Sanctuary Care Limited

Fernihurst Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Fernihurst Nursing Home provides care and accommodation for up to 50 people. The majority of people at this service living with dementia or have mental health needs. The service is a purpose built care home providing accommodation over three floors, with lifts between floors and with communal facilities on each floor. There were 48 people using the service on the first day of our inspection.

At the last inspection in July 2015, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager. 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.

Relatives and staff gave us positive feedback about the management team. They said they were open, friendly and welcoming. They were happy to approach them if they had a concern and were confident that actions would be taken if required. The registered manager and deputy manager were very visible at the service and had an open door policy. They promoted a strong, caring and supportive approach to staff and put a high emphasis on staff training and increasing their knowledge.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager was using two dependency tools to assess they had sufficient staff and that they were deployed in the right areas of the home.

The staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005) (MCA). Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. They had made appropriate applications for people they had assessed that required to be deprived of their liberty to the local authority DoLS team.

People were supported by staff who had the required recruitment checks in place and were trained and had the skills and knowledge to meet their needs. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns.

Improvements were made during the inspection to ensure monitoring checks were regularly made to people in their rooms and recorded. Systems were also put in place so the nurses and management team formally monitored that the monitoring forms were being completed.

People were supported to maintain a balanced diet. We discussed that not all people had drinks available in their rooms. Action was taken to address this. People and visitors were positive about the food at the service.

People received their prescribed medicines on time and in a safe way. Visitors said staff treated their relative with dignity and respect at all times in a caring and compassionate way.

People were supported to follow their interests and take part in social activities. A designated activities coordinator was employed by the provider. They ensured each person at the service had the opportunity to take part in activities and social events which were of an interest to them.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. Care plans were person centred and people where able, and their families had been involved in their development. Staff were very good at ensuring people where able were involved in making decisions and planning their own care on a day to day basis. People were referred promptly to health care services when required and received on-going healthcare support.

The premises were well managed to keep people safe. There were emergency plans in place to protect people in the event of a fire or emergency.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff through staff and residents meetings, surveys and questionnaires to continuously improve the service. There was a complaints procedure in place. There had been two formal complaints in the last 12 months which had been responded to in line with the provider's policy.

Further information is in the detailed findings in the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains 'Good'.	**Good**
Is the service effective? The service remains 'Good'.	**Good**
Is the service caring? The service remains 'Good'.	**Good**
Is the service responsive? The service remains 'Good'.	**Good**
Is the service well-led? The service remains 'Good'.	**Good**

Fernihurst 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 24 July and 1 August 2017. The first day of the inspection was unannounced and carried out by an adult social care inspector, two specialist advisors who were registered nurses and two experts by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service. We announced the second day of our visit so we could speak with the registered manager and the regional manager. On the second day only the adult social care inspector visited.

Fernihurst Nursing Home provides care and accommodation for up to 50 people. At the time we visited, 48 people lived at the home.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We met the majority of people who lived at the service and received feedback from nine people who were able to tell us about their experiences. A few people using the service were unable to provide detailed feedback about their experience of life at the home. We spent time in communal areas observing the staff interactions with people and the care and support delivered to them. We used the Short Observational Framework for Inspection (SOFI) in the unit. SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with six visitors to ask their views about the service.

We spoke and sought feedback from 12 staff, including the registered manager, deputy manager, nurses, a

nursing support assistant, care workers, the activity person, a cook and housekeeping staff. We also spoke with the provider's regional operations manager.

We reviewed information about people's care and how the service was managed. These included eight people's care records along with other records relating to the management of the service. This included four staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals, commissioners and the local authority safeguarding team to obtain their views of the service provided to people. We received feedback from three of them.

