

Olea Care Ltd

Fernlea

Inspection report

20 Torkington Road
Hazel Grove
Stockport
Cheshire
SK7 4RQ

Tel: 01619470874
Website: www.oleacare.co.uk

Date of inspection visit:
13 May 2019

Date of publication:
05 June 2019

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

About the service:

Fernlea is a care home that was providing personal care and accommodation to 45 adults. The service can support up to 52 people, some who may require nursing care and/or living with dementia, physical or mental health needs.

People's experience of using this service:

People and their relatives told us they received safe care and treatment. They spoke positively about the care and support provided. People were safeguarded from abuse and avoidable harm by well trained staff who cared about people's wellbeing. The registered manager had robust safeguarding reporting procedures and staff had appropriately reported concerns to the local authority.

People's care needs were assessed and planned for and there were enough staff to meet people's needs and give people the time and reassurances they needed. We asked the registered manager to review care records for respite care as they were brief.

People received their medicines safely. Medicines administration and storage practices were robust and regular internal and external medicines audits had been carried out to monitor the practices in the home.

Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Individual risks to people and environmental risks had been assessed and monitored. However, the registered manager needed to have oversight on records of accidents and incidents to assure themselves that staff had taken the correct action to support people after an incident. People were not adequately observed for injuries that may appear after a fall and the provider did not show how they had learned from incidents, events or near misses in the home.

We made a recommendation about the management of accident and incidents and reporting procedures.

The registered manager and the provider had maintained the premises to a high standard and any faults were timely rectified. The home was clean and hygienic and regular infection control audits had been carried out.

Staff supported people to have maximum choice and control of their lives and supported people in the least restrictive way possible; the policies and systems in the service supported this. We observed the seeking of consent from people before moving them or providing them with support. Consent records had been kept and people's mental capacity assessed. Some authorisations for restrictions on people's liberties had been considered or applied for where required. However, we asked the registered manager to review and consider whether other people in the home required applications for authorisation, due to their vulnerability and some restrictions in place for their safety. The registered manager took action after our inspection.

Staff had received a range of training and support to enable them to carry out their roles safely. We

discussed the need to ensure that all staff including bank staff renewed their training when it was due.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met. Staff offered people a pleasant dining experience with adequate choice and alternatives for those requiring special or modified diets. People's views about meals were mixed. However, we saw the registered manager took these views into consideration and made necessary changes for each individual wherever possible.

There was a strong emphasis on supporting people with their end of life preferences. There was a dedicated staff team to support people in this area and all other staff were provided with training in end of life care.

People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly. Previous complaints had been dealt with appropriately.

The provider continued to review the governance systems that we found at the last inspection to monitor and improve the care delivered. This resulted in people receiving effective support from a service which was well-led. The registered provider showed a desire to modernise the way care was delivered by introducing technology and working closely with specialist professionals. The service continued to have good oversight of relevant procedures through monitoring and auditing.

The leadership of the service promoted a positive culture within the staff team. The registered manager showed they were committed to improving the service and displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals to gain updates on legislation, best practice and learn from other providers' experiences.

Rating at last inspection:

At the last inspection the service was rated good (published 14 November 2016). The service remains rated good.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Fernlea

Detailed findings

Background to this inspection

The inspection

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

Inspection team:

This inspection was conducted by one inspector and an expert by experience.

Service and service type:

Fernlea is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our planning took into account information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them.

Before the inspection we had received concerns regarding staffing levels in the home. We explored staffing arrangements in the home and found no ongoing concerns.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We requested information from the local authority commissioners and safeguarding team. We used all this information to plan our inspection.

During the inspection, we spoke with seven people who lived at the home and four family members to ask about their experience of care. We spoke with the registered manager, the maintenance person, housekeeping staff, and seven members of staff. We looked at four people's care records and a selection of other records including quality monitoring records, recruitment records for two staff and records of checks carried out on the premises and equipment.

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.

After the inspection we continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We contacted professionals at the local authority and spoke with one professional who was visiting the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. There were up to date protocols for reporting abuse and all staff we spoke with had received training in relation to safeguarding adults. They knew what to do if they were concerned about the well-being of people who lived at the home.
- People's individual safety and well-being were assessed and managed to protect them from known risks. The registered manager had continued to carry out risk assessments to identify and monitor risks to people. Staff had been provided with guidance from specialist professionals on minimising risks such as choking, falls and unintentional weight loss. The registered manager reviewed risk management plans on a monthly basis. We discussed with the registered manager the need to ensure risk assessments were reviewed immediately after an incident or near miss to ensure the risk assessments accurately reflected people's needs.
- Staff had documented accidents and incidents and, where required, they had taken action to support people to access medical care without delay. However, we found incident records had not been adequately overseen by management. The procedure for monitoring people for injuries after witnessed or unwitnessed falls were not consistently implemented to show how staff had monitored people for injuries that occur following a fall. We asked the registered manager to review this and they did so immediately.
- The provider had protocols for reporting incidents to the local safeguarding authority and to the Care Quality Commission. They had followed the guidance for reporting to the local authority and in some cases to the Care Quality Commission. However, we noted three incidents that had not been reported to the Care Quality Commission. We spoke to the registered manager who was aware of the guidance and they informed us it was an oversight, as they thought reporting to the local authority was sufficient for those incidents. We were assured they would report incidents going forward.

