

HC-One Limited

Ferndale Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 17 November 2015 and was unannounced.

Ferndale Court is a purpose built building and supports up to 57 people needing accommodation and nursing care. Ferndale Court is run by HC-One. The service is provided within three separate units, Bluebell, Primrose and Sunflower. Each unit has its own communal space

including lounges, dining rooms and utility kitchens. All bedrooms are single with en-suite toilet facilities. There is an accessible car park provided for visitors. On the day of our visit 48 people lived in the home.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Relatives and people living at the home were happy with the behaviours and standards of care provided by staff. We observed how staff spoke and interacted with people and found that they were supported with dignity and respect.

We found that all staff had an understanding of supporting people when they lacked capacity, with making choices with everyday living. Care staff took appropriate actions to fully support people who lacked capacity to make their own decisions with regard to activities, dressing and choosing food.

We found that most staff had received or had been identified to receive training by the end of January 2016 in relation to Mental Capacity. Senior staff had received training including the requirements of the Deprivation of Liberty Safeguards and appropriate referrals had been made to the relevant regulator in respect of depriving people of their liberty.

Staff told us that they received regular training. However some training necessary to fulfil their role had lapsed and staff needed to ensure their training was current so that they work in line with current guidance and best practice.

Care plans contained guidance to help staff to know and understand how to support each person. We found care

files difficult to follow and disorganised. Work was underway to develop each person's care file and to provide staff with better structured records and information in respect of the people living in the home.

We noted the service had a complaints procedure. Relatives and people living at the home were confident that they could raise their opinions and discuss any issues with staff. We saw that a touch screen tablet was also available in reception and people could access this to comment on standards within the home.

The service operated safe staff recruitment so that staff employed were suitable to work with vulnerable people. Appropriate pre-employment checks were being carried out and application forms were robust to enable the management of the home to have adequate information before employing staff.

We saw that staff received regular formalised supervision to help support them in their caring role and with their personal development.

Various audits at Ferndale Court were carried out on a monthly basis by the registered manager and subsequently reviewed by the area manager. These were in place so that appropriate standards were in place. We found audits had been ineffective at addressing shortfalls in the service in a timely fashion but improvements had been made in the two months prior to our inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risks assessments associated with daily living were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards.

There were effective systems in place to make sure people were protected from abuse. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to ensure staff employed at the home were suitable to work with vulnerable people.

Medicines were managed safely.

Good



Is the service effective?

The service was not consistently effective.

Some training to enable staff fulfil their role effectively had lapse and refresher training was required to ensure the staff work in line with best practice.

Arrangements were in place to request health, social and medical support to help keep people well. People were provided with a choice of refreshments and were given support to eat and drink where this was needed.

Concerns about a person's nutrition were not always managed consistently and records did not always reflect the current situation.

The registered manager had reintroduced a formal structure to supervise staff, although in the early stages staff were positive regarding this.

Requires improvement



Is the service caring?

The service was caring.

People were provided with care that was with kind and compassionate.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Relatives were positive regarding the care received by their loved ones, comments as follows were common, "Mum deserved the best and you certainly gave that to her".

Good



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

People and their representatives were consulted about the care and support provided. Information was recorded but records were untidy and contained unnecessary and out of date information.

Records did not demonstrate that people supported in their rooms were routinely involved with activities to avoid social isolation.

Is the service well-led?

The service was not consistently well led.

The home had a registered manager who had been in post for only a short time. Staff and relatives reported improvements during this time.

The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm.

Quality audits were in place but had been found ineffective in the past.

Requires improvement



Ferndale Court Nursing 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 the 17 November 2015 and was unannounced. Three adult social care inspectors undertook the inspection.

Before the inspection visit we reviewed the information we held about the service. We also reviewed information we had received since the last inspection including notifications from the provider regarding incidents at the home. We spoke with the contract monitoring team from the Local Authority.

We looked at records relating to people's care and support, including care plans for six people living in the home. We looked at staff records for five staff on duty, and various monitoring records relating to health and safety.