We also looked at ten people's medicine records and the systems in place for managing medicines, and we checked how they were administered to people.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People commented, "I feel a sense of comfort here" and "I feel very safe here, they look after me very well." One relative they felt their husband was safe at the home and their spouse agreed. However one person said they locked their door at night, this was confirmed by their relative. They said this was to protect their belongings as other people came into their room and moved things around. We discussed with the registered manager that people were able to wander around and did enter people's bedrooms at times. They said people they had concerns about were on 15 minute monitoring to help ensure staff knew where they were in the building. They also said they were looking to put sensors on people's doors which would alert staff when people entered others rooms.

People were protected by staff that were very knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had received training in safeguarding of adults and had regular updates. They had a good understanding of how to report abuse both internally to management and externally to outside agencies if required. Policies and procedures for safeguarding and whistleblowing were accessible for people and staff which provided guidance on how to report concerns. Staff had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider undertook relevant professional registration checks. They had ensured all of the nurses working at the service were registered with the Nursing Midwifery Council (NMC) and were registered to practice. Help and support was given to registered nurses who need to undergo a process known as revalidation in order to maintain their professional registration. The registered manager told us that they had recently 'signed off'' a registered nurse who was revalidating. This process involves checking that the nurse has completed the required number of reflective practice accounts, undertaken the required number of practice hours and completed training in a variety of formats.

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments for falls, nutrition, skin integrity and manual handling. Staff were proactive in reducing risks by anticipating people's needs, and intervening when they saw any potential risks. For example, the issue of pressure relieving equipment and ensuring the environment was clear from clutter for people at risk of falling.

Staff supported people whose behaviour challenged the service in a way which respected people's dignity and protected their rights. During our visit there were numerous incidents where people's behaviours challenged others, staff responded promptly and dealt with the people in a calm, skilled and respectful way.

One person became agitated; staff quickly went to reassure them and managed this in a calm and non-confrontational way. At the time of our visit two people were receiving one to one support at times throughout the day.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked. A pharmacist had visited the home and undertaken a medicines audit on 9 June 2017 and found no concerns. Medicine administration records (MARs) were completed correctly with no gaps or anomalies. MARs charts contained up to date photographs and these were updated on an annual basis or if a person's appearance changes due to illness or weight loss. One nurse said, "We have adequate training and we do daily running totals of all boxed medicines. We do daily checks of the (medicines which require higher security). If there ever was an issue we could narrow it down to a shift. I think medicines are safe." People said they received their medicines on time, comments included, "I get my medicines on time. They wait until I have taken them"; "It's quite satisfactory thank you, I get my medicines on time" and "I get my medicines OK."

There was enough staff to support people's needs, with dedicated numbers on each of the three floors. During the morning and afternoon there are two nurses scheduled on duty and nine care workers. This meant there were three care workers on each of the three floors but they were flexible and were deployed where there was most need. At night a nurse was supported by four care workers. Throughout the day staff were supported by an activity coordinator, administration staff, housekeeping and catering staff and maintenance staff who were seen interacting with people during our visits. The provider also had two nursing support assistants who had additional training and were able to undertake medicines and small dressings and support the nurses. They also had a supervisory role to other staff.

The registered manager said they used the provider's dependency tool to assess staff levels. They said they had also found another dependency tool which they would complete for each individual floor to assess the people's needs to ensure staff were deployed as needed. Our observations showed there were sufficient staff on duty during our visits to meet people's needs and keep them safe. Staff were busy but had time to respond to people's needs. The staff undertook additional shifts and roles when necessary to fill gaps to ensure adequate staffing levels were maintained. The provider used the services of a local care agency if needed to ensure the staff levels were maintained.

Staff followed infection control procedures and were seen to use personal protective equipment where necessary. The home was clean throughout but there were areas of odour in some rooms. The registered manager had already identified these rooms and new carpets were due to be fitted.

Accidents and incidents were reported in accordance with the organisation's policies and procedures. Staff had recorded accidents promptly and the actions they had taken at the time. There was an emergency on the first day of our visit, staff responded quickly and stayed with the person while waiting for the ambulance service to attend.

