

Fern Lea Residential Home Limited

Fern Lea Residential Home

Inspection report

52 Pearson Park
Hull
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Tel: 01482441167

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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

Fern Lea is registered with the Care Quality Commission (CQC) to provide care and accommodation for 18 older people, some of whom may be living with dementia.

It is situated in a public park and has good access to local facilities and amenities. It also has good access to public transport routes to the city centre.

The service was last inspected in June 2015 and found to be compliant with the regulations looked at. Following this inspection the service remains good.

People were cared for by staff who understood their needs and who had received training in how to keep them safe from harm. Staff were able to recognise the different types of abuse they may come across and how to report this to the proper authorities. The provider had systems in place which ensured staff were recruited safely and people who used the service were not exposed to staff who had been barred from caring. The provider made sure there were enough staff on duty both day and night to make sure people's needs were met. The service was clean and free from malodours and the staff used personal protective equipment, like gloves and aprons, to lessen the risk of cross infection. People's bed rooms were clean and tidy and they contained furniture and other personal items which people had brought with them when they had moved into the service. Procedures were in place for staff to follow in the event of an emergency.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The provider made sure staff had received training which helped to meet the needs of the people who used the service; however we have advised that the topics for training could be more varied. People who used the service could have a choice of food at every meal time and snack and drinks were provided. The staff closely monitored people's food and drink intake and consulted with health care professionals if any problems arose, for example, difficulty with swallowing or a loss in appetite. People's weight was monitored, any changes were noted and action taken when needed. People were provided with a range of activities both inside and outside of the service. The staff supported people to access health care professionals when needed and accompanied people on appointments to the hospital or their GP.

People who used the service had good relationships with the staff. Interaction was friendly and there was a lot of laughter around the service. People or their representatives were involved with the formulation of care plans. Staff understood the importance of respecting people's dignity, privacy and choices and could describe to us how they would maintain this.

Care plans described the person and their life experiences; they also documented what was important to the person. People or their representative had been involved with formulating their care plan and these reflected people's choices when it came to the support they wanted and how they wanted this delivered by the staff. The provider had a complaints procedure which could be accessed by the people who used the

service or anyone else who an interest in their wellbeing. All complaints were investigated and the outcome shared with the complainant. Any changes made as a result of a complaint were shared with the staff and action taken to make sure the issues didn't happen again.

The provider was accessible and people who used the service, their relatives and staff all found them supportive and approachable. Systems were in place to ensure the service was well run and audits were undertaken to make sure the processes, policies and procedures which were in place were effective and safe. The provider sought the views of the people who used the service, their relatives and the staff about how the service was run and produced a report of any findings; they also had an action plan for improvements to the service with time scales for completion.

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?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Fern Lea Residential 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 was 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 25 July 2017 and was unannounced. The inspection was completed by two adult social care inspectors.

Before the inspection, we looked at information we received about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority safeguarding and quality teams as part of the inspection, to ask for their views on the service. We also looked at the information we hold about the provider and we used this information to plan our inspection.

We spoke with seven people who used the service and two of their relatives. We observed how staff interacted with people who used the service and monitored how they supported people throughout the day, including meal times.

We spoke with four staff including care assistants, the cook and the provider, the provider was also the registered manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation such as incident and accident records and five medicine administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records, minutes of meetings,

safeguarding records, quality assurance audits, maintenance of equipment, cleaning schedules and menus. We also undertook a tour of the building.

Is the service safe?

Our findings

It was established through discussions with the people who used the service that they felt safe and trusted the staff. One person said, "The staff here are lovely I get on with them all, they look after me well." Another told us "I would trust the staff to do anything for me, they are here round the clock and you can call on them at any time they really don't mind." They also confirmed to us that they receive their medicines on time. Comments included, "The girls [the staff] bring my tablets every morning just like when I was at home."

Visitors told us they also trusted the staff and were satisfied their relatives were safe at the service. Comments included, "The staff are very vigilant they let me know when mums not well or if anything happens to her, I really do trust the staff in every way", "It gives me peace of mind to know my mum is in such good hands." Visitors told us they felt the service was clean and tidy, one visitor said, "It never smells and that really good sign." Another said "Mum has quite a few things in her room and they keep it spotless."

The provider had included in their annual training plan provision for staff to attend training which instructed them in how to recognise abuse and how this should be reported to protect the person from harm. Staff told us they knew how to recognise abuse and understood they had duty to protect people from harm by reporting any abuse they may witness. All safeguarding incidents were reported to the local authority safeguarding team and the provider had sent us the required notifications.

Everyone's care plan contained an assessment of risk. This identified the areas of daily life and needs the person may require more support with. This included nutrition, skin integrity, mobility and behaviours which may put the person or others at risk of harm. These were detailed and provided the staff with information they need to keep people safe. The risk assessments were updated on regular basis and changes were made when necessary.

