Mr Soonil Boodoo

The Fer View Residential Care Home

Inspection report

163 Bounds Green Road
New Southgate
London
N11 2ED

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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

The Fer View Residential Care Home is a small residential care home registered to provide accommodation and personal care support for up to six older people. At the time of the inspection, five people were living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People told us they felt safe at the home and found staff helpful and caring. The service provided safe care to people by ensuring risks involved in supporting people were identified and sufficient measures put in place to minimise those risks. There were effective systems operated to prevent abuse of people and staff had a good understanding of their role in identifying and reporting abuse and poor care. People and staff were happy with the staffing levels and the service maintained accurate records of staffing allocation. The service maintained safe medicines administration processes, accurate medicines administration records and met infection prevention control requirements.

The service followed appropriate safe recruitment procedures to ensure people were supported by staff who had been properly vetted before starting work. Staff continued to receive regular support and supervision and effective training in areas relevant to care delivery. People's nutrition and hydration and health and care needs were met.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People received individualised care from staff that respected their privacy and treated them dignity.

Staff supported people to remain as independent as they could by encouraging them to carry out activities of their choice. People's cultural and religious and spiritual needs were acknowledged and supported when required. The service was responsive to people's changing needs and recorded them in people's care plans. Care plans were individualised and detailed people's life stories, their individual preferences and likes and dislikes were recorded.

The service maintained effective systems and processes to identify any gaps and areas of improvement in quality and safety of the service by carrying out regular monitoring checks and audits.

Further information is in the detailed findings below.

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 told us they felt safe with staff. Staff demonstrated a good understanding of safeguarding procedures.

People received medicines safely and in a timely manner by staff who were trained and their competency assessed. People's known allergies were included in their medicines administration records.

The service regularly identified risks involved in supporting people and provided sufficient instructions to staff to provide safe care.

The service followed safe recruitment practices. Staff rotas were maintained and there were sufficient staffing numbers to meet people's needs efficiently. The service met infection control requirements.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

The Fer View Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 4 July 2017 and was unannounced.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission and feedback from commissioners and local authority safeguarding team. A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service. We looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by an adult social care inspector 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.

During the inspection, we spoke with four people using the service, one relative, the registered provider and senior healthcare staff. We spent time observing interactions between people and the staff who were supporting them in the communal areas including medicines administration lunch time, and in people's bedroom with their prior permission. We reviewed three people's care plans and risk assessments, five people's medicines administration records and care records, and three staff files including their recruitment, training and supervision records. We also reviewed the staff rota for June 2017.

We looked at service's accidents and incidents and complaints records, staff team meeting minutes, residents' meeting notes, quality audits and monitoring checks. We reviewed the documents that were provided by the service on our request after the inspection. These included reviewed policies and procedures, fire equipment check certificate and health and care professional referral form.

Good

Is the service safe?

Our findings

People living at the home told us they felt safe at the home. Their comments included, "Oh god, yeah", "I feel safe and comfortable and I want to go on staying here" and "Nothing worries me. The staff are alright." One person commented, "If I were not here, I would be dead. I came here nearly two years ago after I fell by a glass door in sheltered accommodation. I was frightened there but I am all right here." One relative said, "Yeah, so far so good."

At the last inspection, we found the service was not keeping an accurate record of the staffing to demonstrate staffing levels, the service was not meeting infection control requirements and people's known allergies in relation to medicines were not recorded on their individual medicines administration records (MAR).

During this inspection, we found the service was maintaining an accurate daily staff rota planned on a monthly basis. We checked staff working on the day of our inspection against the staff rota displayed in the dining room that demonstrated staff worked 12 hour shifts and corresponded with staff that were on duty. People and staff told us there were sufficient staffing levels to meet people's needs efficiently. One person commented, "Oh yes, they are good. There is a carer at night and they look in on you about two to three times a night." Most people living at the home were semi-independent and mobile, and the service used a dependency assessment tool to assess and calculate staffing levels based on people's individual health and care needs. The registered provider told us they did not use agency staff and managed staff emergencies and absences internally. The service was recruiting an additional staff member to work part-time and cover staff absences and emergencies.