The environment was safe and secure for people who used the service, visitors and staff. There were arrangements in place to maintain the premises and equipment. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, gas, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. Staff were able to record repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person. The maintenance person also had weekly, monthly, quarterly and annual tasks. These included checking hoist safety, wheelchairs, bed safety, and water temperature checks. A senior maintenance manager visited the home regularly to ensure these checks were carried out and that action

was taken if needed.

There were plans for responding to emergencies or untoward events. There were individual personal protection evacuation plans (PEEP's) which took account of people's mobility and communication needs. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate people safely. The provider had also put in place a 'business continuity plan' to be used in the event of a problem at the home.

The washing and drying laundry room was tidy. When laundry was clean it was taken to a different room to be sorted and ironed and taken back to people. This meant there was a system in place to ensure soiled items were kept separate from clean laundered items. Staff confirmed there was always a good stock of detergent available. On the first day of our visit one of the washing machines were out of order. Staff confirmed that this had been reported and that action was always taken quickly to resolve these types of issues.

Good

Is the service effective?

Our findings

The service continued to provide effective care to people. People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. Visitors, when asked about the skills of the staff, felt they were well-qualified to do their jobs. A relative had recorded on a review form, "My husband and I have complete faith in the staff and management. The care is excellent and I don't see what more could be done to cater for the needs of residents. There is evidence of staff training and I have witnessed care and compassion as the norm at Fernihurst. The environment is soft, cosy and welcoming. Visitors (and pets) are always greeted warmly."

The provider and registered manager placed a high emphasis on staff training. The provider's mandatory training included, safeguarding of vulnerable adults, dementia in care, dignity through action, first aid, food safety, infection control, manual handling, Mental Capacity Act (MCA) and Deprivation of liberties (DoLS), nutrition, fire safety and health and safety awareness. The provider had added safeguarding for children to the required training at the service because a lot of children visit the home. Staff said the training they had received was very good and they had supervised practice on a regular basis. For example, there were practice records for two members of staff who dispensed medicines.

The provider recorded in their provider information return (PIR), "Fernihurst is a home for people living in the later stages of dementia, and the provider has developed a training pathway in conjunction with Worcester University. All staff undertake a basic e-learning course in dementia before attending training in 'Engaging with People with Dementia'. There is then the opportunity to attend six day courses in dementia specialist, leadership in dementia and the dementia masterclass. The manager had completed the leadership in dementia course and there are two specialists in the home to support staff." It was evident staff had a good understanding of how to support people living with dementia. Care workers clearly demonstrated they understood the importance of empowering people to make as many of their own decisions and choices as possible. They told us about the strategies they used to support people with decision making. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. This meant people's independence was maintained and they retained control over aspects of their life.

Staff were completing dementia experience training where they found out what it was like to be a person staying at the service for a period of time. Following the training they completed a reflection of how they found the training and what they would do differently in the future. One staff member recorded, "In future I will ask the residents if they want to do things as much as possible." The registered manger said that all new staff would be completing this training as part of their induction.

Registered nurses were also supported to undertake training specific to their roles and responsibilities. These included verification of death, tissue viability, syringe driver (a small, portable pump that can be used to give a continuous dose of painkillers and other medicines through a syringe) and wound care.

The provider wrote in their PIR, "All new staff undertake a 12 week induction and a six month probationary period. This enables staff to monitor their progress with their line manager and address any issues or further training requirements." Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. New staff completed a period of 'shadowing' experienced staff to help get to know the people using the service.

There were five supervisions and annual appraisals for staff each year which were used to develop and motivate staff and review their practice. The registered manager had delegated some responsibilities for supervisions to the nurses and senior care workers. Staff were positive about the supervisions and appraisals they had received and said they felt supported.

People who lacked mental capacity to make particular decisions were protected. Staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager had made appropriate applications to deprive people at the service of their liberty to the local authority DoLS team. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. Best interest decisions had been made involving relatives, staff and other health and social care professionals as appropriate. There were two staff members at the service who were trained dementia specialists to ensure there was good practice at the service in relation to supporting people with dementia.

