Mr & Mrs T Leek

Fernbank House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was unannounced and took place on 17 and 21 October 2015. Fernbank House is registered to provide care and support for up to 11 people. They do not provide nursing care. At the time of this inspection there were ten people living at the service.

A registered manager was in post who is also part of the partnership who runs the service. 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 2014 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection, one application had been approved and others had been made to the local authority in relation to people who lived at the service. The registered manager told us these were waiting to be approved.

Summary of findings

Recruitment processes were not as robust as they should have been. Not all checks were in place to ensure new staff were suitable to work with vulnerable people. This did not fully protect people from the risk of unsuitable people being employed.

People's medicines were being well managed, although written guidance was not available to tell staff when they should consider an as needed medicine (PRN) for people who lacked capacity.

There were not enough slings for each person who needed to use the hoist to have their own, which was a risk of cross infection. Following feedback the registered provider purchased additional slings to ensure there were sufficient.

When people were being transferred in wheelchairs around the home, foot plates were not used. This was a risk to people as they may catch their feet on the carpet which could cause injury.

There was sufficient staff with the right skills and knowledge to meet people's needs. Staff received training in all aspects of health and safety as well as understanding the needs of older people and dementia. Staff had support and supervision to help them understand their role and do their job effectively.

People said they felt safe and well cared for. Staff knew people's needs and preferences. One person said ''Staff are all lovely, they really look after us, they know us all and we know them.''

Staff knew how to protect people from potential risk of harm and who they should report any concerns to. They also understood how to ensure people's human rights were being considered and how to work in a way which respected people's diversity.

Care and support was being well planned and any risks were identified and actions put in place to minimise these. People had access to their plans as they were kept in their room. Daily records showed people's personal, health and emotional needs were monitored. People confirmed they were able to see their GP when needed and relatives confirmed they were kept informed of any change in the needs of their relative.

The provider ensured the home was safe and that audits were used to review the quality of care and support being provided. This took into consideration the views of people using the service and the staff working there.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement

Most aspects of the service were safe, but recruitment processes were not robust and did not ensure new staff were appropriate to work with vulnerable people.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately, although people did not have a personal emergency evacuation plans.

Medicines were well managed, but improvements were needed to guide staff about when to administer as needed medicines.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

Is the service caring?

Good

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

Is the service responsive?

Good

The service was responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Good

The service was well-led.

Summary of findings

The home was well-run by the registered manager and provider who supported their staff team and promoted an open and inclusive culture.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis. This ensured the service was safe and quality monitoring was an on-going process.

Fernbank 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 17 and 21 October and was unannounced. Both days were completed by one inspector.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

During our visit we met with all ten people using the service to gain their views about the care and support they received. We also met with five care staff and the registered manager. We spoke with two relatives and one health care professional.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

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

Requires improvement

Is the service safe?

Our findings

Recruitment was not always robust. Two out of three recruitment files showed new workers had been employed before all their checks were back to ensure they were suitable to work with vulnerable people. There were no risk assessments in place to show why new staff had been able to start without full checks being in place so any risks had not been considered. This is a breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed two people being assisted with transferring from their chair to a wheel chair and the same sling was used. Staff said they had two slings of the same size, but one being washed. Using the same sling for people may result in cross infection occurring. We fed this back at the end of the first day of inspection and the provider had purchased additional slings by the time we next visited. This ensured there were sufficient slings for people to have their own and a spare in case one needed washing.

We saw people being moved from the lounge to the dining area in transit wheelchairs without footplates. One person was small in stature so their feet did not touch the floor, but others were required to lift their feet up to prevent them dragging on the floor. When we fed this back to the registered manager, she said she was constantly reminding staff they needed to use foot plates. Staff were concerned people may catch their skin on them when they were pushed to the side so as a solution had removed the footplates. This is unsafe practice and could lead to an injury. This is a breach of regulation 12 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fire risks had been assessed and fire equipment had been updated, but people did not currently have a personal emergency evacuation plan. The registered manager said the fire and safety officer from Devon and Cornwall fire service had not mentioned this when they visited, but she could see why these should be in place and said she would address this as a matter of urgency.

Risks assessments were in place and were up to date for people's physical and mental health needs. For example, people at risk of falls had been assessed by healthcare professionals and walking aids had been supplied. We saw this was new for one person and staff needed to remind them to use their walking frame to move around the home safely. Where people had been assessed as being at risk from pressure damage, equipment such as pressure relieving cushions were being used to minimise this risk.

There were sufficient staff with the right skills available each shift to enable people's needs to be met. People said they were being well cared for. One person said ''Staff are all very good, we couldn't ask for better.'' Another person said ''We are very well looked after.''

