

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

About the service

The Fer View Residential Care Home is a residential care home that was providing personal care with accommodation to older people aged 65 and over, some of whom had dementia, over at the time of the inspection. The service can support up to six people. At the time of the inspection the service was supporting five people.

The Fer View Residential Care Home accommodates people in one adapted building. Each person had their own room and shared communal facilities, including lounge, kitchen and bathroom.

People's experience of using this service

People and their relatives told us they were safe, and staff treated them well. Risk assessments detailed how to support people to minimise risk of harm. Staff had been recruited safely. Systems and processes were in place to support staff to understand their role and responsibilities to protect people from avoidable harm.

There was a process in place to report, monitor and learn from accidents and incidents. People were protected from the risks associated with poor infection control as there were processes in place to reduce the risk of infection and cross contamination. There were systems to ensure proper and safe use of medicines.

Staff received training and were supported to effectively carry out their role. Staff worked with professionals to support people's care needs. People were asked for their consent before care was provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutrition and hydration needs were met by the service. The service worked with other health and care professionals to meet people's health needs.

People's needs were assessed prior to joining the service. Care plans documented people's preferences, likes and dislikes. People's communication needs were documented in their care plan. Staff were caring, kind and spoke attentively to people.

People were supported by staff who knew people well. People were supported to maintain their independence and their dignity was valued and respected.

People were supported to participate in some activities and follow their own interests. People and relatives were able to approach the registered provider to raise a concern if they were unhappy about the service they received.

There were systems in place for monitoring the quality of the service. The provider knew what was expected of them in terms of Duty of Candour and the importance of being transparent when things go wrong.

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

Rating at last inspection

The last rating for this service was good (published 22 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

The Fer View Residential Care Home

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. We checked 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 carried out by one inspector.

Service and service type

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

Notice of inspection

This inspection was an unannounced

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with two members of staff including the registered provider and a senior healthcare worker.

We reviewed a range of records. This included two people's care records and medication administration records (MAR). We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a relative and two healthcare professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. A relative told us, "Yes I think [relative] is safe."
- A health professional told us they felt staff were, "Very supportive towards [person]. It's safe surrounding staff are very helpful."
- People were protected from harassment and discrimination in relation to protected characteristics under the Equality Act.
- Safeguarding systems, processes and practices were developed to ensure people were safeguarded from the risk of abuse.
- Staff understood their roles and responsibilities in reporting and acting on any suspicions of abuse. This included reporting their concerns to the local authority, police or CQC. A staff member told us, "I would report to person in charge the registered provider, if manager doesn't take any action I would call the CQC or the social worker."

Assessing risk, safety monitoring and management

- Systems were in place to appropriately assess and mitigate risks to people.
- Risk assessments were detailed and provided guidance for staff on how to manage them. For example, a falls risk assessment stated staff were to monitor the person and ensure any obstructions were removed.
- Where people have behaviours that may challenge the service, this was appropriately managed and monitored by staff. The registered provider told us they were in the process of requesting additional funds to support one person whose needs were higher than initially assessed.
- Staff understood risks related to diabetes, such as providing sugary drinks if blood sugar levels drop too low (Hypoglycaemia).
- Each person had a person-centred fire risk assessment which was specific to their needs.
- Fire evacuation procedures were in place, however, this required further review to ensure people were completely evacuated from the building. The registered provider told us they had contacted the London Fire Brigade to get advice about fire safety.

Staffing and recruitment

- Records showed sufficient staff were on duty to meet people's individual needs.
- Staffing levels were assessed using a dependency tool, this took into account areas such as, mobility, specific health needs, capacity and personal care needs.
- Safe recruitment practices were followed, including criminal record checks and right to work in the UK immigration checks.

Using medicines safely

- Systems were in place to manage medicines safely.
- Medicine administration records were used and showed people had received their medicines as prescribed.
- A relative told us, "They [staff] help [person] with their medication. They do this well."
- A health professional told us the service ensured medicine reviews took place where this was required.

Preventing and controlling infection

- The environment was homely, clean and free from malodour.
- Staff used a cleaning schedule to ensure all areas of the building was clean. This minimised the risk of the spread of infection.
- Staff told us they completed training in infection prevention and control and were provided with the necessary protective equipment, such as gloves and aprons. We observed staff wore a disposable apron when preparing lunch.

Learning lessons when things go wrong

- Systems were in place for recording and acting on accidents and incidents.
- Staff knew the reporting procedures for responding to incidents and accidents
- The registered provider told us there had been no serious incidents since our last inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed prior to living at the service, and this was used to develop their care plan. The initial needs assessment covered areas such as personal care, mobility, culture and religion, sexuality, communication and existing health conditions.
- People's choices and preferences for care was recorded in their care plan.
- Staff knew people well and gave us examples of how they met people's individual needs.
- A health professional told us the service communicated changes or concerns well, including looking at the person's needs, not just providing the service but looking at what the person requires outside of what they provide.