People had access to healthcare services for ongoing healthcare support. The nurses referred people's health concerns to a local GP who visited the home weekly. A consultant psychiatrist also regularly visited the service to coincide with the GP's visits to review people. People also had regular health appointments such as with the dentist, optician, and chiropodist. Where any health concerns were identified, visiting health care professionals confirmed staff at the home sought advice appropriately and followed that advice. Comments included, "I believe they call me promptly if they have any concerns about the residents and act on my advice. I think the staff manage the home well and I have had several relatives of residents comment to me that they are pleased with the care there. I think in general the staff have the skills to manage the patients."

People were supported to eat and drink enough and maintain a balanced diet. The cook said people could have the option of a cooked breakfast each morning if they wished. Refreshments were taken around each morning and afternoon with additional snacks for people to ensure people's weight were maintained. Snacks included, cheese and crackers, cakes, biscuits and fortified milkshakes. The cooks were well informed about people's dietary needs and had a good understanding of required food textures for people with swallowing concerns.

At lunchtime there were two main meal options and people were given the choice at the time the meal was served up. Staff showed people the two different meals and let them indicate their preference. People who had different requirements had alternatives relevant to their needs. The registered manager said they were looking at food magazines with people before lunch to help with their anticipation of a meal so they would enjoy it more.

People and visitors were positive about the food at the service. Comments included, "The food is very good"; "The food is good, the staff are cheerful and kind" and "The food here is really good. The quality is good and

the choice is varied."

We observed a lunchtime meal in the main dining area on the ground floor and the two communal areas on the first and second floor. Care staff checked on the progress of all the diners, and assisted where required. We discussed with the registered manager that there was not always water available in people's rooms. They said it was not always appropriate to have drinks in people's rooms as they might be at risk of choking or spilling it down themselves. They said they would review people's care plans to ensure it was clearly recorded and speak with staff to ensure people who were able always had an accessible drink.

Fernihurst Nursing home is a large spacious home with ample space for people to use and for specialist equipment to be maneuvered as necessary. Each floor had communal areas which were set out with easy chairs, with accessible televisions and radios. However, the décor throughout the home was not of a consistent standard as the top floor looked sparse and 'tired' looking. The three lounges were popular. In the middle floor lounge there was a particular cosy and homely feel to the room, which contrasted with the top floor lounge.

The provider recorded in their PIR that "Fernihurst will be undergoing a full refurbishment. These improvements will be made in line with recommendations by Worcester University." We discussed this with the registered manager who confirmed the service was scheduled for a redecoration program. This redecoration was part of the provider's dementia training 'walk with me' dementia friendly design initiative to make the environment in line with best practice in mind to support older people and those who were living with dementia. During the two days of the inspection the management team did add pictures and items to the top floor lounge to make the area more homely.

People used the secure rear garden which was well kept. It had recently been used for the home's garden party. The design enabled people to access the garden via a continuous level and winding path. There were plans to develop the garden further with a sensory (auditory) post to give pleasant sounds of nature (bird sound, waterfall etc.) when people passed by.

Good

Is the service caring?

Our findings

The service continued to be caring. People and relatives gave us positive views about the care provided in the service and felt staff were kind, considerate and caring. Comments included, "They are helpful and have never been rude to me"; "The care my husband receives here is first class"; "The staff here are lovely. (Staff member) is an angel and (registered manager) is very caring": "The caring standard here is very high" and "I am very happy to have her here… first class." One staff member said they had a very close family member stay at the home and praised how well they had been looked after and said they would happily recommend the home to others.

The whole staff team were respectful and considerate in their behaviour towards people. There was a clear message given to us from the management and staff about people at the service being treated as they would want their family to be treated. One relative said, "They treat them with such respect."

The provider told us in their provider information return (PIR), "Sanctuary Care promotes 'Kindness at the heart of our care'. We recruit staff who can evidence kindness at their interview and who believe in our values. People are able to nominate staff, residents and visitors for 'kindness awards' for specific acts of kindness." Care workers showed affection throughout their interactions with people. They were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using gestures and touch to communicate.

