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Ferndown 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

The inspection took place on 24 and 25 January 2019 and was unannounced.

Ferndown Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ferndown Nursing Home is registered to accommodate 29 older people. The home is split over two floors with the first floor having access via stairs or a lift. On the ground floor there is a large lounge and dining room. There is level access to the outside patio and courtyard areas. There were 21 people living at the home at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had received an induction and continual learning that enabled them to carry out their role effectively. Staff received regular supervision and felt supported, appreciated and confident in their work. People and their relatives had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required. The service worked well with professionals such as doctors, nurses and social workers.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse. Staff told us who they would report this both internally and externally. Staffing levels were sufficient to provide safe care and recruitment checks had ensured staff were suitable to work with vulnerable adults. When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm. Medicines were administered and managed safely by trained and competent staff.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. Accident and incidents were recorded and analysed. Lessons learnt were shared with staff in handovers and during meetings.

People had their eating and drinking needs understood and were being met.

People told us they enjoyed the food and thought the variety, quality and standard was good.

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, their relatives and professionals described the staff as caring, kind and approachable. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about them. Their life histories were detailed and relatives had been consulted.

The home had an effective complaints process and people were aware of it and knew how to make a complaint. The home actively encouraged feedback from people, their relatives and professionals. A variety of activities were provided and the home were working on continual development of this.

People's end of life wishes, needs and preferences were included in their care plans. Relatives and professionals had confidence in the service. The home had an open and positive culture that encouraged the involvement of everyone.

Leadership was visible within the home. Staff spoke positively about the management team and felt supported. There were effective quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and lessons learnt. The registered manager sought to work in partnership with other organisations to improve outcomes for people using the service. The service understood their legal responsibilities for reporting and sharing information with other services.

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.

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**

Ferndown Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was 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 site visit took place on 24 January 2019 and was unannounced. It continued on 25 January 2019 and was announced. The inspection team consisted of one inspector and an expert by experience on day one and a single inspector on day two. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had not requested a Provider Information Return from the provider. This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection.

We spoke with 14 people who used the service and seven relatives. We spoke with the proprietor, registered manager, assistant manager, head of care, two registered nurses, residential team leader, five care assistants, activity coordinator and the cook. We requested feedback from four health and social care professionals who worked with the service. We did not receive a response.

We reviewed three people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at four staff files, the recruitment process, complaints, training and supervision records. We spoke with the facilities manager who was responsible for health and safety within the home.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of

observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at Ferndown Nursing Home. Staff told us that people were kept safe and were confident about this. They told us, it was because people received good quality care. Risk assessments, policies, audits, quality assurance and support systems were in place to support people to remain safe.

People told us: "I am content to be here, I get looked after and I feel safe and well", "I feel safe as I can be sure of help here, I am well cared for" and, "I am very comfortable in my room and I do feel safe". A relative told us, "My loved one [name] is safe and I feel content that they are being looked after so well".

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were trained and had their competency assessed. Medicine Administration Records (MAR) had a photograph of the person so they could be identified. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited. Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

The home had enough staff to meet people's needs. A person's dependency level was decided during their pre- admission assessment. This helped the registered manager to determine how many staff were needed. The assistant manager and head of care worked within the home regularly. Staff were working at a steady pace throughout the day and were spending time speaking with people. Staff told us they thought there was enough staff working within the home. The registered manager told us that they used a local agency to cover absence such as sickness and holidays. The agency sent regular staff and they maintained a good communication regarding their standard of work. A person told us, "When I need help, I ring my bell, they do come quickly".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. There were gloves and apron supplies in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day. A relative said, "It's always spotless here". The assistant manager carried out competency supervisions which observed staff practice with infection control.

All staff members prepared and served food from the kitchen and had received food hygiene training. The service had received the highest Food Standards Agency rating of five which meant that conditions and

practices relating to food hygiene were 'very good'.

Staff demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would report concerns to. The registered manager included information about referring concerns to external agencies in a staff meeting we observed. A staff member said, "If someone was off their food or not themselves, it would be a concern. I would report to my head of care". The registered manager, assistant manager and head of care were clear of the home's responsibility to protect people and report concerns. Records showed concerns were referred appropriately. There were posters giving details on how to report safeguarding concerns along with telephone numbers of the local authority safeguarding team.

