HC-One Limited

Ferndale Court Nursing Home

Inspection report

St Michaels Road
Widnes
Cheshire
WA8 8TF

Tel: 01512579111
Website: www.hc-one.co.uk/homes/ferndale-court/

Date of inspection visit:
20 March 2017

Date of publication:
19 April 2017

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

This inspection took place on the 20 March 2017 and was unannounced.

Ferndale Court Nursing Home is located in the Ditton area of Widnes, close to local shops, pubs and St. Michael's church. The home provides care for up to 58 people. All the bedrooms are single with en-suite facilities. In addition to lounges and dining areas with drinks making facilities, there is a cinema room and a hairdressing salon. The home is divided into three units. The nursing unit is on the first floor and at the time of the inspection the 34 beds were all occupied. The ground floor Primrose unit provides personal care for up to 12 people with needs related to a physical disability or frailty, and this was occupied by 10 people on the day of inspection. Also on the ground floor is Sunflower unit which provides personal care for up to 12 people with needs related to dementia, and this was occupied by 6 people on the day of inspection. At the time of our inspection visit there were 50 people in total living in the home.

The last comprehensive inspection was carried out on 17 November 2015. The service was rated as Requires Improvement overall. There were no breaches of regulation, but at the time not all mandatory training was up to date, one person who was obese had not been referred to the dietitian, one person's care plan had conflicting information about their hydration needs, some people's care plans had not been updated to reflect changing needs after they'd been in hospital and there was some old information in care files that could have caused confusion for agency staff about what people's care needs were. There was also no record of attendance at residents' and relatives' meetings.

At this inspection we found that most of these matters had been addressed, with the exception of training being up to date, although improvements had been made.
There was no registered manager in place because they had been moved to another home the previous month, but there was an experienced relief manager in place. 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 spoken with told us that they were well cared for and they were happy in the home. They made positive comments, such as : "I would recommend this place to anybody, it is spotless, seems well managed and any problem is sorted within seconds, nothing is ignored" and "This is a great place, everything is good".

There was an effective quality assurance system in place, which included seeking the views of the people who used the service.

Staff were observed to be very caring and attentive to the people who lived in the home. We could see that staff ensured people's privacy. We saw that bedroom doors were always kept closed when people were being supported with personal care.

People told us that they enjoyed the food and could choose how to spend their day. The home employed an activity organiser who supported people to take part in activities either individually or in groups, which included going out to places of interest.

People received visitors throughout the day and we saw they were welcomed and included. Visitors told us they could visit at any time.

Staff received training to meet the needs of the people who lived at the home including safeguarding vulnerable people from abuse. People spoken with were confident that any allegations made would be fully investigated to ensure people who lived at the home were safe.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. There were systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

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.

Risk assessments were detailed and were reviewed and updated if necessary in a timely fashion after accidents occurred to ensure people were protected from the risk of harm.

Staff knew how to recognise and respond to abuse. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

A sufficient number of staff were employed to meet people's needs and people staying at the service said they felt safe.

Is the service effective?

Good

The service was effective.

The service had a range of policies and procedures which identified good practice on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had received training and understood the implications of DoLS.

People's nutrition and hydration needs were met.

Is the service caring?

Good

The service was caring.

People living in and visiting Ferndale Court commented on how kind and caring the staff were, and said their dignity was maintained.

Staff had a good knowledge of the needs of the people they were supporting.

People were provided with a range of information about the home and the registered provider.

Is the service responsive?

Good

The service was responsive.

People were confident that any concerns or complaints would be investigated and addressed.

We saw that on-going review of the care plans led to referrals to other healthcare services such as speech and language services in order to ensure people received the most appropriate care.

Is the service well-led?

Good

The service was well led.

The service had an effective quality assurance system in place which identified any shortfalls in the service so that they could be addressed.

The registered manager had recently been moved to another home. There was a relief manager in place and people who used the service and the staff all said they could raise any issues and discuss them openly with her. The registered provider was in the process of recruiting a new permanent manager.

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 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.

The inspection was carried out on the 20 March 2017 and was unannounced. The inspection team consisted of one adult social care inspector, a specialist professional adviser who was a nurse specialising in the care of older people with dementia, and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had used health and social care services.

Before the inspection we checked the information that we held about the service and the service provider and looked at any notifications received. We also invited Healthwatch, the local authority and local clinical commissioning group to provide us with any information they held about Ferndale Court.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with a total of 11 people living there, 5 family members and visitors and 6 staff members. The people living in the home and their family members were able to tell us what they thought about the home and the staff members working there.

