

Almondsbury Care Limited

# Ferns Nursing Home

## Inspection report

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Date of inspection visit:  
11 July 2017

Date of publication:  
26 July 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

Ferns Nursing Home is a care home with provides personal and nursing care to up to 39 people. The home specialises in the care of older people. At the time of the inspection there were 34 people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good

Why the service is rated Good.

People felt safe at the home and with the staff who supported them. One person told us, "It's a comfort to know there is always someone here. That makes you feel safe." The provider had appropriate systems to make sure staff were thoroughly checked before they began work and knew how to recognise and report any suspicions of abuse. People received their medicines safely from registered nurses.

People received food and drinks which met their dietary needs and took account of their preferences. One person told us, "Food is always very nice." People's healthcare needs were monitored and the home supported people to access healthcare professionals according to their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by staff who were kind, caring and patient. People's privacy and dignity was respected and personal care was provided in accordance with people's wishes. People or their representatives were fully involved in decisions about their care and treatment including the care they would like to receive at the end of their lives.

Care and support was personalised to people's individual needs and wishes. One person said, "They get used to how you like things done and they always oblige." People had access to social and mental stimulation through group activities, trips out and one to one support. The provider had a complaints procedure which made sure all complaints were investigated and action was taken to address any identified shortfalls in the care provided.

People benefitted from a management team who were open and approachable and had systems in place to seek people's views and ensure ongoing improvements to the service. The home was well maintained to ensure the safety and comfort of people. Staff morale was good which helped to create a happy and relaxed atmosphere for people to live in.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Ferns 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 checked 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 11 July 2017 and was unannounced. It was carried out by an adult social care inspector 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 the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in April 2015 we did not identify any concerns with the care provided to people.

During the inspection we spoke with 15 people who lived at the home, nine visitors and seven members of staff. Some people were unable to fully share their views with us due to their frailty. We therefore visited people being nursed in their rooms and spoke with staff supporting them. The registered manager was available throughout the day of the inspection. Before the inspection we received written feedback about the care provided at the home from four health and social care professionals.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, medication administration records and records relating to the quality monitoring within the home.

# Is the service safe?

## Our findings

The home continued to provide safe care to people.

People told us they felt safe at the home and with the staff who supported them. One person said, "I feel very safe with all the staff. They are very gentle and very kind." Another person told us, "It's a comfort to know there is always someone here. That makes you feel safe."

People who were being cared for in bed looked comfortable and relaxed. Everyone had access to a call bell to enable them to summon help if they needed it. One person said, "If I press the call bell they come quite quickly – they know I don't just press it for no reason." In addition to call bells there were charts in people's rooms to show staff visited them at least hourly to make sure they were comfortable and to offer drinks and snacks. A visitor said although their relative was cared for in bed they knew they were checked regularly and had no concerns about the care they received. They told us, "When I leave I know they are in safe hands."

Risks of abuse to people were minimised because staff were thoroughly checked before they began work and knew how to report any worries or concerns. All staff received training in safeguarding adults and said they would not hesitate to report any concerns. One member of staff said, "I'd go straight to the manager if I saw or heard anything. I am totally confident something would be done." Where concerns had been raised with the registered manager they had worked with appropriate authorities to make sure people were protected.

There were adequate numbers of staff to make sure people received their care in a safe and unhurried manner. The home used agency staff where needed to make sure safe staffing levels were maintained. One person told us, "The nice thing is they always have time for a chat. They never rush you." The registered manager constantly monitored the needs of people who lived at the home and adjusted staffing levels accordingly. For example there had been recent changes to staff shift patterns to make sure there were adequate numbers of staff available at lunch time as a high number of people required physical assistance to eat. One member of staff told us, "A late shift now starts before lunch and it's so much better. There are more of us to help people and you don't feel you have to rush."

During the recent heat-wave an extra member of staff had been made available each day. This member of staff had responsibility for making sure people had additional drinks and were helped to stay cool. This showed how the registered manager constantly adjusted staffing levels to meet needs.

Risks to people's health and well-being were assessed and monitored. Where necessary action was taken to reduce risks. This included providing suitable equipment to maintain people's safety. The provider had recently purchased a number of very low beds to minimise the risks of injury to people who were assessed as being at high risk of falling out of bed. In some instances bedrails were provided to maintain people's safety. These were regularly checked to make sure they were safe for the person.

People's medicines were safely administered by registered nurses. Medication administration records were

well maintained and correctly signed when administered or refused. Where people were prescribed a variable dose of a medicine the amount given was clearly recorded. This enabled the effectiveness of prescription medicine to be monitored.

