

# Fernbrook Care Homes Limited

# Fernbrook House

## Inspection report

37 - 47 Fernbrook Avenue  
Southend on Sea  
Essex  
SS1 2QW  
Tel: 01702 460364  
Website:

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

### Overall summary

Fernbrook House is a privately run care home. Up to 30 people who require nursing or personal care can be accommodated. People accommodated are older and may have care needs associated with dementia.

The service did not have a registered manager in post, but an application was in the process of being completed by the manager at time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

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.

People who used the service told us they felt safe. The provider had taken steps to identify the possibility of abuse happening through ensuring staff had a good understanding of the issues and had access to information and training.

# Summary of findings

The service ensured that people were cared for as safely as possible through assessing risk and having plans in place for managing people's care.

People said that they were treated with kindness and respect by a sufficient number of staff who were available to them when they needed support. People and their friends and families were satisfied with the care that was provided at Fernbrook House.

Staff demonstrated knowledge and skills in carrying out their role. Staff were properly checked before they started work at the service to ensure their suitability for the role. They received initial and ongoing training and support to help ensure that they had the right skills to support people effectively.

People's medication was managed properly to help them keep as well as possible. There were safe systems in place for receiving, administering and disposing of medicines.

Throughout the inspection we observed staff interacting with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff responded to people's non-verbal requests and had an understanding of people's individual care and support needs. Care tasks were carried out in ways that respected people's privacy and dignity.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These

safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that the manager had knowledge of the MCA 2005 and DoLS legislation. They knew how to make a referral for an authorisation so that people's rights would be protected.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food and were provided with a variety of meals.

People's care needs were assessed and planned for. Care plans and risk assessments were in place so that staff would have information and understand how to care for people safely and in ways that they preferred. People's healthcare needs were monitored, and assistance was sought from other professionals so that they were supported to maintain their health and wellbeing.

People had limited opportunities to participate in activities to suit their individual needs and interests. We found that the level of activity had decreased since our previous visit to the service. Plans were however in hand to address this shortfall and ensure that people had the opportunity for engagement and stimulation.

Systems were in place to assess and monitor the quality of the service. People's views were sought and audits carried out on a regular basis to identify improvements needed.

# 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

People were protected from abuse and avoidable harm by staff who understood the risks and knew how to report any concerns.

There were sufficient staff available to meet people's needs and keep them safe. Effective recruitment practices were followed.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff received training and supervision to support them in their role and give them the skills needed to care for people effectively.

People were supported to eat and drink well and told us that they enjoyed the food provided.

People's rights were protected through the understanding and application of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

People and their relatives were positive about the care and support provided.

Staff understood people's needs and preferences and supported them in ways that protected their privacy and dignity.

Good



### Is the service responsive?

The service was not fully responsive.

Activities had not been planned and delivered in a way that met people's needs.

People were able to raise complaints and concerns and staff understood the importance of listening to people.

Requires Improvement



### Is the service well-led?

The service was not fully well led.

There was not a registered manager in post at the service.

People had opportunities to give their views about the service and there were systems in place to monitor quality and safety.

Requires Improvement



# Fernbrook House

## Detailed findings

### Background to this inspection

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

This inspection took place on 4 November 2014 and was unannounced.

This inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete a Provider Information Return. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We reviewed other information that we hold about the service such as notifications, which are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with five professionals and sought their views about the service.

During the inspection we spoke with eight people who used the service, three relatives, seven members of care staff and the manager and provider of the service.

Not everyone who used the service was able to communicate verbally with us so we used observations, speaking with staff, reviewing care records and other information to help us assess how care needs were being met.

We spent time observing care in the communal areas and 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.

As part of this inspection we reviewed five people's care records. This included their care plans and risk assessments. We looked at the recruitment, induction and training records for five members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance records.

# Is the service safe?

## Our findings

People living in Fernbrook House told us that they felt safe. They said, “I feel quite secure here,” and, “It is nice knowing that the staff are at hand.” A relative told us, “I feel that my [relative] is in safe hands and have no concerns.”

All staff had received training in how to protect people using the service from abuse. There were policies and procedures in place to guide practice and understanding. Information was on display for people so that they would know how to report any concerns. Care staff we spoke with confirmed that they had undertaken training and were clear about how to recognise and report any suspicions of abuse. Staff told us, “If I have any safeguarding concerns, or any concerns at all about any of our residents I will speak with the manager or nurse on duty immediately,” and, “If I am worried about any resident I tell the manager straight away, or the nurse if the manager is not here. I also record in writing what I have found and the action I took.” Staff were also aware of the whistleblowing policy which meant they could take any concerns to appropriate agencies outside of the service and organisation.

People’s needs were assessed to support staff to care for them safely. Staff were aware that information was reviewed and updated to inform and guide them about changes to people’s care. Risks specific to people’s individual needs were assessed. For example, assessments had been undertaken and plans were in place to reduce the risk where people were at high risk of falls, displayed behaviours that challenged or where they were nutritionally at risk.