We used the Short Observational Framework for Inspection (SOFI) at the visit. SOFI is a specific way of us observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with the staff on duty, which included the administrator, care staff, the activities coordinator, the chef and kitchen assistant, people working in laundry and housekeeping and four members of the senior team. We also spoke to a G.P. visiting from a local group practice.

We introduced ourselves to everyone living in the home and had lengthier conversations with six people living there and observed how support was given throughout the day. We also had the opportunity to speak with six friends and or relatives.

Is the service safe?

Our findings

A relative we spoke with told us in relation to their relative's safety, "Yes, definitely, she is safe; she would not be here otherwise". Another told us that she felt her mum was well looked after and safe in the home and that she felt confident that "mum" got support as she needed it.

Although our observations during the inspection indicated that there were sufficient staff on duty some staff members told us that they thought there should be more staff. Comments from staff included, "Some days it's okay and other days it's harder [to cope]. If we speak to the manager, they will bring someone across from another part of the building", "We have the same number of staff regardless of dependency. Everyone needs two members of staff and people have to wait to be assisted". We spoke with the management team who confirmed that staffing will increase when people's needs change or when people are admitted to the home.

The registered manager told us that staff rotas were planned in advance according to people's support needs. We looked at the staff rotas and saw that, in the day of our visit nine care staff were on duty and two nurses. The registered manager and another nurse were also on duty in relation to the management of the home. Seven ancillary staff provided support with cooking, cleaning and laundry. We observed how people were being looked after and saw staff were unhurried and call bells were answered promptly.

We looked at care records for six people living at Ferndale Court. Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. Relevant risk assessments, regarding for example, falls, medicines and nutrition were kept within the care folder and had been reviewed.

Equipment was checked and serviced at the required intervals and we noted that thermostatic mixer valves were fitted to baths and showers. The registered provider routinely checked hot water temperatures to ensure they stayed within the required limits. We found that the hot water was not controlled in the washroom use by visitors and we asked that a "caution hot water", sign be displayed.

Emergency procedures and contact numbers were available in a file near to the exit of the home. The fire

alarm, emergency lighting and extinguishers were tested and serviced regularly. The home had a fire risk assessment in place. Staff received fire instruction on their induction and had annual fire safety training a number of staff had been identified as needing refresher training and this was in hand. There were personal evacuation plans in the event of an emergency for any of the people who used the service.

Policies and procedures were in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities of caring for vulnerable adults. One person said, "I would tell the person to stop that behaviour and then alert the manager". All the staff we spoke to knew of the need to inform the manager of any concerns. Another member of staff told us there was a dedicated member of staff employed by the provider who came to the home to consult regarding safeguarding. We checked records held at the Care Quality Commission (CQC) which showed us that the provider had notified us in accordance with their responsibility of incidents relating to safeguarding. We saw that these had been managed appropriately and with the involvement of the Local authority safeguarding team.

Staff members were also familiar with the term 'whistleblowing' and each said that they would report any concerns regarding poor practice that they had to the registered manager. One member of staff told us that they had a whistleblowing number that they could contact if they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We looked at the files for five members of staff, including one of the most recently appointed staff member to check that effective recruitment processes were in place. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and

Is the service safe?

Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The provider had a system in place if the DBS check raised any concerns whereby they would conduct their own risk assessment to ensure that no staff member was employed that posed any risks to vulnerable groups. Each file held a photograph of the employee as well as suitable proof of identity. We saw in the files that new staff members completed an application form and references had been requested and these were also contained within the files. There was also confirmation within the recruitment files we looked at that the most recent employees had completed a suitable induction programme when they had started work at the home.

Before the inspection we were told there were concerns regarding the management of medicines in the home. We found people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. During our inspection we observed some people receiving their medicines. This was done safely. Records showed that all staff who administered medication had been trained to do so.