Staff confirmed they were enough staff on each shift to meet people's needs. There were normally two or three care staff each morning and two each afternoon, who were supported by a cook and cleaner. There was also a maintenance person and the registered manager provided additional support when needed and was available most weekdays. During the night time there was one staff member on duty with a second member of staff providing sleep-in cover. The sleep-in person got up if the night care staff needed additional support to assist them to safely move a person if they fell for example or other emergencies. The senior staff member confirmed there was no one who currently needed the support of two staff at night. The registered manager said they were able to cover any sickness and leave with existing staff and herself covering. They did not use agency staff.

Medicines were well managed and people received their medicines at the time it was prescribed. Records for medicines were completed appropriately and consistently. We saw where people had been prescribed an as needed (PRN) medicine, other than for pain relief; there was no written guidance for staff to follow as to when they should consider administering medicines. For example, where someone lacked capacity and may need an occasional medicine to alleviate their anxiety or distress, there were no protocols to show what other actions could be tried before considering the prescribed medicine. We discussed this with the registered manager and she said, staff were knowledgeable about people's needs and anxieties, but would document a protocol for each person and any PRN medicines.

Staff understood how to identify possible concerns and abuse and knew who they should report this too. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to

Requires improvement

Is the service safe?

CQC. There had been one safeguarding issue raised by the service but did not involve the service or staff there. They worked with other agencies to ensure the person was fully protected.

Maintenance and safety checks were completed by the maintenance person on a weekly and monthly basis to ensure the environment was safe and well maintained.

These were not always recorded, such as the checking of water temperature to ensure the thermostats were working and keeping the hot water at a temperature which would not cause scalding. The registered provider said they were in the process of getting their legionella checks updated and had recently undated the emergency lighting, fire escapes and call bells.

Good

Is the service effective?

Our findings

People were supported to have their needs met by staff who understood these and were given training and support to provide care and support effectively. Staff confirmed they had received training in various areas to help them understand the needs of people they cared for. People said staff knew their needs and offered support when they needed it. One person said ''I came here for respite and knew the staff did a good job so I asked to come back.'' One relative commented ''I feel my relative is very well cared for here. The staff understand her and are really very good.''

The registered manager said staff had received training in safe moving and handling, fire safety, pressure damage, diabetes, constipation and hydration. They had also completed some distance learning in various specialist areas such as end of life care, equality and diversity and understanding dementia. The registered manager said most staff had achieved a national vocational training certificate in care at level 2 and 3. When the registered manager talked to staff about their future development, she said she was open to any training they wished to pursue.

Before starting as part of the staff team, newer members of staff were given two or three shifts to work alongside more experienced staff so that they had an opportunity to get to know people's needs and the operational ways of working in the service. Newer staff confirmed they had completed an induction process covering all aspects of their role and running of the service. The registered manager said they had not had new staff since the new Care Certificate had been introduced but she had the details and would offer this if new staff were employed in the future.

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The registered manager advised there were current deprivation of liberty safeguards in place for one person. This was not viewed as the safeguarding team had this information for follow up of a separate incident. The registered manager described the reason the DoLs was in place. We observed staff working with this person to ensure they did so in the least restrictive way. The person did ask about going home and leaving, but staff used diversions such as offering them a drink, sitting and taking. The registered manager said she was in the process of completing applications (DoLS) for several other people. The registered manager said she was also in the process of organising training via Devon County Council for staff to gain a better understanding in this area. Staff did understand the principles of ensuring people were given choices and where possible consent gained. For example staff made sure they talked with staff about how they were going to assist them and waited for verbal consent to be given.

People were supported to eat and drink to ensure they maintained good health. People confirmed they were offered a choice of meals and drinks and we saw this occurred both at lunch and teatime. Where people had been assessed as having swallowing difficulties, staff were aware of how to assist them and how their drinks were thickened to help prevent choking. People were complimentary about the meals being offered to them. One person said ''All the food is lovely, I like everything pretty much.'' The lunchtime experience was enhanced with nicely laid tables, condiments and serviettes. People were not rushed and the lunchtime meal appeared to be a pleasant experience for people. There was good humoured banter between staff and people.

Care records showed that health care needs were closely monitored and where needed healthcare professionals were called for advice and support. We saw for example, where people had deteriorating healthcare, staff consulted with the GP and district nurse team.

Good

Is the service caring?

Our findings

People were referred to by their preferred name and there was clearly a great deal of warmth between people and staff. One person said ‘‘I never feel lonely here, staff are always happy to have a chat and show they care.’’ One relative said ‘‘It really is like a big happy family, my relative knows all about the staff and their life, which I think is nice. We are always made welcome with a cup of tea.’’