We recommend that the provider seeks guidance from a reputable source on the management and monitoring of accident and incidents in the home.

- There were emergency procedures for keeping people and staff safe. These included personal emergency evacuation plans and panic pendants for each person to summon help in the event of an incident. In addition, staff had access to telemedicine facilities to seek medical advice in the event of an emergency in the home. Telemedicine is the use of telecommunication and information technology such as a laptop computer or tablet computer to provide clinical health care from a distance.
- The provider continued to maintain the home's infrastructure, grounds and equipment to a high standard. Firefighting equipment had been serviced and tested in line with manufacturer's recommendations.

Staffing and recruitment

- Before our inspection we had received concerns regarding staffing levels in the home. During the inspection there were adequate numbers of care staff to meet the needs of people living at the home. The registered provider had introduced a staff deployment tool to determine the number of staff required to safely meet people's needs and this was reviewed regularly.
- The majority of people and their relatives confirmed their needs were met in a timely manner and we observed people being supported without delay. However, one person told us they had experienced delays when they summoned help. The registered manager informed us they would look into this and that they had arrangements for increasing staffing levels should the number of people in the home or their needs increase.
- The provider had continued to follow safe recruitment practices to ensure staff were safe to work with people who use care services.

Using medicines safely

- People's medicines were managed safely. Medicines administration records were complete, and staff had signed to show when medicines had been given.
- Staff were trained and had been provided with guidance on how to manage medicines that were prescribed 'when required'. They also had access to national guidance on medicines management. We discussed with the registered manager the need to review the records for thickening powders. This was because we found some records did not indicate whether people's drinks had been thickened before they were given.
- The stock balances we checked were correct, suggesting people received their medicines as prescribed. Staff qualified to handle medicines completed frequent audits to make sure procedures were followed, this was supported by an external audit from the local clinical commissioning group.

Learning lessons when things go wrong

- Protocols and records to facilitate lessons learnt were in place and one review had been undertaken to reflect on practices in the home. However, we noted lessons learnt from incidents had not been formally recorded to show how staff learnt from incidents and consideration had not been given on how to reduce re-occurrences. The registered manager assured us that this would be implemented. This would allow staff to learn from events and reduce the risk of incidents re-occurring.

Preventing and controlling infection

- People were protected from the risk of infection. We observed the home had high standards of cleanliness in all areas we checked.
- Staff were knowledgeable about how to reduce the risk of infection. Staff had updated their training in preventing and controlling the spread of infection. They had access to disposable protective aprons and gloves to help reduce the risk of infection.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was working within the principles of the MCA. They had sought authorisations to deprive people of their liberty for their own safety and conditions set for the restrictions were being met. We discussed the need to seek updates from the local authority regarding application that had been submitted. We asked the registered manager to take immediate action.
- The provider had procedures to seek people's consent in various areas of their care. Staff had assessed people's ability to make decisions regarding their care and treatment. They had received training in the MCA and showed a good understanding of the of the MCA principles.

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

- People's needs, and choices were assessed to assist in the completion of robust care plans. Staff considered people's needs and choices before they started living at the home. Records of care clearly identified people's preferences. Staff told us, "I will always ask people what they like on a daily basis as they can change their mind." Similarly, people told us; "I'm involved in the care I receive; I'm given choices; I'm not told what to do."
- The registered manager and staff had access to best practice and nationally recognised guidance in various areas. They worked together with local clinical commissioning groups, the local authority and local ambulance services to keep up with developments and changes in the care sector and share best practice.

Staff support: induction, training, skills and experience

- In the majority of cases staff had received training and supervision and were up to date in all areas that the provider had deemed mandatory. Staff had received induction at the start of their employment to prepare

them for their role. All staff we spoke with told us they found this useful and this gave them confidence to support people. We noted that bank staff had not always updated their training in a timely manner. We spoke to the registered manager. Following the inspection, they confirmed training had been arranged for the staff concerned.