We found the service was meeting infection control requirements. Following our last inspection, the registered provider had retrained all staff in infection control practices, and carried out regular monitoring checks to ensure infection control practices were being followed, and records seen confirm this. There were gloves and aprons available for staff to use when providing care and we saw staff use them during our visit, whilst providing care. Infection control and waste disposal issues were discussed in the team meetings and we saw team meeting minutes to confirm this. The registered provider had hired clinical waste disposal services and we saw a clinical waste disposal bin that was being used by the staff. We looked at the invoices from a clinical waste collection service to confirm that the clinical waste was being disposed of safely. Staff were aware of the infection control practices and training records seen confirmed they had received training in infection control. There was no malodour in the home apart from one person's bedroom. We spoke to the registered person about this and they told us the person had recently become incontinent and they were working together with the family to identify efficient ways of supporting the person's continence needs. We saw the relative of this person had donated a separate carpet cleaner that they wanted it to be used specifically for their family member's room. The registered person had made an urgent referral to bladder and bowel department which looks into continence needs to ensure the person was receiving appropriate care support.

The service followed safe medicines management practice. We looked at people's MAR to ensure people's

known allergies to medicines were being recorded in their MAR and that was the case. People told us they were happy with the support they received around medicines management. One relative commented staff provided good medicines' support, "Yeah, the staff gives the medicines [to my family member]. He is diabetic, has high blood pressure and dementia." There were no gaps in people's MAR and they were easy to follow. There were clear protocols for 'as and when required' medicines and records confirm they were appropriately maintained. Staff received training in medicines administration and the registered provider assessed their competency when the staff begun their employment and after every refresher training. Medicines were safely stored in a lockable cupboard and the medicines cupboard temperature was monitored and records seen confirmed the temperature was maintained as per the requirements.

The service identified risks involved in supporting people and maintained detailed risk assessments instructing staff on how to minimise risks that were identified whilst providing safe care to people. Risk assessments were reviewed monthly and as and when people's needs changed, records seen confirmed this. Risk assessments were for areas such as moving and handling, falls, nutrition and hydration, waterlow (Pressure area care), medicines and infection control. There were also risk assessments for people's specific health condition such as diabetes, swallowing difficulties and choking. For example, one person with type two diabetes had a detailed plan of care and risk assessment around diabetes diet and footcare management, giving staff instructions on signs to look out for if the person's blood sugar levels dropped or increased and what to do if that happened. We found the service maintained individual personal emergency evacuation plans for all people and staff had an understanding of risks involved in supporting people.

The registered provider told us there were no safeguarding concerns raised since last inspection. Staff were trained in safeguarding and training records confirmed this. Staff demonstrated a good understanding of safeguarding procedures and their role in identifying and reporting abuse and poor care. One staff member told us, "My job is to make sure residents are safe and protect them from harm and abuse. If I notice any bruises or change in behaviour, I report it to my manager. When manager is not around I contact the social worker." We saw from supervision records the registered provider reminded staff on safeguarding and whistleblowing procedures. Staff told us they would feel comfortable raising concerns to the local authority or CQC if they felt there was a need to do so.

The service maintained clear and accurate accidents and incidents records. Since the last inspection, there had been four accidents but no serious injuries were sustained. The service carried out monthly evaluation of accidents and incidents where as a team staff looked at the learning outcomes and what actions were required to prevent future recurrences. The accidents and incidents records and monthly evaluation records detailed action points and learning outcomes.

The service followed appropriate staff recruitment practices. There were necessary recruitment checks in place including criminal and reference checks to ensure staff were assessed as acquiring right skills, knowledge and were safe prior to providing care to vulnerable people. No new staff member had been recruited since last inspection however; the service was in the process of recruiting a new staff member. The registered provider told us appropriate safety recruitment checks would be carried before new staff started working with people.

Good

Is the service effective?

Our findings

People told us staff knew their needs and provided good support. One person said, "I cannot walk. They help into my chair." Another person commented he was supported as per his wishes, "Yes, they are good. I get a bed wash and once a month I have shower in the bathroom and that is fine with me." One relative said, "There are a couple of ladies [staff] who are very helpful and cheerful." They try to help him.

Staff received regular supervision and yearly appraisal, records seen confirmed this. Staff member told us they felt supported by the registered provider and that staff worked well as a team. The register provider worked with staff on a daily basis and was available to help out. During inspection, we saw the registered provider support staff with various aspects of care delivery. Staff received regular refresher training in mandatory areas such as first aid, safeguarding, fire safety, infection control, nutrition and diet, health and safety, food and hygiene, moving and handling, and medicines. Staff received other relevant additional training in areas such as palliative care and dementia. We looked at staff training matrix that demonstrated staff received regular training and dates were booked in for refresher training.

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.