People using the service and their relatives told us that there were enough staff provided at the service. The staffing rota showed us that there was always a trained nurse on duty supported by care, domestic and catering staff. On a survey conducted by the provider in August 2014, everyone who responded said that they were happy with staff availability and that staff came and helped them when they asked.

People told us that they felt well supported and that staff responded ‘fairly quickly’ when they needed assistance. On the day of our inspection we found that there were generally sufficient staff available to meet people’s needs and people were being well supported. However, in the morning all care staff were busy supporting people to get

up. An unexpected staff shortage meant that staff deployment did not provide sufficient support to people in one lounge area. We saw that one person was not receiving encouragement and support to eat their breakfast. The provider explained that this was a one off event and that usually the lounge areas would be properly covered and people supported.

There was a system in place to monitor people’s dependency levels and help to assess the number of staff needed. The manager told us that staffing levels could be flexible to provide additional support when needed, for example to support hospital visits or to support people more when they were ill or nearing the end of their life. A member of care staff told us, “I think there are enough staff here and I think we work well together in supporting people.” Another told us, “The shifts are well covered and if someone goes sick the manager gets someone in to cover the gap.”

Staff recruitment was being managed safely and effectively. There was a clear process in place for dealing with applications and carrying out interviews. All relevant checks had been undertaken to ensure that staff were properly vetted and suitable and safe to work with people. Staff told us, “When I applied for this job I came for interview. I had to give referees and do a Criminal Records Bureau check, and I had to do induction training before I started work.” Another member of staff said, “I thought my recruitment was done properly and I had an induction when I first started my job. I have had regular training since.”

We saw that when staff administered medicines to people that this was done in a way that showed respect for people’s dignity and their right to make choices in their daily lives. For example, people were asked if they were ready for their medication and asked if they wanted to receive any pain relieving medication. We found that the arrangements for the management of medicines were safe. Medicines were stored, administered and disposed of safely and effectively for the protection of people who used the service. Medicines at Fernbrook House were always administered by trained nursing staff. Staff told us, and we saw from records, that they took update training in the management of medicines. This helped to ensure that they

## Is the service safe?

had the knowledge and skills needed to manage this aspect of people's care. Staff also underwent annual competency checks to ensure that they were maintaining good practice.

# Is the service effective?

## Our findings

People told us staff met their needs and that they were happy with the care provided. One person said, “I like it here the staff are all pleasant and know what they are doing.” A relative said, “It gives me peace of mind my [relative] being here.”

Staff had the skills to meet people’s individual needs. Staff communicated and interacted well with people. Training provided to staff ensured that they were able to deliver effective care and support to people. For example, we saw staff assisting a person with the aid of a hoist. This was done carefully with staff talking to and reassuring the person all the time. Staff supported people living with dementia in ways that showed understanding and patience which allowed the person to take their time and make their own choices.

Staff told us that they received good levels of training and felt well supported in their role. One member of care staff told us, “The induction training I received covered what was needed for me to properly support the residents when I first started my job. The ongoing training is regular and helps me to meet the needs of residents.” We saw that an induction process was in place to ensure that new staff had a good grounding and the opportunity to learn about the service and the needs of the people living there.

All staff had access to training which reflected the needs of people using the service. This included dementia care and end of life care. Staff were updated on a regular basis in areas such as moving and handling to ensure that their practice was current and safe.

Care staff received one to one support and supervision from senior staff. This alongside regular team meetings gave staff the opportunity for discussion on practice and other issues pertinent to the service. One member of staff told us, “We get regular support and supervision; the manager is nice and will always listen to us.”

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and is required to report on what we find. The MCA sets out what must be done to make sure the human rights of people, who may lack mental capacity to make decisions, are protected. The DoLS are a code of practice to ensure that people are looked after in a way that is least restrictive to their freedom.

The service had policies and guidance available to guide practice. Staff had received training and understood that they needed to respect people’s decisions if they had the capacity to make those decisions. The manager was able to demonstrate an understanding of the principles of the MCA and DoLS. They were able to explain how they worked with others to support people to make decisions and make ‘best interest’ decisions for those who lacked capacity.

People told us that they were happy with the food provided at Fernbrook House and made comments such as, “The food here is nice. The staff know what I like to eat,” and, “The chef is a nice man. He knows I like sausages so if sausages are on the menu he knows I will like to have them.” We saw that the chef went round during the morning and asked what people would like for lunch. People also told us that, “The chef often comes round to ask us our opinion about the food.”

People’s nutritional needs were assessed and monitored to ensure their wellbeing. We spoke to a speech and language therapist who had been involved with the service. They were very positive about the way staff managed people’s nutritional needs and special dietary requirements. They told us that the service referred appropriately, carried out their recommendations, but also worked in a common sense and flexible way to try and accommodate individual needs and wishes.