Staff support: induction, training, skills and experience

- Staff received training, regular supervision, yearly appraisal and they felt supported by the registered provider to effectively carry out their role. A staff member told us, "We have supervision every 2 months but when we need to talk, the [registered provider] is always there."
- The registered provider told us staff completed mandatory training in areas such as first aid, food hygiene, health and safety, medicines management, moving and handling, nutrition, person centred planning, safeguarding and palliative and end of life care.
- This was confirmed by a staff member who told us they completed regular training in various areas and these had been effective.
- Staff also completed the Care Certificate. This is an agreed set of standards that defines the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.

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

- People had their nutritional and hydration needs met. We observed people were provided with a well-balanced meal of protein and vegetables and fresh fruit.
- The mealtime experience was flexible to meet people's needs. Staff were not rushed, and we observed staff asking people whether they were ready for some lunch.
- Whilst some people ate in the dining room others preferred to stay in their room. People's likes and dislikes for food were taken into account and people were asked their choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with professionals to help them to support people to manage their health needs.
- Health professionals told us the service worked well with them to ensure people received the right care to meet their health needs. One health professional told us staff were very on the ball. If person needed GP intervention or their mental health deteriorates they are in touch straight away.
- Records showed involvement from health and care professionals such as, GP, opticians, district nurse and psychiatrist. For example, the dietitian had been involved in developing a person's diabetic care plan.
- People's oral health care needs were documented in their care plan. For example, in one care plan it stated, "Wears dentures and needs verbal prompt and assistance to clean them daily in order to maintain good oral hygiene."
- The registered provider was aware of the recent changes to report and monitor people's oral health care needs and to ensure staff received mandatory training. Training had been arranged through the clinical commissioning group health trust.

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

- People told us they liked their rooms. We were invited with people's permission to see their rooms. We observed rooms were decorated with personal effects, such as family photos and pictures of people's choice. This meant people's choices for the environment they lived in was accommodated by staff.
- The home had a stairlift in situ to enable people to access their bedrooms on the upper floor level. The registered manager told us this was installed to assist people with mobility needs.

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 when this is in their best interests and legally authorised under the MCA.

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.

- At the time of our inspection there were five people on authorised DoLS. Records showed DoLS applications had been made where these had expired and where these were outstanding the registered provider had followed these up with the local authority.
- Staff completed training in MCA and DoLS and understood the importance of asking people for their consent before providing care. A staff member told us, "We always ask them [people who used the service] their consent before doing anything [providing care]."
- Consent to care and treatment was sought as part of the care planning and initial assessment process. We noted, one person who was assessed as having lacked capacity to make decisions, had signed their care plan. The registered provider told us, the person was able to make some decisions about their care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People, relatives and health professionals told us people were treated well and their diverse needs were met. A relative told us, "They [staff] are good and very respectful. I'm so pleased and appreciate what staff do for him."
- People's diversity and their cultural needs were respected and delivered in line with their plan of care. A health professional told us staff were respectful and listened well when communicating with people to ensure their needs were understood.
- Staff treated people equally and without discrimination.
- The registered provider knew about the Equality Act 2010 and protected characteristics. They told us, "We respect gender, we shouldn't discriminate because of gender choice, [people who identified as lesbian, gay, bisexual or transgender] are looked after equally and not discriminated against."
- There was an equality and diversity policy and people's different needs, backgrounds and cultures were catered for. For example, some people had protected characteristics including those relating to disability. Staff supported them appropriately and in line with the Equality Act 2010, ensuring their rights were upheld, and they were protected from discrimination.

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

- People living at the service were involved in make decisions about their care. The registered provider told us they held meetings with people and asked relative for their feedback on the service. This was confirmed by a relative who told us they completed a questionnaire some time ago and was asked whether they were happy with the service provided to their relative.
- Care plans included people's background and life history. This involved speaking with relatives and people involved in their care. A relative told us they do recall signing a form some years ago.
- The registered provider told us relatives were involved in people's care. "[Relatives] are involved, we will always inform them if [people who used the service] were unwell."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were treated with dignity and respect and their independence was respected.
- We observed good interactions between staff and people during our visit. People were comfortable with staff who treated them with kindness. During these interactions people were smiling and talking with staff in

a cheerful manner.

- Staff treated people with dignity and respect by ensuring they knocked on people's doors before entering. A staff member told us, "We maintain their independence, always ask if we can help them, always knock before entering their room."
- People's independence was encouraged as much as possible. We observed some people freely moving around the home. A staff member told us, "What [Person] can do for themselves, [they are] encouraged to do. With personal care can wash themselves, but they won't do it if not encouraged."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received personalised care which met their needs, choices and preferences. One person told us, "I go to bed when I want and get up, I am a free man." Another person said, "[staff] help [me] get dressed and I pick out the clothes."

- Staff knew people well and how to care for them. A staff member told us, "[Person] likes biscuits, playing dominoes and going for walks." This was observed during our visit and recorded in the person's care plan.