We looked at the medication records and these indicated people received their medication as prescribed. Systems were in place to audit and monitor medicines received into the home. We saw that guidance was not available to staff regarding one person having medication as required. This was discussed with the nurse who described the process and the circumstances when this medicine would be given. Before we left the home we saw that clear written guidance had been completed and was in place.

Concerns had been raised with CQC regarding hygiene in the home. Our observations during the inspection were generally of a clean, fresh smelling environment which was safe without restricting people's ability to move freely about the home. However we noted in the dining room on Bluebell that the vinyl covering on the kitchen doors was compromised and porous, therefore this could give rise to hygiene and infection issues. We also noted missing light bulbs and a large number of flies in the lampshades.

We also discussed with the staff and the registered manager that one person's bedroom was particularly odorous and this needed a more effective approach to maintaining a safe hygienic environment.

Environmental Health officers had awarded the home a five star rating at their last inspection in September 2015.

Is the service effective?

Our findings

We spoke with six relatives and three people living at Ferndale Court and people told us they were satisfied with the care they received at the home and the visitors we spoke with were also positive about the care provided. One person said “They [staff] look after me well, and so does my son”.

Before the inspection we were told that there were concerns regarding staff training and supervision, we found that the provider had their own induction programme designed so that any new members of staff had the skills they needed to do their job effectively and competently. We looked at the induction record for the most recently appointed member of staff and could see that it covered; safeguarding adults, health and safety and care plans amongst other areas to assist staff to do their job. Following this initial induction and when the person actually started work, they would ‘shadow’ existing members of staff and would not be allowed to work unsupervised for a period. Shadowing is where a new member of staff works alongside either a senior or experienced member of staff until they are confident to work on their own. Comments from staff members included, “I worked supernumerary for a few shifts as well as doing study days”, “I shadowed until I was ready to start work”.

The provider used computer e-learning for some of the training and staff were expected to undertake this when required. Staff advised that sometimes this was difficult to complete when they were on duty, but they were offered the chance to do this in their own time and be paid in order to complete this. We asked staff members about training and they all confirmed that they received regular training throughout the year. They agreed that their training had been a little out of date, but this had improved since the current registered manager had been in place. We spoke with the management team who provided us with an analysis of the training. We saw that staff had not received training as it had become due. Subsequently the provider had identified areas where training still needed to be delivered and assigned a timeframe for staff to complete the relevant courses to ensure staff had training necessary to fulfil their role. This work was not due to be completed until January 2016.

The staff members told us that they received on-going support and supervision about every three months. One staff member told us, “I find it [supervision] very useful”. All staff commented that they felt with the new management team in place they were supported and that their supervision was now taking place regularly. We found records of these meeting on staff personnel records.

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 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 found that there were three applications for people living at Ferndale Court who was subject to Deprivation of Liberty Safeguards. Staff we spoke with during our visit were aware of DoLS and there was information available for them on when they may apply and what they had to do to request authorisation.

During our visit we saw that staff always obtained people’s consent before providing them with support and staff knocked on doors before entering to protect individual’s privacy and dignity.

We looked at six people’s care files. These gave information about people’s personal care needs. We saw that staff provided people with appropriate support that took account of the information in their plans of care. There were ‘handovers’ between each shift and the provider had recently implemented a head of department meeting each morning so that the management team was aware if any issues, incidents or concerns had arisen in the home.

We observed that people were supported to have sufficient amounts to eat and drink. Tables were attractively set, staff helped people to eat and we observed staff taking time to talk with people and join in with conversations at the meal tables. Staff we spoke with had a good understanding of each person’s dietary needs and their preferences. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. People were offered two choices, however

Is the service effective?

it was clearly stated on the menu that people could request alternatives. The chef told us that they could also cook additional choices such as an omelette if requested. The chef spoke knowledgeably about the different food preferences of people living in the home and spoke of ordering a certain brand of food for a resident who preferred this.

Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs, specifically when at risk of malnutrition. One person had not been referred to appropriate dietetic services when

gaining weight, and we found one care plan contained conflicting information regarding a person's recommended requirements for their hydration and this was discussed with the nurse in charge.