There were accurate records in the care plans on people's ability and capacity to make decisions and how staff should support people to make decisions. For example, one person's mental capacity assessment mentioned, "[Name of the person] has full mental capacity and can make his day to day decisions regarding his needs, preferences and his life. He understands and can communicate his needs very well. He is fully orientated to place, time and people. He has good cognitive ability."

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw DoLS assessments were in place for people living at the home, but all were found to have sufficient mental capacity to consent to their living arrangements.

Staff received Mental Capacity Act (MCA) and DoLS training and records seen confirmed this. People told us staff gave them choices and asked permission before providing care. During our inspection we saw staff giving people choices and seeking their consent before supporting them.

Most people told us food was good and their requests were taken on board. People's cultural specific dietary needs were met. For example, one person who liked more rice based food before moving to the home was offered rice dishes including noodles and fried rice. One person said, "Oh yes, the food is OK and

let us put it this way: I weighed six stone when I first came in here and now, I am eight and a half stones." Another person said they enjoyed the food and went downstairs to the dining room to have lunch. We saw this person having their lunch in the dining area.

The registered provider showed us newly designed accessible food menus with images for breakfast, lunch and dinner that were made available to ensure it was easy for people to choose despite their communication needs. We looked at people's nutrition and hydration assessments and they demonstrated people at the risk of malnourishment were seen by the dietician and a diet plan put in place. Where necessary we saw that people had been referred to a speech and language therapist if they were having difficulties swallowing. People's weights were regularly monitored and maintained. One person was prescribed supplements and was on a fortified diet which included additional nutrients added through foods such as cream, butter, milk and milk powder. We saw the person being appropriately assisted with food. We looked at the people's daily care records and although the records mentioned if people ate and drank, there was no mention on how much food and drinks people consumed. We spoke to the registered provider and they told us that staff would start including the amount of food and drinks consumed in people's daily care records.

We looked at the kitchen as part of our inspection; it was clean and well maintained. Fridge and freezer temperature logs seen confirmed they met the requirements.

People were supported to access health and social care professionals and received visits from optician, chiropodist and dentist as and when required. We saw several records of correspondences and referrals to various health and care professionals including GP, bladder and bowel department, audiology, and occupational therapist.

Good

Is the service caring?

Our findings

People told us they found staff caring and kind. One person said, "The two ladies [care staff] are really lovely." People said they were treated in a respectful manner and their dignity and privacy was maintained. We saw staff asked permission from people before entering their rooms and did not rush people whilst providing care. People further said staff listened to them. One relative commented staff communicated with their family member very well and in a caring and compassionate way. People told us staff addressed them by the name they preferred to be called. People had same staff working with them to provide them with consistent care. We looked at the staff rota and it confirmed that the same staff team worked throughout the month.

During inspection we saw a staff member and the registered provider talking to people in a kind and polite way. They listened to people's requests patiently and met their needs promptly. We saw people being sensitively supported by the staff team. We saw people were comfortable in their bedrooms and accessing facilities in the home. One person was seen reading a newspaper and two people watching television. Another person had a family member visiting them. Staff were seen communicating with people using their preferred method of communication such as writing board.

People were supported in meeting their cultural and religious and spiritual needs. For example, one person liked listening to culturally specific music and during inspection we saw them listening to their preferred cultural music. We saw the person's choice of cultural music was mentioned in their care plan. One person who practiced Christianity but was unable to go to a church, the service had arranged for a priest to visit every week for Holy Communion. Another person who was Buddhist was supported by practicing their religion by accessing their religious artefacts to perform their prayers. We looked at these two people's care plans and instructions were included for staff on how to support them to meet their religious and spiritual needs.

Staff encouraged people to remain as independent as they were able to be. For example, one person who needed some assistance at meal times was seen being encouraged by a staff member to eat by themselves and where support was required the staff member provided this. A staff member told us, "I encourage people to do what they can and if they cannot, I would help them. For example, [Name of the person] can put his clothes on and brush his teeth by himself and I supervise him."

We saw people's personal and sensitive information was stored safely in lockable drawers which meant that their information was kept confidentially. Staff received training in Equality and Diversity and training records seen confirmed this.

People's care plans included discussions about their preferred care choices around end of life care. For example, one person's advance care planning discussion recorded their wish of "I would like to be cared for at the The Fer View if my health deteriorates." Some also included their funeral plan arrangements.

Good

Is the service responsive?