All staff were very patient with people and were aware of each individual's needs. One person was receiving support on a one to one basis. At different times care workers were seen walking around the home and garden with the person engaging in conversation where able. It was evident that the person related well with the care workers.

Another person was seen to be anxious and upset. A care worker quickly attended and supported them to their room and stayed with them to reassure them. Later the same person was walking along the corridors with the same member of staff and appeared calm and relaxed.

People were cared for by staff who knew their needs well. People were treated with dignity and respect. Staff said they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them. People and visitors also confirmed they were treated with dignity and respect. Comments included, "I'm treated with dignity and respect"; "It's OK here love. They look after me very well, they are lovely." There was also a staff member who was a dignity champion to monitor and oversee that staff ensured people's dignity.

All staff spoke to people by name and showed great patience and understanding of what the people were trying to do or achieve, particularly regarding individual activity in the lounge where some people were drawing and participating in artwork. They answered people's questions appropriately no matter how many times the same question was asked.

Staff supported people to meet their choices and preferences. People were supported to be as independent as possible. Staff said they encouraged people to do as much for themselves as possible. For example, mobilising, doing activities, eating meals or personal care.
People's relatives and friends were able to visit without being unnecessarily restricted. People said their visitors were made to feel welcome when they visited the home. One visitor said, "There is a lot of support for families if they want it."

There was nobody at the service receiving end of life care at the time of our inspection. However people had end of life care plans in place where appropriate. These were detailed and personalised and reviewed on a monthly basis to reflect people's wishes. The provider told us in their PIR, "Sensory activities are provided for residents in the end stage of dementia and at end of life. We have a mobile Snoezelen machine (Snoezelen is a multisensory device which is a therapy for people with autism and other developmental disabilities, dementia or brain injury. It consists of placing the person in a soothing and stimulating environment) which can be taken to residents in their rooms. People at the end of their life are supported to have a dignified, pain-free death. Their families and friends are given equal support at this difficult time and are cared for just as much as the resident. Appropriate medication is used to alleviate pain, distress and other symptoms experienced."

Comments received by the registered manager from relatives of people who had passed away at the service included, "the kind and timely introduction of the end of life medication...I would like to thank the team so much for anticipating and addressing his needs appropriately...the moments before my father's death were most poignant. The ability to reach out and provide basic human kindness by way of touch and embrace. We should never underestimate the impact of such simple gestures. My father's final two months were spent within a safe and loving community where he was free from fear and turmoil" and "'although not part of their duties, I felt the care was extended to me in the last few days, which was a great help at this time."

Good

Is the service responsive?

Our findings

The service continued to provide responsive care to people. People and relatives told us they felt the service provided personalised care. One relative said "My husband wasn't eating and couldn't walk when he came here, now he is doing both. I would recommend this home to anyone. The way they are looked after, the food and the entertainment it is all good. Everything is so good; I can't pick out anything in particular."

Before people moved to the home an assessment of their needs was completed to ensure the service could meet their needs. The registered manager or deputy manager met with people and their families and discussed their care needs and what was important to them. This information was then used to generate care plans to guide staff to know how to provide the care they required when they moved into the home. This ensured people's care plans were reflective of their health care needs and how they would like to receive their care, treatment and support.

Care plans were focused on the person and their individual needs, choices and preferences and contained personal histories. People and relatives said they were aware of their care plan and they had been involved in discussions about how they wanted their care and support. They also said they felt involved in the care of their family member on a day to day basis and that the home kept them informed when anything happened. One relative who had the required designated legal power said, "I like that I can access my wife's care plan without having to ask a member of staff."