People told us registered nurses regularly offered them any prescribed pain relief to maintain their comfort. One person said, "They always offer you the pain killers and it's up to you if you have them." Another person said "I get tablets four times a day, they do it at the right times. I get paracetamol when I want it but they make sure I don't have more than I should."

## Is the service effective?

### Our findings

People continued to receive effective care.

People were supported by staff who were well trained and had the skills and experience to meet their needs. Staff received training appropriate to their role and told us they were happy with the training provided to them. A visitor said, "I am happy with the skills the staff have, they all seem to be able to look after the residents OK and never get into a flap or panic."

The registered manager used inventive ways to provide training which helped staff to understand the experiences of people who lived at the home. At a recent staff meeting staff were made to wear glasses that were smeared with butter and soap and asked to put on ear defenders whilst they continued to speak. This helped staff to understand the importance of making sure people had clean glasses and were assisted to put in hearing aids where they needed them. One member of the care staff team said, "I'm constantly checking people have their hearing aids in. It's so horrible not to be able to hear what's going on."

There were always registered nurses on duty who were able to assess and monitor people's healthcare needs. One person said, "The nurses are very good and can deal with most things but if you need a doctor they don't hesitate to get you one."

People had access to healthcare professionals according to their individual needs. Records showed these included; specialist nurses, speech and language therapists, chiropodists and doctors. Staff made sure recommendations and treatment plans were put into practice to ensure people received effective care. For example, one person had a specific treatment routine and all registered nurses had been trained, and signed off as competent, in this treatment by a specialist nurse. This enabled the person to receive their treatment in the comfort of the home as part of their daily routine.

People who were assessed as being at high risk of pressure damage to their skin were regularly checked and helped to change position to alleviate pressure on specific parts of their body. Where people required a wheelchair to move around the home, staff assisted them into comfortable chairs to make sure they were not sat in the same position for any length of time. People who were being cared for in bed had pressure relieving mattresses in place to minimise the risks of pressure sores. One person told us, "They are always telling you to have a bit of a wriggle, it must work because I don't have any soreness."

People's nutritional needs were assessed and met. People were involved in choosing food for the menu to make sure their preferences were catered for. We saw the minutes of a recent meeting with the cook where people had been asked for their suggestions. A number of people required their meals to be served at a specific consistency including having their food pureed. The cook and a member of staff told us they had pureed different food stuffs in accordance with people's wishes and invited people to sample them. This helped to ensure that people who required specialist diets still received tasty meals. A member of staff told us several people had requested salad and so they had attempted to puree this but it had been unsuccessful.

At lunch time food appeared and smelt appetising. People who required a pureed diet received the same choices as other people and when the meal was served it was well presented and colourful. People were offered a range of drinks including fruit juice, wine and fizzy drinks. People were complimentary about the food served and said they always had a choice of meal. One person said, "The food here is pretty good." Another person told us, "Food is always very nice." One visitor said "They are definitely well cared for and well fed." A number of people were having their food and drink intake recorded to enable staff to monitor their well-being. We observed the food and fluid charts being filled in immediately after the meal which was very positive.

At a recent practical training session staff were invited to feed each other to help them to understand the importance of ensuring they fully communicated with people they were assisting to eat. Staff wore blind folds so they did not know what was being fed to them. Staff commented they did not know if the food would be hot or cold, sweet or savoury. At lunch time we saw staff took time to support people to eat. The home's permanent staff told people what the meal was and supported the person at their own pace showing the training had been effective.

Most people who lived in the home were able to make day to day decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. We heard staff asking people if they were ready to be helped and waiting for people to respond to them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care records showed people's ability to make decisions had been assessed and where they were unable to make a decision there were records to show how any decision made was in their best interests. Staff we spoke with were not knowledgeable about the MCA. We discussed this with the registered manager who told us they would make sure all staff had the information they needed to help them to better understand this area of practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people required this level of protection the registered manager had made applications for people's needs to be assessed to make sure their legal rights were protected.

## Is the service caring?

### Our findings

The service continued to be caring.

People were cared for by staff who were kind and supported them in a patient and friendly way. One person told us, "They are so kind and always make time for you." Another person said, "Staff are lovely to you." A visitor said, "I have never heard a bad word here. They are all so polite and caring."

During the day we saw staff were chatty and friendly with the people they cared for. When they spoke to us about people they did so with warmth and affection. Some people enjoyed a joke with staff and there were lots of smiles when staff approached them. Staff helped people in a way that was kind and discreet. For example, at lunch time one person was struggling to eat their meal. A member of staff quietly asked them if they would like a plate guard and provided this and a spoon for them. The person smiled and touched the member of staff to show their appreciation and was able to eat their meal independently. In another incident we saw staff approaching a person to check they were warm enough and they quickly went to get them a cardigan which they helped them to put on.