Accident and incidents were recorded and analysed and reviewed monthly by the registered manager. Actions were taken and lessons were learned and shared amongst the staff through handovers and monthly staff meetings. This helped to reduce the likelihood of reoccurrence. The analysis looked at the immediate cause, any underlying causes and actions to be taken. An example was where a person suffered from low blood pressure which made them fall, a sensor mat was put in their room to alert staff if that person were to fall. Contact with medical professionals was made.

Risk assessments were in place for each person for all aspects of their care and support along with general risk assessments for the home. The risk assessments were reviewed monthly, or as things changed. Staff had access to these each day in the individual care files. Risk assessments were detailed, and gave clear instructions of how staff should work to minimise the risks to a person. Staff in the home were keen to support positive risk taking which supported people to take risks to live their life the way they wanted to.

The facilities manager monitored health and safety within the home and carried out various visual and maintenance checks daily, weekly and monthly. All electrical equipment had been tested to ensure its effective operation. Moving and handling equipment such as hoists and assisted baths had received the necessary service. People had personal emergency evacuation plans (PEEPS) which told staff how to support people in the event of an emergency. All staff had been trained to be fire wardens, this meant they had received training to manage emergency situations.

Good

Is the service effective?

Our findings

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 they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The home met the requirements of the MCA. Assessments had been carried out for people to determine their capacity to make certain decisions. Following this the service had held best interest decision meetings which involved the person, family members and medical professionals. The service had clear documentation for assessment and planning for those who lacked capacity to ensure people's rights were protected. Staff had received MCA training and were able to tell us the key principles. Staff records showed training had been completed.

Consent to care was sought by the home and this included consent for photographs. People's records showed signed consent for care, medicines and bed rails. We overheard staff asking people's consent during the inspection at various times. A staff member told us, "If they [people] say no then we don't do it".

People can only be deprived of their liberty to receive care and treatment when it 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The head of care, assistant manager and registered manager told us they understood the DoLS procedures. The home did not have any authorised DoLS as they were at application stage.

The home had an induction for all new staff to follow which included external training, shadow shifts and practical competency checks within the home in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The assistant manager told us that they had a mixture of theory and practical training at the home. Staff told us they held, or were completing, the Care Certificate and national health and social care diploma's which were supported by the home.

Staff received training and support needed to carry out their role effectively, they told us they felt confident. Staff received training on subjects such as safeguarding, dementia, infection control and fire safety. A staff member told us, "We have lots of training. The assistant manager [name] is in charge of this. They work alongside us, every few months". The assistant manager carried out various competency checks for the staff called supervisions. Staff told us they felt these were helpful and a good way to learn and develop. The head of care carried out competency supervisions with the registered nurses at the home. They had various clinical observations and clinical training sessions throughout the year.

Registered nurses were aware of their responsibilities to re-validate with their professional body, the Nursing

and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. The head of care was supporting the nurses to achieve this through reflective learning and development sessions arranged at the home and external training and events.

Staff told us they had regular supervisions and annual appraisals. They felt these were positive experiences and that they were a two-way process. Supervision records showed they were completed jointly between the head of care, registered manager and staff. Discussions were varied and staff told us this supported them in their caring role.

Peoples needs and choices were assessed and care and support was provided to achieve effective outcomes. People had individual care plans for each aspect of their needs, some examples were; personal hygiene, moving around, nutrition, and daily life. Records showed people were involved in these plans.

People were supported to have enough to eat and drink, and we received positive comments about the food which included: "The food is ok, there's plenty of it and it's always hot", "Food is good here, we get a choice too", "We get a choice of food and if I don't like anything, they will make me something else". A relative told us, "The food does look and smell good. My loved one [title] is well fed although they do need help from the carers".