The service had a system called resident of the day. This meant each person on a designated day would have their care plans and risk assessments reviewed by the nurses. Staff would ring people's families to discuss changes, the designated keyworker would check the person's clothes to ensure they were in a good condition and highlight where replacements may be required. The person's room would undergo a thorough clean and the registered manager would visit the person. Medicines were also reviewed on a monthly basis. In one person's care file staff had contacted the person's GP due to them becoming very sleepy. The person's medicines were changed as a result. This demonstrated that staff were responsive to the changing needs of people.

The staff had completed care plans when people had wounds. The wound care plans were well documented and reflected what was being used to treat the wounds. Where one person experienced pain when their dressings were changed it was evident that analgesia had been offered to the person but declined. The service used a pain assessment tool to assess people's level of pain. We discussed with the management team that this was kept in people's care plans and was not always completed. The registered manager said they would place the pain assessment tool in the medicine record to prompt staff to complete. This was so staff could undertake the assessment for people lacking capacity or able to communicate when they experienced pain.

On the first day of our visits not all monitoring charts were completed. These included charts for tissue viability, oral care and repositioning. This meant we weren't able to confirm that people were regularly checked. One relative said, "I visit every day, partially because I feel I have to. I need to be sure (person) is

safe and getting the care she needs." The first day of our inspection was the start of a new week for some monitoring forms but they were not in place. There was no system to ensure monitoring charts were being completed. We spoke with the management team about this and asked how they assured themselves each person was checked. They explained the day had not reflected the usual practice at the service and that an emergency at the service and our visit had added additional pressures. However on the second day of our inspection they had taken action. They had put in place an intentional rounding monitoring sheet (regular monitoring checks on people at set times to assess and manage their care needs) to be carried out hourly for people who stayed in their rooms. This meant staff were required to check people's positioning, whether they needed the toilet, food/snacks and to offer drinks. They had also added additional checks to the deputy manager's daily audit and the nurse's role. The regional manager said they had also added checks to their regular monitoring visits so they could ensure staff were completing checks.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and visitors said they would be happy to raise concerns with any staff member and would be confident they would take action. One visitor said they had never found it necessary to raise any issues. Another said, "If we did, we feel confident that (registered manager) would listen and respond." A third visitor said, "staff are willing to listen if something is raised they record it in a book." There had been two formal complaints raised in the last year which had been investigated thoroughly. Responses had been shared with the complainants in line with the provider's policy.

People were supported to maintain hobbies and interests. The activity coordinator knew people's preferences and interests. Notice boards were in place so people and relatives were kept informed about changes and what activities were on offer. We found planned activities included entertainers coming in to the home, groups to share memories, movies, pet therapy, arts and crafts and board games. On international fire fighter day, a fire engine had been arranged to come to the home and people had been able to sit inside the vehicle.

The activity person at the service looked at people as individuals and completed a Pool Activity Level (PAL) assessment for each one. This assessed what level of support each person required to undertake social activity. For example, people who might not be able to actively engage in an activity might benefit from sensory support. In two people's rooms there was sensory light equipment; however one was not turned on during our visit. In one room the projector projected pictures of butterflies rotating round on a continuous loop, for a person who was in bed to look at. Where a person liked bell ringing this had been arranged, another had talking newspapers (a spoken version of a newspaper for people with a sight impairment) arranged. One person was interested in steam trains and campanology, a 'Sally' (the fluffy part of a bell rope) was purchased for them so they could use the sensation of holding to recall memories and steam train memorabilia was brought in.

Outside each bedroom were boxed frames to identify the person whose room it was and their interests. Staff said family members were encouraged to contribute information where people were unable to tell staff of their hobbies/past experiences.

Throughout our visits visitors were coming and going freely. One family member enjoyed lunch with their family member and another family visited another person during lunch and were offered refreshments by staff.

Staff said how they had supported a person to visit the local pub to enjoy a shandy. They gave another example of when they had supported a new person to the service who had no family or friends to visit local shops to buy some clothes. They went on to say that the person had also had a manicure and an Indian

head massage from a regular therapist who visits the home. This was to help relieve their anxiety and to help them settle into the service. We spoke to the person who said how happy they were at the service and how kind the staff had been.