Records showed that people received support with their health care. People had access to GPs, district nurses, dentists, opticians and chiropodists. Referrals were also made to other health care professionals as required. We spoke with a visiting GP on the day of our visit who reported that he had seen an improvement in the running of the home of late. He reported that staff at the home were following instruction regarding treatment plans more effectively and he was satisfied people living in the home were getting the support they needed.

Is the service caring?

Our findings

One person we spoke with told us that staff were “Great”, and another said they were, “Very kind”.

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. Throughout the inspection we also spent time in the communal areas of the home observing how staff engaged with people and how they supported them. We saw that the relationships between the people living in the home and the staff supporting them were warm, respectful, dignified and with plenty of smiles. People living at Ferndale Court looked well- groomed with the ladies having their hair done and the gents shaved and fresh and clean. This demonstrated to us that people were valued and respected.

Relatives told us, “They [staff] always are helpful”, and “The staff are great”. “The staff are very caring, ‘If my [relative] was not happy here, she wouldn’t be here, I wouldn’t leave my mother here if I didn’t feel confident in the home”. “The girls [staff] are great to my mother”.

The staff members we spoke with showed that they had a good understanding of people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Ferndale Court and had very positive relationships with the people living there. They told us, “This is one of the best homes I’ve ever worked in”, “This is a lovely home, the carers are really caring and some of the staff will come in on their day off if someone is ill or has passed away and they want to see the relatives”, “They are really nice staff and go beyond what is expected”.

Letters from relatives were positive regarding the care received by their loved ones, “Mum deserved the best and

you certainly gave that to her”. “The care and love you gave to my mum was absolutely first class”, and “He was treated with compassion and we were impressed by the professional and caring nature of all the staff”.

During lunch we observed one person crying, two members of the staff team quickly noticed this and rushed to the person who was upset. The care staff both showed compassion and kindness in understanding the person’s needs.

People were encouraged to be independent by staff and when people did need help from staff for example with their meals; this was provided in a dignified way.

We found that people living in the home looked comfortable and relaxed with the staff and vice versa. During the inspection we saw there was good communication and understanding between members of staff and the people who were receiving care and support from them. We saw that staff were interacting well with people in order to ensure that they received the care and support they needed.

We found that appropriate ‘Do Not Attempt Cardio Pulmonary Resuscitation’ (DNACPR) records were in place. We saw that either, the person, their relative or health professional had been involved in the decision making. We found that the records were dated and had been reviewed and were signed by a General Practitioner.

A ‘Do Not Attempt Cardio Pulmonary Resuscitation’ form (DNACPR) is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner.

Is the service responsive?

Our findings

We looked at six people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. There was information about the person's past life, interests and preferences. One person's record detailed their morning routine. 'I like care staff to ask me what time I wish to wake up in the morning, the day before'. Reading this person's records it was clear that this request was carried out daily.

We found the home had carried out a comprehensive range of risk assessments for the people they cared for, and these were reviewed monthly. The risk assessments in place detailed information relevant to those being assessed such as falls, choking, continence, pressure relief, and nutrition using a recognised screening tool (MUST). This tool can be used to identify adults, who may be malnourished, at risk of malnutrition or at risk from obesity. It also includes management guidelines which can be used to develop a care plan. We found conflicting information regarding a person's hydration and records which did not reflect the current fluid intake. Discussion with staff demonstrated to us that they were aware of the person's needs and further examination of the care records demonstrated there had been significant improvements in the person's well-being.

Care records and risk assessments had not been updated following a person's stay in hospital, which may mean that staff were not aware of any changes or the outcome any proposed treatment following their discharge. Staff on duty following the person's discharge told us they had been informed of the hospital admission in the verbal morning handover and that investigations were ongoing. However this information would not be available to staff members on subsequent shifts.

We found care files were disorganised and due to the volume of information they were difficult to follow. Information was not easily accessible or ordered as the files contained information no longer relevant. This may lead to

new staff not familiar with those they support not following the most recent guidance or the most recent agreed plan. We saw that improvements were being made to the care records but this was in the early stages and continued work was necessary.