There were various choices for each meal with a selection of desserts. The cook confirmed that they asked people each day what they wanted from the menu. We observed staff supporting people to eat and drink by giving various levels of support. One person was receiving support to eat in their room, the staff member did this with patience and continual verbal reassurance. Staff had a good understanding of people's needs regarding food intake, likes, dislikes and special diets. This information was in the kitchen file along with a large display on a whiteboard of people's individual needs. The cook told us this was updated as things changed.

We observed the meal time to be a calm and relaxed occasion with people having various discussions between themselves and with staff. The dining room had one table laid with drinks, napkins and condiments. Some people were enjoying the company in the dining room. Most people enjoyed their meal in their own rooms. Food looked appetising and plentiful and that included food which was served in a softer consistency. Some people had adapted cutlery and plates to help them maintain their independence with their meals. A selection of drinks was available, these were offered to people throughout their meal. Tea and coffee was served with biscuits and cakes throughout the day.

People were supported to receive health care services when they needed them. All records seen showed evidence of regular health care appointments and medical or specialist involvement. The head of care said they worked well with medical professionals and was comfortable seeking their input when needed. Copies of referrals and treatment reports were kept in the healthcare section of the care and support plans. The home had a registered nurse on duty at all times and they worked together with visiting nurses and doctors.

The home was accessed by people across two levels and had been adapted to ensure people could use different areas of the home safely and as independently as possible. There was a lift and stairs in place for access to the first floor. The home was undergoing total refurbishment and work was being carried out during the inspection. We observed workers carrying on their duties with little disruption to the people who lived in the home. People told us they had not been affected by this.

Good

Is the service caring?

Our findings

People, their relatives and professionals thought staff at Ferndown Nursing Home were kind and caring. People told us, "The carers are really lovely", "Everyone here is very nice" and, "The carers are all lovely and very happy, we have a chat and I like that". A relative told us, "Everybody has been brilliant. I feel like they are our friends".

People were treated with dignity and respect. We observed many respectful interactions during the inspection. Staff were supporting people to move around the home, asking them what they wanted to do. Staff were attentive to people when they asked for them. Staff members told us they knew how to show dignity and how to respect people. They said they did this by asking if it's ok to help them, by offering privacy and talking through what you are going to do. One member of staff told us, "I always try and think, that could be my family".

Staff had training in equality and diversity. People's cultural and spiritual needs were respected and recorded in their care plan. People were supported to attend religious services which visited the home monthly. We observed this during our visit. The home was supporting people to maintain relationships and to express themselves. This included seeking specialist support to enable people to live full lives the way they wanted to.

People told us they were happy with the care they received. Comments from people and their relatives included: "We had to rush to find a place for our loved one…we chose well", "I consider the carers my friends, they come in and chat with me, they are a nice bunch of girls", "I've had a long life and spent a lot of time caring for my family, so it's my turn now to be looked after and the carers are really lovely", "Our loved one is well looked after, and that's what it's all about isn't it?" and, "At least I know they are in the right place and couldn't be looked after better".

Staff were proud to work at Ferndown Nursing Home and told us: "We all get on so well, we work well as a team with the residents too", "I love it, it's nice and friendly and family run", "It's a really friendly atmosphere, we work well together" and, "It's very pleasant, more like a family home".

There was a fun and relaxed atmosphere in the home. People could choose when to get up, spend time in their room or join others in the lounge. We observed staff spending time with people individually and in small groups in the lounge. Conversations were about people's interests, families and recent events. Staff knew people well and told us people's likes and dislikes.

People were encouraged to make decisions about their care. People and their relatives were involved in their care. Records showed input from the person, their family and professionals. There was a system for review in place and records showed this happened monthly or as things changed. Life histories contained information that was important to people

The service had received many compliments about the care they gave. These included: 'Thank you so much

for looking after our loved one [name] in such a loving and caring way. We were always deeply impressed by the care they were given while they were with you'. 'Thank you all so much for taking great care of our relative [name] during their stay. I really could not have hoped for more kind and caring group of lovely people'. 'I want to say a very big thank you to you all for your kindness and help to me during my stay with you. I feel I have made some real friends'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were in place and reviewed monthly. Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. The head of care created temporary care plans in response to people's changing health needs. We saw examples such as, a temporary care plan for care during a chest infection and one to support a person with a urine infection. This meant that people were receiving the correct care and support according to their condition.