We looked around the home as well as checking records. We observed staff interaction with people who used the service and read care plans and other documents including policies and procedures and audit materials.

Good

Is the service safe?

Our findings

We asked people if they felt safe and all of the people we spoke with said that they did feel safe in the home. Comments from the people using the service included: "In terms of safety, the place is spot on, no one can go in or out without a code"; "I feel good and I know that I am relatively safe"; "I feel reasonably safe because they do look after you"; "Staff know me well, I feel safe and spoiled"; "There are always staff going about, checking if you are ok".

There were satisfactory arrangements in place for the management of medicines and people received the medicines prescribed by their doctor. People told us: "I get the support I need seeing I can't use my right hand, staff have been great, giving me all my medication"; "I get my tablets four times a day"; "I get my medication from staff right on time"; "I get my medication 3 times a day and it is like clockwork".

The home was clean and there were no unpleasant smells. The kitchen had a five star food hygiene rating. A relative commented that the home was "always very clean".

We looked at the personnel files for three staff members to check that effective recruitment procedures had been completed. 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 Barring Service (DBS). (These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.) We saw that the home required potential employees to complete an application form from which their employment history could be checked and references had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. A system was in place for checking monthly that the registration of any nurses working in the home was maintained. (Registered nurses in any care setting cannot practice unless their registration is up to date.) Records of employment interviews were maintained.

We asked people about staffing levels and comments were mixed. Some said there were enough staff: "There is always somebody around and we've got buzzers in an emergency"; "Let's put it this way, I personally never want for anything, all my needs are met"; "I use the buzzer and it doesn't take that long for staff to be here". Others said there should be more staff: "They could do with more regular staff, sometimes it takes more than 10 minutes for staff to come around after you pressed the buzzer, the ones we have are quite good, very cooperative, but often in a hurry"; "When you need someone, you struggle a bit, staff may be busy with another person"; "The ones who are here today, they work together very well, there are times though, on weekends when there are no staff in the living room and I worry in case something bad happens", "One time I came in around 11:15, I realised that my mum needed a bath desperately, I looked around and no one was around"; "They could do with more so they can focus more on spending time with individuals like my mum who are mostly spending time in bed, nonetheless staff always pass to check on her, they are kind of in a rush, I feel for them".

On the day of the inspection we observed there were sufficient staff to meet people's needs and call bells were answered promptly.

The staffing rotas we looked at during the visit demonstrated that there were usually two nurses and five care staff members between 8am and 8pm on the nursing unit and a senior carer and three care staff members on the residential unit. At night there was one nurse and three care staff members on the nursing unit and one senior carer and one care staff member on the residential unit. At the time of the inspection there was also an additional care worker on duty looking after one person who required one to one assistance at all times.The manager was not included in these numbers. In addition to the above there were separate ancillary staff including an activity coordinator five full days a week, an administrator, kitchen, cleaning and laundry staff plus the home's maintenance person. The manager used a dependency tool to determine staffing levels in the home. She said that she did sometimes use agency staff to cover for sickness, but the home's own staff usually worked extra hours to cover. On the day of the inspection the manager was interviewing for another registered nurse. She told us she was also in the process of recruiting two more care assistants and arrangements had recently been agreed for the registered provider to provide health and social care apprenticeships.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any concerns that arose were dealt with openly and people were protected from possible harm. The staff working in the home were aware of the relevant process to follow. They said they would report any concerns to the local authority and to the Care Quality Commission [CQC]. Staff members confirmed that they had received training in protecting vulnerable adults. Staff members were also familiar with the term 'whistleblowing'. (Whistleblowing is an option if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.) This indicated that staff were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to report potential incidents of concern.

Risk assessments were in place which assessed the environmental risks in the home together with risks to individuals, such as falls, pressure damage to skin, choking, use of bed rails and moving and handling. The risk assessments were reviewed monthly or within 24 hours of an incident occurring. We noted that one person living at the home had suffered a number of falls due to their condition. The staff of Ferndale Court had carried out robust assessments and sought advice from the multi-disciplinary team, which had resulted in additional support being put in place and a reduction in the number of falls the person experienced. Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide safe care.

We saw that there was plenty of specialist equipment available to meet people's needs, including hoists, airflow mattresses and cushions to reduce the likelihood of pressure ulcers. Equipment had been serviced at the required intervals.

There was an emergency contingency plan in place if the home had to be evacuated in an emergency, such as a fire. People living in the home had Personal Emergency Evacuation Plans [PEEPS] within their care plan. (PEEPS provided details of any special circumstances affecting the person, for example if they were a wheelchair user.) There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Good

Is the service effective?

