the service and these had been maintained by the registered manager.

Fernlea

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

We undertook an unannounced focused inspection of Fernlea on 22 December 2015, which was undertaken by one inspector. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 18 May 2015 had been made. We inspected the service against three of the five questions we ask about services: is the service safe, responsive and well led. This is because the service was not meeting some of the legal requirements.

Prior to the inspection we reviewed information that we held about the provider and the service which included notifications that we had received from the provider about events that had happened at the service. For example, serious injuries and safeguarding concerns. We also spoke with local authority commissioners that had been involved with the service.

We spoke with five people, one relative, seven care staff, the registered manager and the provider. We observed care and support in communal areas and also looked around the home. We viewed four records about people's care and records that showed how the home was managed. We also viewed four people's medication records.



Our findings

At the last inspection on the 18 May 2015, we found that there were breaches in Regulation 17 and Regulation 18. We asked the provider to make improvements to ensure that there were enough suitably trained staff to meet people's needs. We also asked the provider to make improvements to the way people's risks were managed and to ensure staff understood their responsibilities to keep people safe from harm. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that improvements had been made.

People told us that there were enough staff available to meet their needs and preferences in care. One person said, "There are always enough staff now and I can do the things I want because staff can take me now". Another person said, "Staff always come when I need them to and I can go out now". Staff told us that the provider had made improvements to the staffing levels, which meant that staff had more time to meet people's health and social wellbeing needs. One staff member said, "The staffing is so much better now. The introduction of dedicated domestics and a cook has made a big difference. It means I can spend more time with people and they get dedicated time". Another staff member said, "People now get the time they deserve from us [staff], we are no longer rushing about and people go out more and are happier".

We saw that staff were relaxed and had time for people when providing support. One person displayed challenging behaviour at the last inspection. At this inspection they were calmer and staff had the time to sit with them chatting and holding their hand for comfort. We also saw that improvements had been made to the cleanliness of the environment and the kitchen. The registered manager and the provider told us this was because they now had a dedicated team of domestics and the cook ensured that the kitchen was kept to the required standard.

People told us they felt safe and staff looked after them in a way that made them feel safe. Staff we spoke with were aware of their responsibilities if they had concerns that people were at risk of abuse. One staff member said, "We have had training and I would report any concerns that I had to the manager". Another member of staff said, "We are here to protect and care for people and I would not hesitate to report any concerns to the manager". The registered manager told us that they would report any concerns raised to the local safeguarding authority and we saw that where there had been concerns these had been reported appropriately.

People's risks were managed to keep people safe from harm. For example; one person told us they needed their food cutting up and that staff always helped them with this. They said, "I need my food chopped up as I

can't swallow. The staff do this for me, they look after me". We saw that this person was supported with their meal and this was prepared in a way that ensured they were not at risk of harm. Staff were aware of people's risks and how they needed to manage and support people to keep them safe. The risk assessments we viewed confirmed what staff and people had told us and contained people's risks and how staff needed to support people whilst maintaining their independence



Our findings

At the last inspection on the 18 May 2015, we found that there was a breach in Regulation 9. We asked the provider to make improvements to ensure that people received care in line with their individual preferences and people had access to meaningful interests and hobbies. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that improvements had been made.

People told us that they were supported to undertake hobbies and interests that were important to them. One person said, "It's great now, I go to lots of different places that I like". Another person said, "I go out and I'm going home for Christmas". We saw that people were supported to undertake activities that they preferred and that they enjoyed. For example; one person liked to read the paper and they were supported by staff to do this. Another person enjoyed activities that involved water and we saw that they were regularly supported to undertake this activity. Staff told us that they had more time to support people with their preferred activities and a range of internal and external social events were available to people.

The provider had employed a dedicated member of staff to plan and arrange events and outings for people to take part in. We spoke with the member of staff who was enthusiastic about their role and we were shown the plans for individual activities that met people's preferences. We saw that people had been asked what they would like to do and people had been involved in the planning of their individual social activities. We observed the member of staff involving all of the people who used the service in a discussion about Christmas and people were happy, joining in and having a laugh with staff.

People told us that staff were responsive to their needs. One person said, "Staff always come when I need them, there are plenty of staff to help me". Another person said, "Staff help me to have a shower and I have a special chair now". We saw that the provider had purchased a special shower chair so people who were unsteady on their feet were able to enjoy a shower comfortably. We saw that people's physical appearance was maintained. For example; people looked clean and they were dressed individually in a way that they preferred. We saw that people's preferences in care were recorded in their care plans and staff knew people's likes and dislikes, including how they liked their care to be carried out.



Our findings

At the last inspection on the 18 May 2015, we found that there was a breach in Regulation 17. We asked the provider to make improvements to the way that the service assessed and monitored the quality of the service. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that improvements had been made.

People and staff told us that improvements had been made at the service since the last inspection. One person said, "It's a lot better. It's absolutely brilliant". Another person said, "There are more staff and the food is a lot better now too". Staff told us the improvements at the service had given them motivation and they were able to support people better. One staff member said, "There have been 100% improvements. People are happy and they are getting more time from staff". Another person said, "The changes in staffing have meant that I can spend more time with people and give people the time I have always wanted to". We saw that people were relaxed and staff were motivated and enthusiastic about their role, which created a positive atmosphere in the service.

Staff also told us that the management were approachable and supportive of them in their role and where they had raised any issues the registered manager had acted on these. For example; one staff member had raised a concern about a person's mobility and the registered manager had arranged for an assessment for this person and appropriate equipment was provided. Staff told us that the provider and management team were available on a daily basis and the communication between staff and the management had improved. We saw that systems were in place to gain feedback from people, their relatives, staff and other health professionals. The registered manager had analysed the feedback and taken action to make improvements. For example; concerns were raised about the poor repair of some of the bedroom windows and these had been replaced by the provider.

The registered manager had implemented and maintained systems to assess and monitor the quality of the service provided. We saw that audits had been undertaken the registered manager had recorded any actions that needed to be taken. These audits included checks on the cleanliness of the kitchen and environment, food and fluid chart completion, complaints, infection control, care plans and incidents. For example; we saw that incidents had been logged by the registered manager and actions had been put in place to lower the risk of further occurrences. The registered manager had identified that two people who used the service were at risk of harm because there had been incidents of aggression between these two people and plans were updated to give staff guidance on the monitoring and support they needed to provide.

We found that there had been improvements to the way medicines were managed. We checked a sample of medicines that the service held against the Medication Administration Records and found that the stock levels balanced against the records. We also saw that medicine audits had been carried out, which ensured that people were receiving their medicines as required and the correct amount of stock was kept.

We found that the provider had implemented a system to assess the required levels of staff needed to meet people's assessed needs. We found that there had been improvements to the amount of staff that were available to meet the health and social wellbeing of people who used the service. For example; we saw people were able to access their preferred activities and staff were available when people needed them.