- People and their relatives told us they were confident with staff's knowledge and skills. Comments included; "The staff are aware of my relative's needs, they do their best. Sometimes I have to remind them by leaving notes or I will speak to the manager to ensure it is incorporated into the care plan." And, "The staff know what they are doing and work well together."

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

- People were adequately supported with their eating and drinking. Records showed each person's dietary needs had been considered. In addition, each person had a nutritional risk assessment which identified the level of support they required. Staff had identified people who required assistance including where people's food needed to be modified to reduce the risks of choking.

- People were provided with dining facilities of high standard which enhanced their dining experience. The registered manager informed us they had consulted a local hotel to research on how they could best present some of their meals to ensure they were appetising and appealing to people.

- People and family members told us staff supported them to eat and drink. We saw people were supported to have a pleasant dining experience and alternative meals were offered to people. Comments from people included, "The food is good we are given a choice" and, "If you don't fancy what you have ordered they will make you something else if they have it."

Supporting people to live healthier lives, access healthcare services and support;

- Staff supported people to access health care professionals such as district nurses and their GPs. There were regular visits by a nurse from the local GP practices to support people and prevent unnecessary hospital admissions. The registered manager had made an arrangement with a physiotherapist who regularly visited to support people with their rehabilitation. In addition, they had arrangements with a specialist consultant who supported the home with training and advice on supporting people who had suffered a stroke.

- Staff recorded assessments or additional support from external professionals within people's care records. The registered manager and staff were aware of the processes they should follow if a person required support from any professional. The registered manager worked with the local ambulance service to evaluate the appropriateness of 999 requests made by staff and to identify areas of improvements.

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

- People's individual needs were met by the adaptation, design and decoration of premises. The home was designed and decorated to a high standard, both internally and externally. There were adequate spaces for people to spend their time on their own or to share with others. People were provided with additional facilities, such as small kitchenettes in some of the bedrooms to enhance their independence.

- People living at the home had access to a private garden which had disabled access. Plans were in place to develop a sensory garden. In addition, staff assisted people to access a nearby public park.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were caring and treated them with dignity and respect. The feedback from visiting relatives was overwhelmingly positive. We observed people being treated with kindness and respect. They were referred to by their preferred names and everyone looked smart and well kept. We saw people being spoken with at their level and in a calm and re-assuring manner. Comments from people and their relatives included, "The staff call me by my first name. They are all friendly. I can ask any of them to help me and they do help"; "Staff are lovely and good and really care about everyone" And, "The staff here are my family."
- Staff knew people well and had formed familiar relationships with people they interacted with. They understood, and supported people's communication needs and choices. One person said, "All the staff are good. They know me and are very good. They look after me well and I can talk to them all."
- There was a strong emphasis on promoting people's independence. We observed people eating independently and undertaking some of their personal care needs on their own. In addition, there was separate accommodation within the home for people who were able to manage with minimal support and wanted some rehabilitation to return to their own homes.
- Staff and a visiting physiotherapist worked with people to help them regain some of their independent skills especially following hospital discharge or physical conditions such as strokes.
- Staff had received training on the importance of treating people with dignity and respect and there was a policy which supported this practice. Two staff members had been nominated as dignity champions to promote awareness amongst other staff and the home had been nominated for a dignity awareness award at the local authority. This meant staff valued people's human rights and observed them.
- Staff knocked on doors and waited for a response before entering people's bedrooms and bathrooms. Some people also preferred to stay in their own bedroom and staff respected this.
- People's records were kept securely to maintain privacy and confidentiality.

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

- The registered manager encouraged people and their family members to share their views about the care they received. In addition to regular residents' meetings the provider had developed a residents committee, which held separate meetings to help develop ideas on how to improve people's experiences.
- People were confident in expressing their views about the care and support provided by staff. Relatives had been invited to take part in the review of their relatives' care. A relative told us, "I still feel involved in my relatives care and I am kept well informed, which I appreciate."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records were written and designed in a person-centred manner. They reflected a person-centred approach. Care records had been reviewed and accurately reflected people's needs. We discussed with the registered manager the need to ensure care records were reviewed immediately after incidents or significant events to accurately reflect people's needs. This was because staff had waited to review people's records at the end of the month, which led to some changes not being reflected in care records. The registered manager took immediate action to address this.
- All records we reviewed took account of people's likes, dislikes, wishes and preferences in relation to treatment. However, we discussed the need to ensure that care records for people admitted in the home for short periods known as respite are robust and comprehensive enough to provide guidance on people's risks and needs and how these were to be met. The respite care records were brief. We spoke to the registered manager who informed us they will review the way respite care records were written. This would ensure staff are provided with adequate guidance to meet people's needs.
- The provider was very responsive to people's needs and had made referrals to specialist professionals in a timely manner. They continued to be proactive in anticipating people's needs and taking action to improve their well-being and to introduce preventative measures.
- People told us they received care and support from regular staff who knew their routines well.