Our findings

All the people living at the home that we spoke with and their family members felt that their needs were well met by staff who were caring and knew what they were doing.

There was a flexible menu in place which provided a good variety of food to the people using the service. Special diets such as vegetarian, diabetic and pureed meals were provided if needed. There were two choices available each day at lunchtime and in the evening. There were also alternatives available to the set menu, for example, baked potatoes and sandwiches. We were told that even though people made their food selections the previous evening changes could easily be accommodated. In addition to this people could have various drinks throughout the day and squash was available in the lounges for people living in the home. We observed staff members supporting people in a patient, unhurried manner during lunch. Tables were well set and people were sitting in their preferred spot. We saw staff offer people drinks and they were alert to individual people's preferences and choices, apart from one agency worker who offered a meat sandwich to someone who was vegetarian. She apologised for the error. There was a menu on display and staff available to assist in meal choices and alternatives if required. The dining area was well presented and staff supported people who required assistance. The meal wasn't rushed and a relaxed environment was enhanced by soft music. Comments from people about the meals included: "The food is delicious, to say the least"; "The cook is great, he comes and asks you what you want"; "We never get hungry, they feed us well"; "Every morning they offer me a choice for dinner or tea, and I always get what I ask for, I am having soup for dinner"; "Even though I am not such a big eater, I find the food is good" and "At times it isn't great, especially the fish cakes".

We saw on the nursing unit that people who were at risk of malnutrition or dehydration had charts in their rooms to record food intake to ensure they were getting enough. We saw that a record was kept of fluid intake where necessary, although there were some inconsistencies in the recording of fluid intake, which made it difficult to easily assess each person's fluid intake each day. This was pointed out to the manager who said she would address this. It is also good practice for charts to contain instructions on the type of diet people require and whether they need any thickener in their drinks because of swallowing difficulties. This information was imparted at staff handover and when questioned during the inspection permanent staff were aware of people's dietary and fluid needs, but recording these on the charts would make sure that agency staff would have instant access to this information if they weren't sure. We saw that the staff monitored people's weights and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing weight inappropriately. This area was also monitored through the home's on-going auditing systems.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care

homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at six people's care plans and saw that staff tried, wherever possible, to obtain consent to care from the person themselves. Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. These included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We saw that mental capacity assessments were undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The home had commenced a record of people with authorised DoLS in place and the expiry dates. Staff were aware of consent and capacity issues common to the people who lived in the service and their implications.

We saw that the provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. During this initial induction and when the person actually started to work they would shadow existing staff members and would not be allowed to work unsupervised for a period. (Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are confident enough to work on their own.) We checked the staff training records and saw that staff had undertaken a range of training relevant to their role and that all staff were in the process of working their way through five dementia training modules. The manager informed us that future training dates had been arranged in the prevention and management of pressure ulcers and falls awareness. However, the home was not meeting the registered provider's target for refresher e-learning, this being 85% of staff having completed up to date training. At the time of the inspection 78% overall were up to date with this training. The shortfalls were in dignity, nutrition and hydration, safeguarding, equality and diversity and person-centred care. The acting manager said she would chase up staff to complete the training. This had also been picked up in the area director's monthly audit of the home in February 2017, when the overall percentage of up to date training had been 68%, so improvements had been made since then.

Staff competency was assessed through the supervision system and through the auditing of records. The staff members we spoke with told us that they received on-going support and supervision. We checked the records which confirmed that supervision sessions for most staff had been held at least twice a year. However, we did note that approximately a third of the staff who administered medicines were overdue to have their competency reassessed.

During our visit we saw that staff took time to ensure that they were fully engaged with each person they care for and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked if that was alright rather than assuming consent.

We saw evidence that people's health care needs were addressed. People were referred to other health care professionals for assessment, advice and treatment as necessary. Visits from other health care professionals, such as GPs, speech and language therapists, dieticians, chiropodists and opticians were recorded so staff members knew when these visits had taken place and what had been advised or prescribed. People were confident that whenever they were not feeling well, staff would get someone for them. People said: "It's been a while since I saw my GP, but if I require a GP, I just ask staff" and "When I had a chest infection, staff called someone and I got some antibiotics". Relatives said they were kept informed about health professionals involvement: "My mum saw a GP not so long ago, staff always keep me and my husband in the loop"; "I was informed that my mum was seeing a GP a week ago".