At lunchtime we saw that the staff were supportive and gave assistance to people where needed. People were given encouragement to eat and independence was also supported through the use of aids such as plate guards. Lunch was relaxed and people were not rushed over their meal.

People’s healthcare needs were recognised, assessed and monitored. One person told us, “I can always see a doctor when I need to.” On a survey conducted by the provider in August 2014 everyone who responded said that they were very satisfied with the nursing and medical care that they received. Care plans were in place relating to people’s skin care needs and other areas such as continence management. People saw relevant health care professionals such as the dementia care team, speech and language therapist, opticians and chiropodists to meet their needs. This showed us that the service sought to support people in maintaining good health.

# Is the service caring?

## Our findings

People we spoke with were positive about the care provided and complimentary about the staff. People made comments such as, "I am quite happy here," and, "The staff are nice and caring."

We saw that people looked well cared for and comfortable. People were relaxed when staff were supporting them and smiled and engaged with staff.

Staff interactions with people were positive and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated warmth, compassion and kindness towards the people they supported. One member of staff told us, "I try always to think of what the resident is feeling and what I can do to help them in any way I can."

Members of staff we spoke with were knowledgeable about the people they cared for. They told us about people's individual needs and preferences. This meant that people received care that met their personal needs by staff that knew and understood them. One member of staff said, "I think that we get on well as a team and support each other to meet our resident's needs."

People using the service were consulted with. We saw that staff offered people choices in day to day living such as where they wanted to go, what they wanted to do and what they wanted to eat or drink.

'About Me' documentation was available in individual people's rooms to offer staff a pen picture of people's preferred routines and likes and dislikes. We saw that some recently formed care plans were waiting for relatives to view and agree where appropriate. Two relatives spoken with told us that they, or a member of their family, had been involved in discussions about care plans.

The service sought advocacy support when needed to ensure that people had an independent voice. The manager told us that lay advocacy services were involved in supporting six people using the service.

Meetings for people using the service and those acting on their behalf were held on a periodic basis, the last one having taken place in August 2014. This provided a forum for people to express their views about the quality of the service provided and to share ideas and suggestions.

All the people that we spoke with confirmed that the staff respected their privacy and dignity. One person told us, "I can have my door open or shut as I wish; the staff respect my choice and my privacy." We saw that staff respected people's wishes and cared for them in ways that ensured their privacy and dignity. For example, ensuring doors were shut when carrying out personal care and explaining what they were doing when assisting people. Visitors told us that they were free to come and go at any time. This meant that people were able to have ongoing support from their family and friends.

# Is the service responsive?

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# Is the service well-led?

## Our findings

People told us that they were “happy” with the service. People and professionals told us that the service had improved under the present manager.

The provider failed to send us their Provider Information Return when it was requested in August 2014 and stated that it had not been received. The return had been sent to the correct address so the reason for the non-return was not clear, and no explanation could be given. Providers are required to send us information when we request it as part of our monitoring of services.

People told us that they felt comfortable at Fernbrook House and were able to express their views on a one to one basis. One person told us, “I can speak to the manager at any time.”

People had the opportunity to comment formally on the service through an annual quality assurance process. The last one took place in August 2014. Surveys were given out to people using the service, visitors and staff. The results showed that people were generally satisfied with most aspects of the service.

The manager at the service was supported by other trained nursing staff who managed the shifts and the staff team. The atmosphere in the service was good. Staff spoken with were positive about their role and said that the senior team were supportive. One member of staff told us, “I think this home is run brilliantly at present, the manager gives me very good support.” Throughout the inspection we saw that people who used the service, their relatives and staff were comfortable and at ease with the manager and staff team.

People and their relatives knew who the manager was, told us that the home was well run and that management was very approachable.

At the time of this inspection we were told that the manager was preparing their application for registration. We found that the manager had a good knowledge of the service and an understanding of the needs of people and their families.

An involved professional told us that they had confidence in the service because of the competence of the manager. Another professional said that they worked well with the manager. This was because the service was responsive to requests for potential placements at Fernbrook House. They told us that the service always came and carried out pre-admission assessments in a timely manner to ensure that people did not remain in hospital for longer than necessary when they were ready to return home after a stay or if they were new to needing residential care.

People’s safety was supported because risks were managed as far as possible. Systems were in place to manage and report incidents. Staff understood how to report accidents and incidents and followed the provider’s policy and written procedures. Where necessary assessments were reviewed and actions taken to avoid further repeats. Environmental and equipment checks were regularly carried out to ensure people’s safety. Risk assessments were in place for the building and these were up to date.

The manager carried out a range of regular audits to assess the quality of the service and to drive continuous improvement. These audits included medication systems and health and safety checks. Information from audits was analysed by the provider and action points to be addressed identified. Timescales for improvements were set but there was no confirmation recorded that the actions required had been taken. This would show if and when the intended improvements had been made or indicate barriers to them being achieved. The audit process in place sought to reduce risk and improve the quality of the service for the people who lived there.