- We observed staff asking people their preferences for when and where they wanted to eat their lunch.

Whilst some people preferred to remain in their rooms, others sat at the dining table.

- A healthcare professional told us staff were very responsive. Staff listened and made efforts to understand the person who was diagnosed with dementia and meet their individual needs.

- Care plans were person centred and regularly reviewed. The registered provider told us, "[Care plans] include [people's] personal history, individual preferences, interests and aspirations, and should be understood by staff so people have as much choice and control as possible."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their care plan.

- Staff knew how to communicate with each person living at the home to ensure their needs were met.

- A relative told us, "I think they [staff] do understand, most times they use sign or body language and [person] understands. When hospital [appointments, the registered provider] calls me to let me know. Sometimes, the hospital provides [specific] interpreter. "We observed staff communicating using body language during our inspection when asking the person whether they wanted a cup of tea."

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

- People were encouraged to participate in various activities of their choice at the home. We observed, whilst some people preferred to remain in their rooms, others sat together in the lounge socialising and watching TV.

- There was a daily activity plan for the home, which included games and where possible going out in the community. A relative told us their relative was sometimes taken out to the park for a walk.

- People were supported to maintain close relationships with people important to them. The registered provider had a good relationship with relatives who told us they were able to visit their relative and were

kept informed of any changes to their relatives' needs.

- The registered provider told us their plans to improve activities and was researching ways to acquire transport to enable more outdoor activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave people details about how to raise a concern and how they could expect this to be dealt with. Information about how to make a complaint was also displayed in the communal area.
- The registered provider told us there had been no complaints since our last inspection in July 2017.
- A relative told us if they had any concerns they would feel comfortable approaching the registered provider. The same relative told us, "I have no complaints, so far so good."

End of life care and support

- People's end of life wishes were discussed as part of the care planning process. Records confirmed this.
- At the time of our inspection the home was not supporting anyone with end of life or palliative care. The registered provider told us following a death last year, staff had received training should there be a need to provide end of life or palliative care in the future.
- During our inspection we met a visiting health professional who had facilitated ongoing training with the service to develop end of life and advance care plans with people's wishes.
- A staff member told us training in end of life care had been very helpful. This helped them to better understand the needs of people near end of life and how to support people during time of grief.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were able to speak with the registered provider, we observed this during our visit.
- The registered provider had a hands-on approach and was very much involved in the care provided to people and the running of the home. A health professional said the registered provider was always on call and did whatever was required to meet people's needs.
- The home environment promoted a culture that was open, inclusive and achieved good outcomes for people. For example, the care provided to people with diabetes had resulted in two people being signed off by the doctor as no longer requiring medicine related to the health condition. Their condition was now controlled through good diet, which was a result of the dietitian and input from the service.
- The key value expressed by the registered provider was that, "Residents are looked after well and they are happy."
- Staff were involved in decisions about how the service was run and their views were taken on board. A staff member told us, "[The registered provider] will ask us and will always get us involved in taking action."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider understood their responsibility in relation to Duty of Candour. They told us, "You have to be transparent and not hide anything, need to learn if anything goes wrong and make sure everybody is aware. People who need to be are informed and proper action taken."
- The registered provider understood their legal responsibility to notify CQC and the local authority about incidents and safeguarding concerns as required.

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

- The registered provider and staff understood their roles and responsibilities. Staff worked well as a team and described the environment as being like one big family. This was also shared by the registered provider who told us, "I feel like I'm at home, here it's like a family."
- The registered provider conducted audits in areas such as, health and safety, kitchen, fire safety, medicines. Audits were also carried out on the service by the funding authority, the last being in October 2019. This indicated that they were happy overall with how the service was being run.
- The registered provider told us they were in the process of training up a member of senior staff to deputise

in their absence.

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

- Systems were in place to consult people and relatives about their care and support.
- Relatives, staff and professionals spoke highly of the service and the registered provider. A health care professional described the service as, "Very inclusive, the [registered provider] involves families, considers diversity, background and condition."
- The registered provider understood the importance of equality and providing a service that met the diverse needs of people who used the service. The service had made practical arrangements to ensure people with physical disabilities were involved in their care. This included the installation of a stair lift to enable people with restricted mobility to have access to the communal lounge and dining area.

Continuous learning and improving care

- The service receives regular visits from the funding authority who visits every two months. They are required to provide monthly reports to the authority. This means they constantly looking at ways they can improve the service. This included the need to ensure daily records include all the information about the personal care provided to people.
- The registered provider told us, "We always reflect on when things go wrong and get advice from healthcare professionals and meet any gaps in training." For example, a recent referral to the service meant a change in the way the service obtained additional information in relation to people's needs and the registered provider has now included this as part of the initial assessment process.

Working in partnership with others

- The service worked in partnership with various professionals to ensure good outcomes for people living at the service.
- Health professionals spoke highly of the service which they described as a small home which was run like a family. The registered provider had established good relationships with people who used the service. This health professional told us they would, "Definitely," recommend the service.