People said they felt supported to maintain their independence. Comments included: "Staff know I use only one hand and they bought me this gadget which I like, so I can make my roll-ups for smoking with one hand"; "I have always been able to do things till I had two strokes, staff encourage me to use my left hand to eat with"; "Even though I can't do much, staff still encourage you to move and do things". A relative told us: "Twice a week my mum continues to be involved in clubs, she goes to dinner club at the Trinity House and attends St. Basil's Catholic centre".

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence. Bathrooms and toilets had yellow doors so that people who lived at Ferndale Court could easily identify them .

Good

Is the service caring?

Our findings

We asked the people living in Ferndale Court about the home and the staff members working there. One person said they liked the home but would rather be in her own home. However , they said they understood why they were not able to live by themselves and said "The staff are good to me". Other people said: "I am happy with the care, staff are simply good to us"; "They tell you what they are going to do, they are very good, they treat you with respect"; "Staff treat you very well"; "They are just brilliant"; "Staff look after us, you can often see the care and concern in their faces".

We saw that family and other visitors could attend whenever they wished. One relative told us that overall she was happy with the care provided for her mother. They had chosen her bedroom and been able to furnish it with personal items making it feel more homely. Comments from other family members we spoke with were also complimentary and included: "Generally staff come and help when you need them, they're always very helpful and supportive" ; "Staff approach is lovely, they call me by my name and I call them by their name, one family! I come here every day and they are always involving and informing me"; "My mum prefers to be attended to by female staff with personal hygiene, that is well respected, no problems at all"; "If my mum is asleep, staff don't dare disturb her".

We observed that one person who used the service made repeated calls for assistance. These were always met with good humour and good interactions from the staff on duty. The person was assisted to the communal dining area and enjoyed the company of others in this setting. Another person was reported by staff as being 'very private' and did not readily engage with other people living in the home. The activity co-ordinator was completing Life Story work with them in order to gain more information so staff could have more meaningful interactions and engagement with them.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. From our observations during the inspection we could see that the staff did know and understand the needs of the people using the service. We saw staff members responding to people with both care and affection, this included carers putting an arm round someone and giving them a hug or having a laugh with them. We observed that staff members responded to any call bells quickly and knocked on people's doors before entering. We saw that the relationships between the people living in the home and the staff supporting them were warm, friendly and respectful.

The home had recently been refurbished. The décor, furnishings and fittings provided people with a homely and comfortable environment to live in. The bedrooms seen during the visit were personalised and comfortable with some containing items of furniture belonging to the person.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as key staff, the facilities and the services provided, safety, what to do in the event of a fire, communication and complaints, activities and the laundry. A copy of this was available at the entrance to the building.

Good

Is the service responsive?

Our findings

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed. People were made aware of the process to follow in the service user guide. When asked if they knew what to do if they had a complaint both the people using the service and visitors knew about the complaints procedure. One relative said: "Any concerns raised have been addressed promptly, menu choice and quality of food and missing clothing being the main concerns. Apologies were offered and accepted and generally communication has improved since this manager has been in place." Other people told us they felt confident to raise concerns: "If I am not happy I will tell staff and if they don't take notice, I will take it further"; "I talk to staff if I have any issues"; "Don't have any concerns but if something goes wrong, I will speak out"; "I know I can go to the office if I have any problems and they do listen".

Complaints were recorded on a file along with the response to the complainant. We looked at the most recent complaints and noted that they had been addressed, but not within the registered provider's published timescales. The documentation on file included a record of the investigation and any identified action to prevent a recurrence.

A pre-admission assessment to ascertain whether a person's needs could be met by the home was carried out prior to anybody moving into Ferndale Court. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that assessments had been completed for the people whose files we looked at.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were being reviewed at least monthly so staff would know what changes, if any, needed to be made. We also saw short term care plans created in response to a particular issue. The six care files we looked at contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, preferred social activities and social contacts, people who mattered to them and dates that were important to them. We asked staff members about some people's choices, likes and dislikes within care plans and the staff we spoke with were knowledgeable about them.

We saw that G.Ps, district nurses, dietitians, occupational therapists, tissue viability nurses and speech and language therapists [SaLTs] were regular visitors to people in the home. If people needed specialist advice, such as a swallowing assessment, staff contacted the relevant health professional who would then be able to offer advice and guidance. A care plan to meet this need would then be put into place.

Care reviews were held with the person who used the service and/or their representative at least six monthly.