Staff worked in a way which ensured people’s dignity and respect was upheld. For example in shared bedrooms, ensuring personal care was only completed in private either using a screen or assistance in the bathroom. Staff offered support to people to attend to their personal care needs in a discrete way. One person confirmed staff knocked on their bedroom door before entering.

There were many compliment cards from families about the caring nature of staff at the home. One said ‘‘I shall be forever grateful to each of you for caring so lovingly and wonderfully for (my relative)’’ Another said ‘‘Thank you all so very much for the kindness you gave……..she could not have lived in a happier or more caring home.’’

Staff understood the importance of offering people choice and respecting people’s wishes. Support was offered in a gentle and respectful way. When people were anxious or distressed, staff provided words of comfort and held the persons hand. Staff showed a caring approach when talking about people in their handover meeting, making sure the next shift were aware of people’s emotional well-being as well as their physical well-being. Staff knew people’s social histories, what was important to them and what their preferred routines and wishes were. Staff spent time listening to people to ensure they were able to express their views and makes choices in their everyday life. For example, checking if people wanted music on during lunch. Asking if people wanted a particular programme on the TV.

Good

Is the service responsive?

Our findings

People said staff were responsive to their needs. For example people confirmed support was provided when they wanted it. Some people liked to get up early and they were supported to do this. Others preferred a more relaxed start to the day and staff honoured their wish, offering support at a later time. One person said ''If it is a busy time such as meal times and you need a hand, you may have to wait, but staff are very good and respond to you as quickly as they can.''

Staff were able to describe ways in which they were responsive to people's needs. For example when one person was anxious about when their relative might be visiting, staff provided reassurance and offered for them to call their relative. This gave a reassurance to the person.

Care records detailed people's personal and healthcare needs and were updated and reviewed regularly by the senior care staff. This meant staff knew how to respond to individual circumstances or situations. Detailed assessment were in place which were person centred and included sections about peoples preferences and choices. Staff confirmed they referred to people's plans to ensure they deliver the right care in a consistent way. Any small changes to people's needs were discussed with staff following each shift. This showed the service was responsive to people's needs and any changes to their needs.

Activities were offered at different times during the day. One person was playing draughts with a member of staff and another was helped with a word search. One person was keen to watch the world rugby and staff set a reminder on the TV so they did not miss the start of it. The registered manager said they organised regular outings to places of interest such as the local zoo, garden centre and to the pub and cafes for lunch. They had also been going to a fortnightly dementia singing group held in the local community. These outings had been popular with most people opting to attend. People were asked what they enjoyed doing and staff then offered activities around individuals interests. For example, one person enjoyed one to one games with staff. Another liked going out for a walk. The registered manager said, they planned outings with people and asked them where they enjoyed visiting and what they would like to do for the future.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives as part of their information pack. Complaints were dealt with effectively and the registered manager gave an example of how she had responded to a recent concern. Records were not kept of actions to resolve this concern, but after discussion with the registered manager she agreed she would do this. Relatives confirmed they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with.

Good

Is the service well-led?

Our findings

The registered manager is also the registered provider. There was a clear ethos of promoting people's choice and diversity within a homely environment. Staff understood the ethos and worked to support this approach. Staff said their views were listened to and the registered manager was open and inclusive. Staff confirmed they had meetings and supervision with the registered manager who worked with them as part of the team. One staff member said ''It is a really good team here, we all work together and all discuss how best to help people who live here.''

People's views were sought in a variety of ways. The registered manager said she had not carried out surveys this year as she found she received the same response each year from people. She said that instead, she spent time talking with people individually to find out their views about the meals, staff and what activities and outings they had enjoyed and would like to do in the future. The registered manager described it like a family, she would make a suggestion and they would talk about whether they liked her idea. People said they were listened to. One person said she had made specific requests in respect of the menus and this was acted on.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Incident reports were reviewed by the registered manager to see if there was a reason or a preventative measure which could be used to minimise the risk of another incident occurring.

The registered provider had been refurbishing and redecorating the communal areas and had also undated the call bells, emergency lighting and fire escapes to ensure the environment was homely and safe for people. They had a development plan of refurbishment and ensured the environment was kept safe with checks on equipment and the premises. Audits were in place for checking fire safety equipment, which were recorded. Checks on other areas of the environment were completed but were not always recorded.

There appeared to be good partnership working with the community nurses, GP s and nurse educators.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Recruitments processes did not include all checks to ensure new staff were fit and proper to work with vulnerable people.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Staff did not always ensure equipment was used in a safe way.**