Enough staff were provided both day and night to meet people's needs. Staff recruitment files showed the provider had undertaken checks to ensure people were not exposed to staff who had been barred from working with vulnerable adults, and had the right skills to meet people's needs.

Medicines were handled and stored safely and robust systems were in place to ensure people received their medicines as prescribed by their GP. Administration systems ensured there were enough medicines so people didn't run out.

The service was clean and well maintained; all areas both communal and private were welcoming. The rooms of the people who used the service were personalised and contained items of furniture and other items the person had brought with them on admission, this included ornaments, pictures and photographs. We saw staff using personal proactive equipment such as gloves and aprons and all cleaning products were stored safely. We spoke with the provider about the way the disposal gloves were kept at the service and they agreed to look at this and take action where needed. Emergency procedures were in place for staff to follow in the event of a flood or if the gas and electricity were cut off.

Is the service effective?

Our findings

We discussed the food with the people who used the service and they told us they were satisfied with the amount and choices available, comments included, "I like the food here", "It's all good home cooked food just how I like it" and "We have a really good choice of food I have no complaints." We asked people who used the service if they were supported to access their doctors when they needed to, they confirmed they were, comments included, "I felt a bit poorly the other week and they called the doctor" and "I sometimes have to go to the hospital and they come with me."

Through conversations with visitors we found that they thought the food provided for their relatives was good. Comments included, "The food my mum gets is top class", "I always have my dinner with my wife and it's always good" and "I know mums eating well, and she says she enjoys the food." They were satisfied with the way the service ensures their relatives access health care professionals when needed and with the level of information they were provided with about their relatives' wellbeing. Comments included, "They [the staff] always let me know if any things happened to mum or if the doctors had to call" and "I know mum wasn't very well the other week and they got the doctor out."

The training the staff received was relevant to their role and equipped them to meet the needs of the people who used the service. The provider had identified some training as essential for the staff to undertake and this was updated on a regular basis. However, it is recommended that the provider makes accessible more diverse training for the staff to expand their knowledge and skills. Records showed staff received regular supervision and an annual appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had made applications to the authorising body for DoLS and were awaiting the outcome of their decisions.

The care plans we looked at contained information about people's diets and how these should be met, for example, pureed diets. Staff made a record of people food and fluid intake and they were weighed on regular basis. Health care professionals were involved when anyone had any problem with eating, swallowing or weight loss. At lunch time we saw staff assisting people with their meals where needed, this was done discreetly and sensitively. The meal on the day of the inspection was well-presented and looked wholesome and appetising; the dining room was nicely set out. Menus we saw indicated that there was a varied choice at each meal time, and the cook confirmed they had good food provision and could provide people with the food of their choice.

Staff maintained a record of people's wellbeing and what care and attention they had received on a daily basis in people's care plans. This showed when health care professionals had visited and when people had attended hospital appointments and what the outcome of these visits were. It also showed the changes that had been made to people's care following a visit from a GP, for example, changes to medicines.

Is the service caring?

Our findings

When we spoke with the people who used the service they were complimentary about the way staff spoke to and interacted with them, one person said, "The staff are so polite and they speak to me in a respectful way." Another told us "The staff here are so kind, they make me feel happy."

Visitors confirmed with us that they thought the staff were kind and caring and respected their relatives' wishes. One visitor said, "They [the staff] are so good with mum they are really caring." Visitors told us they had been involved with formulation of their relatives' care plan and had attend reviews about their relatives' needs and ongoing wellbeing. One visitor said, "I am my mums main support and I always come to any meeting we have about her, we discuss how things are going if there's anything else mum needs and anything that has changed."

We saw and heard staff interacting with the people who used the service and this was positive and respectful. We observed staff discreetly asking people if they would like any assistance and any tasks were undertaken with respect and dignity, for example, using lifting equipment to support people to stand. We heard staff gently encouraging people to undertake mobility activities like walking to the dining room and they talked to the person and listened closely to the answers to ensure the person was not in any distress or discomfort. We also heard a lot of laughter around the service and there were a lot of pleasant interactions which made both the staff and the people smile.

Care plans we looked at contained evidence that people had signed to agree its content and had been involved in reviews. People's opinions had been recorded and also those of their relatives if they were involved with their care. The care plans detailed the person's likes and dislikes and how they needed to be supported. This ensured as far as possible people who used the service received care and support which met their needs and was of their own choosing.

We observed staff knocking on doors before entering people's bedrooms and ensuring they were consulted about any choices. When we spoke with the staff they told us they understood the importance of maintaining people's dignity and privacy and how they would ensure this was maintained at all times. One member of staff said, "Maintaining the residents' dignity is about treating them as you would like to be treated yourself, or your mum or dad." The provider had policies and procedures for the staff to follow which reminded the staff of the duty to respect people's choices, privacy and dignity and the staff were aware of these.