The provider was also developing an information sheet in respect of each person living in the home containing personal information, relevant contacts and contact details of people important to them, their likes, dislikes and preferences. It contained information concerning how and in what areas people needed support and was intended to be used by new or agency staff to familiarise them with the needs of people they supported. Information would also be shared easily between the home and other services, for example when people needed to go to hospital or on their discharge from hospital. This was also in the early stages of development.

People were encouraged to maintain relationships with their family members who told us they could visit the home at any time. The provider employed an activities co-ordinator and we saw a schedule of activities displayed in the home. The planned organised activity for the afternoon of our visit was not able to go ahead due to the weather conditions. We observed that alternative activities had been planned and took place in one of the dining rooms. We found many of the people living at Ferndale Court were unwell and supported in bed, we spoke with the activities coordinator about planned activities to match their individual interests. We found records of these interactions on daily records but their inclusion into the activities schedule was needed to demonstrate that people would not become socially isolated.

The provider had a complaints procedure and people who lived at the home and their relatives told us they would feel comfortable raising concerns and complaints. We looked at the formal complaints that had been made since our last visit and found they had been managed in accordance with the provider's procedure. One person with spoke with told us they were dissatisfied with the laundry services at the home and that they had told staff this. We passed this information to the registered manager.

Is the service well-led?

Our findings

The home had a registered manager who had only been in post for a short period of time. They had also recently appointed a clinical lead; this is a registered nurse with overall responsibility for nursing decisions in the home. They led by example and worked alongside staff to provide the care. People who lived at the home and visitors told us that the registered manager and clinical lead were approachable and available if they needed to speak with them.

One relative said, “the manager of the home is approachable, I think it was a good to have the manager’s office moved upstairs”.

There was a touch screen tablet in the reception area of the home which captured people’s views of the home, visitors, professionals and those living there could log on and add comments. The management team informed us that the information went to the head office to be logged and when necessary back to the registered manager so they could respond. On the morning of our visit we found the touch screen tablet wasn’t working, however this was later rectified by the registered manager.

Information was also available to visitors and relatives regarding safety for fire and first aid. Insurance, registration details and staff information were also easily accessible, with the schedule activities and meal plans for the day on display.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was now being managed and the quality of the care being provided. Throughout the inspection we observed them interacting with one another in a professional manner. We asked members of staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns they had. They all said that they could raise any issues and discuss them openly within the staff team and with the registered manager and clinical lead. Comments from members of staff we spoke to included, “Management are approachable. If the manager cannot resolve it, I can speak

to staff at Head Office for advice”, “The manager will act on any issues, they are really approachable”, “X is one of the best managers and really approachable”, “X has been a god send and has really helped being up standards and is really approachable”, “There has been an emphasis on getting things improved and there has been a huge difference in a short time”.

The staff members told us that they had a regular staff meeting each morning with the heads of each unit to iron out any issues. Arrangements were in place for heads of department to meet each day to brief the registered manager regarding the welfare of people living in the home. We saw that staff meetings had been arranged to discuss the development of the service and minutes were kept of those meetings. Staff felt that these meetings were helpful.

The provider had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising a concern if they felt unable to raise it with the registered manager.

We saw records of relatives meetings held in the home the last meetings taking place in September and also November 2015. The minutes of the meeting did not record who attended and therefore could not identify which resident had been represented. A record of attendees would enable the manager to seek views in alternative ways where attendance is a problem.

The provider had a quality assurance framework that was in place to monitor the standard and quality of the service at Ferndale Court. It was recognised that these had become ineffective in identifying problems within the home as standards had fallen and concerns had been raised with CQC. In the two months prior to our visit we found that additional resources had been put in place and auditing tools had been used to identify shortfalls, plan actions and complete objectives to improve the service. The Operations Director confirmed that extra resources would remain in place until all concerns were resolved satisfactorily.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.