The registered manager kept a book which showed when staff had done kind acts, often in their own time. This included staff who had recently had babies bringing them to the home to show people, staff bringing in their pets to enable people to interact with them and doing shopping for people. One person who lived at the home did not have visitors and so a member of staff, who noticed they needed new nightdresses, went out on their day off to buy some, they washed and ironed them and bought them in for the person when they were next working. One person said, "They are a lovely bunch. Will do anything for you."

People were treated with respect and dignity and all personal care was provided in private. One person told us, "Oh they are definitely respectful. I can't do much for myself these days so they do everything. When they wash you they are so kind and gentle." Another person commented, "We have a new carer – only been here about a month but she is wonderful. She tells us 'I love looking after you all, I just think of you as my own Granny. "

The home employed male and female care staff and people were able to choose the gender of the person who supported them with personal care. One person said they had no preference but found all the staff to be "Very professional and respectful." A visitor told us their relative preferred to have a female to support them with intimate personal care and the staff always ensured their preference was respected. A member of staff said "We are all allocated where we work when we come in but if someone has a specific preference we do swaps so they get what they want." One visitor told us, "[Person's name] does have their favourite carers who they get on with very well and staff do try to accommodate this when allocating staff to residents."

The registered manager helped to promote people's dignity by ensuring staff had opportunities to receive practical training which helped them to understand people's experiences. They also ensured that language used in the home was respectful and age appropriate. The minutes of team meetings showed that language was discussed at each meeting to make sure staff understood what was appropriate.

People and their relatives were involved in decisions about their care and support including the care and support they would like to receive at the end of their lives. People's care plans showed people had been involved in decisions and were able to express their preferences about how care was delivered. One healthcare professional who provided feedback told us that when a member of staff assessed people to see if they were suitable to move into the home they always fully involved the person. They wrote, "The visiting staff member will always meet with the patient and I have observed the conversation to focus on the needs of the patient and their individual choices in relation to their daily lives."

People had care plans to show the care and support they wished to receive at the end of their lives. These care plans included where people would like to be cared for. Staff told us they had received training in how to care for people at the end of their lives. One member of staff said "Everything matters. The nurses make up mouth care kits to make sure people are comfy. We make sure visitors and family are always comfortable too. I think most of us are quite passionate about end of life care." One thank you card from a person whose relative had died at the home thanked staff for their "Kindness and wonderful care."

## Is the service responsive?

### Our findings

The service continued to be responsive.

People continued to make choices about their day to day lives and staff respected people's choices and personal routines. One person said, "They get used to how you like things done and they always oblige." Another person said, although they spent the majority of their time in bed, they liked to get up to have their hair done. They told us, "I like to get up when the hairdresser comes. It's exhausting but the girls [staff] know it's important to me so they help me."

During the inspection we saw people followed their own routines and staff provided care that fitted with people's preferences. One visitor laughed and said, "They never get up early. Staff know them very well and wouldn't dream of disturbing them too early." We saw that some people liked to spend time in their room and others used the communal areas. One person said, "I've never been one for lots of people. I do my own thing."

People had their needs assessed before they moved to the home to make sure staff were able to meet their needs and expectations. People told us staff had asked about their preferences when they carried out an initial assessment and felt these were incorporated into their care plans. One person said, "They asked about all the things I liked. I didn't feel able to visit but they gave me confidence and I think I made the right decision moving here." A visitor told us, "Prior to [person's name] moving in they did come and do a pre-assessment which I was very happy with."

People had individual care plans which gave staff information about each person. Staff followed the care plans to make sure people received care in accordance with their needs, wishes and preferences. One care plan gave details about the position the person needed to be in to eat and how their meal and drinks needed to be prepared. At lunch time this person received care and support in accordance with the care plan. Another care plan showed the person needed to be helped to move using a mechanical hoist. We asked this person how staff supported them to move and they explained how staff assisted them which matched the care plan. They also said, "They are very good with the hoist. I know how I want them to do it and that's what they do."

Staff responded to changes in people's needs and abilities to make sure people received care that was appropriate to their up to date needs. For example; one person had lost weight and after consultation with healthcare professionals the person was being provided with a fortified diet to increase their weight. One visitor said their relative had been at the home for some while and staff had adjusted the care they provided as their needs changed. They told us, "They keep you up to date with things that happen and make sure they do what's needed at the time." Another visitor said their relative had improved mentally and physically since being at the home and so care had been changed accordingly.