The home employed an activities co-ordinator. Their job was to help plan and organise social and other events for people, either on an individual basis in someone's bedroom if needed, or in groups. We spoke with the activities coordinator, who had been with the company for over seven years and appeared to be very passionate about interaction with people who used the service. He said "I can't stand the idea of residents being sat, getting bored and not doing any activities of some nature". He said that the activity plans were derived from each person's assessment, their hobbies, aspirations, suggestions and chats with family members. We saw a week's activities planner which the activities coordinator said was is in the process of being tweaked to include entertainers: it had a mixture of inside and outside activities, trips, parties and other festivities. One to one support was provided for those who couldn't or wouldn't join group activities, which included pampering, chatting, playing cards or "they can choose whatever activity they like", "now that I drive a minibus I plan to involve these people more in trips or just going out on a drive for some fresh air". We asked how people were reminded what's on offer for activities when there was nothing readily available in communal areas and were told that there used to be a notice board in the corridors, but this had been removed during the refurbishment.

On the morning of inspection we observed the activity coordinator, with the support of one other member of staff, engaging people in an interactive bowling game, which was enjoyably attended by seven people who lived in the home, and later in the afternoon a musical quiz had been planned but a person living in the home suggested a singalong. The matter was put to vote, and all voted in favour of a singalong. They started singing well-known songs and the level of engagement was very good in that people couldn't wait to lead their favourite sing along songs.

We talked to people about the activities available and received the following comments: "I like staying in my room but there are things to do with staff like playing dominoes and going for a game of pool"; "They take us out in a minibus, been to Blackpool, Southport and I got involved in St Patrick's Day event, got dressed up in big goggles and a hat"; "I go out on trips, go shopping, I like having a snack or cuppa with other people from the home when we are out"; "My mum enjoys going to the pub, feeding the birds, and they took her to the garden centre last week".

Good

Is the service well-led?

Our findings

The registered manager had recently moved to another home owned by the registered provider and there was a relief manager in post. She informed us that a new permanent manager had been appointed subject to satisfactory references.

We asked people what they thought of the management of the home. Most people knew who the manager was and said the home seemed to be well managed and that the management and staff were very approachable. They said: " I have seen her, she is the boss, a very decent person"; "She is a lady and she is alright"; ""I know the lady, she is approachable, anything can be discussed". However, one person said "We've had so many managers I have no clue if we have one at the moment". We noted that there had been at least five managers in the last three years and there had been a number of changes in the registered provider's area management arrangements.

HC-One Limited had a corporate management system within its homes called "Cornerstones". It was a combination of practical tools and corporate documentation. The manager or the person in charge carried out daily walkarounds looking at care and life in the home, the meal service, infection control and obtaining feedback from people who use the service and visitors. The completion of these records provided an on-going account of life within the home that could be audited as part of the company's internal quality assurance system. Another element of Cornerstones was the on-going monitoring of the home via the company's computerised monitoring system called Datix. Key clinical indicators such as pressure ulcers, weight loss, infections, hospital admissions, falls and deaths were monitored monthly. An area director visited the service and spoke to the people living there on a monthly basis. They also carried out checks of the audits completed in the home. We looked at the records of these visits and saw that actions identified for improvement were followed through at the next visit.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included water temperatures as well as safety checks on the fire alarm system and emergency lighting. The manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. She 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly. She also held a daily briefing session with senior staff that covered any issues for the day and any comments or feedback from the people using the service, any relatives and from staff members.

The registered provider's policy was that residents' meetings were held monthly and relatives' quarterly, although the acting manager said they did not always manage to hold them this often. We saw that minutes were produced following the meetings so that people who did not attend were kept informed. The last residents' meeting had been held in January 2017, where the people who lived in Ferndale Court were asked about their views of the care, the food and activities provided. The last relatives' meeting had also been held in January 2017 where attendees had been informed of the provision of a smoking shelter for people who lived in the home, a new charge for providing an escort to medical appointments, the outcome of an

infection control audit, activities planned and staff changes. A residents' and relatives' survey had been carried out in August 2016. Results showed that some people didn't think there were enough staff, that meals could be improved and the premises were not well -maintained . The findings of the survey were displayed on the noticeboard in reception together with actions that the service intended to take to address any issues raised. The outcome of this inspection showed that these matters had been addressed. People could also provide feedback through carehome.co.uk. We looked at the website and saw that there had been five reviews of the home in the last year, all of which were positive and everyone said they would be extremely likely to recommend the home.

Staff members we spoke with had a good understanding of their roles and responsibilities. They were generally positive about how the home was being managed and the quality of care being provided. We asked them how they would report any issues they were concerned about and they told us that they would speak to the manager. They all said they felt they could raise any issues and discuss them openly with her. Staff meetings were held to enable managers and staff to share information and raise concerns. We saw minutes of meetings held in October 2016 and January 2017.