People had the opportunity to maintain their religious beliefs. A positive rapport had been developed with local churches who undertook visits to the home. Staff supported two people who were Jehovah's Witnesses meet their particular spiritual and cultural needs.

Good

Is the service well-led?

Our findings

The service continued to be well-led. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was an experienced nurse who worked alongside staff which enabled them to observe the care and support that was provided. The provider recorded in their 'provider information return' (PIR) "The home manager undertakes regular 'sit and see' observations of staff practice and engagement, positive and negative feedback is given to staff. Management is visible and accessible at all times, undertaking night visits and weekend checks. People feel the manager is approachable and the manager regularly seeks out feedback from people using the service."

It was evident that the registered manager led by example in their role and was seen supporting and helping staff develop their skills. People and visitors were very positive about the registered manager. Comments included, "If I miss a visit for any reason, the Manager will often phone me to check that I am alright"; "Very caring, very hands on" and "I looked around several homes before choosing Fernihurst. It was the welcome from (registered manager) and her love and that of her staff that made the difference."

Staff also said, "Managers are accessible and responsive to ideas"; "I have had lots of training and support, when I came back I felt much more confident. The managers are very approachable. They have supported my career" and "I love working here…It's a privilege to look after people that are so vulnerable."

The staff team had designated roles and responsibilities and knew what was expected of them. There were designated champions for infection control, tissue viability, continence, medicines, dignity, diabetes and end of life care. There was an on call system for staff on duty out of office hours to be able to call the registered manager, deputy manager or a manager from the provider's higher management team. This meant staff had managerial contact if they required additional support during their shifts.

The provider had robust quality assurance procedures. The registered manager, deputy manager undertake regular audits which include infection control, medicines and premises management. The provider's higher management team undertook regular quality performance and compliance reviews to monitor that the service was providing care that people required. The registered manager completed monthly reports for the provider's higher management team to give them information about the service. For example, staff vacancies and recruitment, bed occupancy and people with skin damage.

The regional manager completed a report each month following their visit. The last three reports for May, June and July 2017 identified no significant concerns. The regional manager said where concerns were identified an action plan would be put into place and would be followed up at the next visit. The registered manager had a continuous improvement plan which they worked through.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. There was also a 10 at 10 meeting where the registered managers met with heads of departments and senior staff on duty including

the nurses to discuss what was happening at the service and any issues which needed to be addressed.

Full staff meetings were held regularly as well as meetings with individual departments. For example, nurses, kitchen staff and housekeeping. During the last staff meeting in May 2017 the registered manager had reminded staff to complete paperwork at the time of delivering care. This meant the registered manager was working with staff to improve documentation.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. A survey for people living at the home and relatives had been sent. The results had not been collated by the provider at the time of our visit. The responses we looked at were all positive with people and families recording, "It is as close to being in my own home as possible" and "we are pleased that our father is known to most staff. Queries raised are generally answered promptly."

Residents and relatives' meetings were regularly held. This provided an opportunity to discuss concerns and suggestions and changes at the service. One relative said, "They have regular family meetings here where it is easy to raise any concerns."

There were accident and incident reporting systems in place at the service. The registered manager and deputy manager monitored all accidents in the home and ensured staff had acted appropriately regarding untoward incidents. They checked the necessary action had been taken following each incident and looked to see if there were any patterns in regards to location or types of incident. Where they identified any concerns they took action to find ways so further incidents could be avoided. They completed a monthly analysis to identify trends about, time of day/night and the frequency of accidents. These were also monitored by the provider's management team at the provider's head office to look at trends and patterns across all of their services and identify where there were concerns and what action needed to be taken.

The service was inspected by an environmental health officer in October 2016 in relation to food hygiene and safety. The service had been awarded the highest rating of five. This showed the provider had ensured good standards and record keeping in relation to food hygiene.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had displayed the rating of their previous inspection on their website and in the main entrance of the home, which is a legal requirement as part of their registration.