People were able to take part in a range of activities according to their interests. Each person received a printed timetable of the week's activities to enable them to plan their time around the sessions they would

like to join in with. One person told, "There's plenty of activity if you want it." On the day of the inspection some people went out shopping with staff, some took part in a group activity and other's occupied their own time.

The staff arranged visiting entertainers, religious services and fund raising coffee mornings and events. One person told us how much they enjoyed visits from a therapy dog and we saw they kept a box of dog biscuits for these visits. Another person had been knitting in preparation for a fund raising coffee morning. A number of people were cared for in their rooms so not able to join in with group activities. The activity worker told us they visited people in their rooms to chat with them and provide some social stimulation. People told us care staff also came to their rooms to socialise. We saw photographs of various activities which had occurred in the home and saw that staff included people in their rooms where possible. For example photos showed that when an organisation had visited with birds of prey they had taken the birds to show people who were being cared for in bed.

Each person received a copy of the complaints policy when they moved into the home. People we spoke with did not have any complaints but said they would be comfortable to speak with a member of staff or the registered manager if they were unhappy. One person told us, "They try to sort out anything you don't like." A visiting relative said they had plenty of opportunities to speak with the registered manager and deputy and would not hesitate to raise a concern if they had one. They told us "I could say anything to the manager." Another visitor said, "We have had a couple of small concerns but we have chatted with the senior shift leader and these have been dealt with properly."

## Is the service well-led?

### Our findings

The service continued to be well led.

There was a registered manager in post who was suitably skilled and experienced to manage the home. 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.

There was a clear staffing structure which ensured registered nurses and senior staff were always available to monitor people's health and welfare. The registered manager was supported by a deputy and there was always a registered nurse on duty. In addition to registered nurses there were senior and lead care staff who organised and allocated the care staff team. The senior care staff told us one of their roles was to constantly monitor practice to make sure good standards of care were maintained.

People described the management in the home as very open and approachable. The registered manager and deputy had a good knowledge of people and their needs. They spent time working alongside other staff to constantly monitor practice and look for where improvements could be made. One member of staff said, "[Registered manager and deputy's name] aren't afraid to roll their sleeves up and work with us." Another member of staff said, "I like [registered manager's name] attitude. The residents always come first but she listens to us and any suggestions we make."

We were told by visitors that there was good communication within the home and they were always kept up to with their relative's progress. One visitor said, "Communication here seems very good. I can ask anyone about their care and they all know. If anything happens they ring me straight away."

The registered manager told us they constantly looked for ways to improve the service and ensure it met people's changing needs. They told us they welcomed suggestions from people and staff and were always happy to trial new ways of working, such as changes to shift patterns. In response the number of men now living at the home the registered manager and activity workers were working together to make sure there was appropriate social stimulation. One person told us they had been asked for suggestions about activities and a trip to a local motor museum was being planned.

Staff morale was high which led to a pleasant and relaxed atmosphere for people to live in. The staffing structure meant staff felt well supported because less experienced staff always had access to more senior staff to ask for advice and support when required. One member of the care staff team told us, "There's really good team work here. You can always ask the nurse or another member of staff if there's anything you don't understand." One person said, "Everyone seems to know what they are doing. They work as a team."

In addition to monitoring practice by observation there were quality assurance systems which included seeking and acting on people's views. These included regular meetings for people and for relatives. There

were also annual satisfaction surveys. Responses from the most recent satisfaction survey were positive although some relatives said they were unclear about the home's complaints policy. In response to this, how to make a complaint was discussed at a relatives meeting. Visiting relatives we spoke with during the inspection told us they would be comfortable to make a complaint if they were unhappy with any aspect of their relative's care. Where people had made comments about individual care these had been dealt with by the registered manager.

People benefitted from a home which was well maintained and regular safety checks were carried out to ensure the safety of people, staff and visitors. These checks included regular checks of bedrails and other equipment used at the home such as pressure relieving mattresses and hoists. There were adequate numbers of appropriate staff to ensure good standards of hygiene were maintained throughout the building. Several people commented positively on the standards on cleanliness. One person said, "Everywhere is kept clean and there are never any unpleasant smells."

All accidents which occurred were analysed to identify any patterns or trends and to prevent re occurrence. Where analysis had identified the need for changes to equipment used, such as lower beds, these had been provided. One person had also been provided with arm protectors to minimise the risks of injury to them.

The provider took action to make sure the home met the required standards and was operated in accordance with current legislation. There were policies and procedures which gave staff the information they required to provide care and support in accordance with current best practice guidelines.