No one at the service was receiving end of life care, however, a section of the care plan recorded people's wishes for end of life care. This included who to contact, what music they would like playing at their funeral and other funeral arrangements.

Is the service responsive?

Our findings

People we spoke with confirmed they knew they had the right to raise concerns and complaints and who these should be made to, one person said, "I never have any complaints but I think I would speak with [provider's name]." We asked people who used the service if there were any activities which they could do at the service, one person told us, "Oh yes, we have a singer that comes in and sings for us about once a month, we have trips out in the nice weather and a choir come and give us song or two." Another person told us they liked to knit and the staff supported them to get wool and knitting patterns, they told us, "I'm knitting for the all the staff who are pregnant."

Visitors we spoke to knew the provider had a complaints procedure in place and how this could be accessed, one visitor said, "Oh I know I can speak to [provider's name] if I had any problems she's always around."

Staff had access to detailed information which described the person and their preferences for the way they wanted to be supported. Assessments had been undertaken which showed areas of daily life the person needed more support with and the staff should monitor closely, this included skin integrity, mobility, nutrition and behaviours which challenged the service and put the person or others at risk of harm. The assessments were used to formulate care plans which instructed the staff how to support the person and meet their needs. Information about people's past experiences had been documented which gave the staff a picture of the person, this included what they used to do as an occupation, where they lived, family life and other life experiences; this helped the staff to understand the person more. Daily notes were kept which showed how the staff had supported the person and how they had spent their days. Information was recorded about any contact the person had with health care professionals and the outcome of these visits. Care plans were reviewed regularly and changes made where needed.

The provider had a complaints procedure which was displayed around the service. This detailed the process by which people who used the service, or others who had an interest in their wellbeing and welfare, could make complaints or raise concerns. It detailed the time scales the complainant should expect a response to their complaint and how this would be investigated, it also signposted complainants to other organisations if they were not satisfied with the way the provider had undertaken the investigation. We found all complaints receive had been thoroughly investigated and the complainant had the opportunity to comment on their satisfactions with the findings. All complaints were looked at to see if any lesson could be learnt and any learning was shared with the staff and changes made where needed.

Is the service well-led?

Our findings

Through discussions with the people who used the service we established they knew who the provider was, they found them very approachable and a constant presence at the service. Comments included, "[Provider's name] is always around, she asked us if we are alright and if we need anything" and "I can go to [provider's name] any time, she is really nice." They told us they had been involved in meetings and had completed surveys about how the service was run, one person said, "We have had meetings and we get asked if we are happy or we would like to see any changes." Another told us "I have completed a form with my daughter not long ago; I think it was about the food."

Visitors we spoke with confirmed they were consulted about the running of the service, comments included, "I come to meetings with my mum and the owner, she [The provider] asks how things are going and if we are happy with the care mum gets" and "Yes, I have completed a questionnaire it asked me how I found the care and treatment my mum gets, I think it's wonderful here."

Through discussions with staff we ascertained they found the provider approachable and that they worked alongside them to support the people who use the service. We also observed the provider taking an active role in caring for people and supporting staff when needed. They were supportive when one person was displaying behaviours which put themselves and others at risk and they took measures to ensure the person and others were safe. This enabled the staff to support others in a safe environment. Staff meetings and surveys were used to good effect for staff to be able to air their views about the service. The provider also undertook supervision with staff so they could support them on a one to one basis with any developmental needs or training.

The provider is also the registered manager; a registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 provider led by example and was seen supporting staff with the people who used the service throughout the inspection; this was with mobility, drinking, eating and other areas of personal care. The staff told us they found the provider very supportive and could approach them with any questions or for clarifications with any issues relating to the people who used the service. The provider was knowledgeable about people's needs and had a good understanding of the challenges the staff faced with supporting some of the people who used the service and took an active role in supporting staff with these.

The provider had a range of audits which were undertaken on a regular basis, this included care plans including risk assessments, staff training, the environment including any risk assessments and health and safety. Systems were in place which sought the views of the people who used the service and others who had an interest in their welfare, this included relatives, GPs and other visiting health care professionals and the staff. Views were mainly sought through the use of surveys which were undertaken each month with a different topic chosen, for example, food, the laundry and the standard of care people received.

The provider also undertook meetings with the people who used the service, their relatives and staff. All views were collated monthly and any issues raised addressed. At the end of the year a report was produced which detailed the issues raised and what action was taken to address them. The provider also produced an action plan which detailed what they intended to improve over the next 12 months, this included refurbishment of the premises, training for staff and improvement to the outside area. All equipment used was serviced at regular intervals and the fire alarm system was tested regularly.