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

- The registered manager continued to put a strong emphasis on supporting people with meaningful day time activities of their choice. There was a significant range of choice of activities including day trips across the North West, shopping trips and visits to local pubs. The staff also arranged local themed events in the home. We however, received mixed feedback from people regarding the quality of some of the activities.
- While some people told us they thoroughly enjoyed the activities and looked forward to them, three people told us they did not feel the activities were suited to all age groups and that they found some of the trips uncomfortable and costly to them. In addition, a visiting professional commented that while there is a significant variety of activities in the home, improvements would be required to increase outdoor activities for people to improve their mental well-being. We shared these views with the registered manager who informed us that they had recruited additional activities coordinators and they would review this and that they will consult with a range of specialist professionals on how they can best do this. An improvement in this area would increase the impact of the activities provided and enhance people's well-being.
- Family and friends were able to visit as they wish, they told us they always received a warm welcome when they visited.
- The registered manager had assessed people's communication needs as required by the accessible information standard. There was adequate signage and posters in the home to orientate people within their

environment.

Improving care quality in response to complaints or concerns

- People and family members were able to raise concerns about the care they received. Information about how to make a complaint was readily available. People told us they were confident any complaints they made would be listened to and acted upon in an open and transparent way. The registered manager told us they had an open-door policy.
- People told us they would be comfortable talking to the registered manager if they had any concerns.
- Four complaints had been received since the last inspection and these had been dealt with in line with regulations and measures had been put in place to address the complaints satisfactorily. The registered manager told us they had analysed the themes of the complaints and it was around the menus. A meeting was held with the kitchen staff and the issue was satisfactorily resolved.

End of life care and support

- The registered manager continued to work hard to maintain the home's high standards on end of life care practices. People were supported to discuss their preferred end of life care choices. In addition, staff were provided with end of life care training and two of the staff were champions in this area. They supported other staff with best practice guidance and attended external workshops to enhance their knowledge.
- We saw a good example of reflective learning carried out by the registered manager following a death in the home. They had made significant changes to support people as a result of a case where a person had declined to share their end of life preferences.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager had sustained a robust governance system which effectively monitored the quality of the care delivered at the home and ensure compliance with regulations. They understood the regulatory requirements placed upon them.
- The registered manager had a clear vision in how the home could continue to improve. This included a business plan and a contingency plan.
- In most of the cases notifications had been submitted to the Care Quality Commission (CQC) where required. We identified three incidents that had not been notified. The registered manager informed us that this was due to an oversight and that they would review all incidents to ensure notifications are submitted. Notifications contain information about incidents the Care Quality Commission (CQC) are required to be informed of by law.
- The last inspection rating was clearly being displayed at the service and on the providers website.
- The registered manager had continued to carry out audits in a number of areas such as infection control audits, accident and incident, care records and medicines audits. Any shortfalls had been timely addressed.
- People and staff were complimentary of the registered manager and felt they were listening and acted to address their concerns. There was a questioning culture with staff being expected to be accountable to their areas of work.

Continuous learning and improving care

- The registered manager had continued to promote a culture of continuous learning and reflection to improve the care provided. They had sought further training in leadership and the systems at the home had successfully enabled them to maintain standards and to identify any shortfalls in the quality of care provided.
- The provider sought best practice guidance and ways to meet people's needs in a better way through investment in technology and linking with specialist professionals. They sought feedback from local health service on the quality of referral they made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and staff had regular meetings to discuss their care experiences. Family members told us they were kept informed of their relatives' welfare and felt listened to by the registered manager. A residents

committee was in place and people share their views directly to the registered manager.

- People who were not able to share their views due to their communication needs were assisted through their relatives or advocates.
- Staff told us they were fully supported and could share their views about the care provided. They informed us Fernlea was a good place to work. Since our last inspection the provider had achieved a gold standard accreditation with the Investors in People (IIP). IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility; Working in partnership with others

- The registered manager and staff were open and transparent during the inspection process and with people and their relatives when things went wrong. Safety concerns were reported to the local authority to allow independent investigations to be carried out.
- Staff were involved in local best practice forums with the local authority and local clinical commissioning group. They continued to attend information sharing forums, such as infection control champions and safeguarding workshops. We saw significant evidence of partnership working with local GP practices, hospitals, and other health professionals. This helped to promote a person-centred approach and to maintain good quality of care and support at the home.