People and their relatives told us that there were a lot of activities in the home. The home employed an activity co-ordinator who arranged all the activities. There was a variety of activities for people to enjoy and the month's events were displayed in each person's room and in communal areas in the home. People told us they had enjoyed, games, bingo, singsongs, musicians and visits from animals. In addition to inhouse activities, the home had professional performers attend such as singers and musicians. During our visit people enjoyed games and puzzles both as a group and individually. A person told us, "There are lots of activities and I do join in when I feel like it". Another person said, "There is always something to do here. I fed a donkey at Christmas, they brought him to my room, it was lovely".

The home arranged both group and individual one to one activity sessions for people. The activities co-ordinator told us they created the activity planner once a month, people were involved in this through meetings. The activity co-ordinator told us, "I have one to one conversations with people, especially for people who are cared for in bed. I read to them, play calming music, have general chats and provide hand massage". They then said, "Sometimes I just hold people's hands so they are not alone". The home had a visiting library service, hairdressers and visits from an animal charity. The activity co-ordinator told us they made good use of the courtyard and gardens during the warmer weather.

People knew how to make a complaint and the service had a policy and procedure in place. People and their relatives felt comfortable to speak to staff, head of care, assistant manager or registered manager about any concerns. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction. A relative told us, "I would speak to the head of care [Name] they are always around".

The service met the requirements of the Accessible Information Standard (AIS). This is a law which requires providers make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand, to comply with the AIS. Each person had a specific communication care plan which detailed exactly how the person communicated and how staff should do this.

The home provided end of life care for people. People's end of life wishes was included in their care plan. The home asked people to record 'five wishes'. This included information about decision making, medical treatment, what comforts they wanted, how they want to be treated and what they wished for after death.

The head of care told us that when someone passes, they gave information to the relatives along with some forget-me-not flower seeds, a small gift to plant in a person's memory.

The home was responsive to people's changing needs and examples we saw were seeking medical input in a timely manner. The home had obtained medicines in anticipation of a deterioration in condition to ensure the person was pain free and there was no delay to their treatment. Staff had received training in supporting people with their end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

The management team consisted of the proprietor, registered manager, assistant manager and head of care. They had a clear vision for developing the service. The head of care told us, "We have high standards. The carers are excellent. I know the care is very good". The registered manager had created an open working culture and worked closely together with the assistant manager and head of care. Staff told us they were approachable.

Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported. The comments included: "The head of care [name] is fab!", "The managers are very approachable and the head of care [name] is very efficient", "The registered manager [name] is very supportive and understanding" and, "The assistant manager [name] is so supportive and works with us".

The service sought people's feedback and involvement through meetings and minutes of those meetings were made available. The service had conducted various quality assurance surveys with people, relatives and visitors which included professionals. All surveys seen were analysed and actions were clear. Recent surveys showed positive results from all who responded. An example was that 100% of health and social care professionals said they would recommend the home.

The home had made links with various community organisations such as local churches, schools and charitable organisations. Some people visited the home and they were looking to develop these links in the future. The home had made links with a neighbouring home.

Learning and development was important to the management team. Both the registered and assistant manager had completed a national qualification in health and social care management. The head of care attended regular clinical training. The management team used online publications and guidance to keep up to date with practice. This helped to ensure people were provided with care in accordance with best practice guidance.

The registered manager understood the requirements of the duty of candour. That is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and showed us records. The proprietor, registered manager, assistant manager and head of care supported each other in the running of the home.

Quality assurance systems were in place to monitor the standard of care provided to people. Audits reviewed different aspects of care and actions were taken to make any improvements that had been

identified. Systems were in place for learning and reflection. The registered manager and head of care had completed various audits such as medication, clinical supervision, complaints, accidents, incidents and call bell audits.

The home had good working partnerships with health and social care professionals. The registered manager and head of care told us they worked well with the local professionals. Records showed joint working between the home and local surgeries and visiting nurses.