Our findings

People told us staff supported their individualised needs and were responsive to their needs. One person said staff were quick to respond, "…I can ring my bell if I need help with the loo." One relative told us they liked how the registered provider promptly registered their family member to the local GP surgery and local pharmacist, which meant their family member, received quicker access to the health services.

We found the registered provider was prompt in responding people's needs when they changed and included people, and family where required in care planning. For example, one person who since moving to the home, their personal care needs had increased and had to rely on incontinent pads. We saw the registered provider had assessed their needs and made an urgent referral to bladder and bowel department to ensure the person was receiving appropriate care and support.

The registered provider was in the process of updating people's care plans and only one person's care plan was remaining to be updated. People's care plans were reviewed monthly and as when their needs changed and care plans seen confirmed this. On receiving a referral, the registered provider carried out a pre-admission needs assessment where they engaged with the person, their family and professionals involved in the person's care to identify and understand their needs, abilities, wishes, likes and dislikes. The information was then used to create care plans.

People's care plans were detailed and individualised, provided instructions to staff on how to support people to provide person-centred care. They included information on people's life and medical history, mobility, nutrition and hydration, interests, cultural and spiritual needs. For example, one person's care plan stated "[name of the person] needs the assistance of one carer with almost all aspects of daily personal care needs due to his poor dexterity. He is able to wash his hands and face once everything is ready for him. Care staff to prompt to do as much as possible by himself to promote his independence." Another person's care plan mentioned "[name of the person] goes to bed around 9pm after a cup of tea and biscuits and wakes up around 6.30am…prefers his room door closed and table lamp on." Staff member we spoke with was able to describe people's individual likes, dislikes, wishes and aspirations and how they supported them.

People were supported to carry out activities of their interests. For example, one person told us they liked spending time in their bedroom watching television and reading books and newspapers. Another person commented, "I like to be in my room watching telly sports in particular and I go downstairs to eat and watch the big TV down there." Another person said, "[Name of the staff member] takes me out shopping so I can get things I want for myself."

However, most people did not have any family or friends that visited them. We spoke to the registered provider about lack of visitors and how they could increase visitors' numbers so as to have a community atmosphere in the home. They told us they were considering recruiting volunteers to visit people and students to carry out work experience thereby inviting community in the home.

We saw people's bedrooms were personalised with their belongings. Some people's bedrooms had pictures,

family and friends photos, religious figures and artefacts.

People were encouraged to raise concerns and complaints and records of bi monthly residents' meeting confirmed this. One relative told us they were kept informed on their family member's health and care needs, progress and concerns, and participated in care planning. People told us their concerns were listened to and were comfortable in raising them to the registered provider. There had been no complaints since the last inspection.

Good

Is the service well-led?

Our findings

People told us they were happy living at the service and found the service was well managed. One person said, "Yes, I do. The manager is great. I call him [nick name for the registered provider]. I would be lost if I was not here." People, relatives and staff told us the registered provider was approachable and had time to listen to their requests. One relative told us things were managed well at the service and they found the registered provider easy to talk to and always responded to their requests and calls.

The same staff team had been working at the service since the registered provider took over. One staff member said, "All staff are very caring here and the manager is very supportive, any problems we have he would listen to us and help us. Having worked in a big setting I find this service personable and homely." The registered provider told us they were happy with the staff team and that all staff were committed. They worked closely with staff on a daily basis which meant staff were able to get quick access to support or help required. Various aspects of care delivery were discussed in monthly staff meetings, we looked at the last few months of staff meeting minutes and there were discussions around person-centred care, encouraging people to remain independent and giving people choices and fire safety requirements and expectations.

The registered provider had established systems and processes that enabled them to have a good oversight of the care delivery thereby ensuring safe care and quality services were delivered. There were records of regular monitoring audits and checks and we found the registered provider identified gaps and followed them up. There were records that confirmed regular care plans, risk assessments and medicines audits were conducted, no gaps were found. We saw regular health and safety, cleaning and fire safety monitoring checks. People were asked to give formal feedback on the quality of the service on an annual basis and we saw completed questionnaires. These were all positive. Staff were asked for their feedback during staff meetings and supervision and appraisal sessions.

The registered provider continued to work in partnership with health and social care professionals including social workers, consultants, community health professionals, and Clinical Commissioning Groups and procurement teams to deliver effective care to people that promoted their physical and emotional well-being. We looked at the most recent monitoring visit report from the local CCG that demonstrated that the service was providing safe care that met people's individual needs.