

Fernbrook Care Homes Limited

Fernbrook House

Inspection report

37-47 Fernbrook Avenue
Southend On Sea
Essex
SS1 2QW

Tel: 01702460364

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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

Fernbrook House is registered to provide care and accommodation with nursing care for up to 30 older people who may have care needs associated with dementia. At time of the inspection there were 26 people living in the service.

The home had a registered manager in place. 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.

Since October 2016, Fernbrook House now has a new provider and at this inspection we found the new management team had made several improvements.

Staff delivered support effectively and care was provided in a way that promoted people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Trained staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits carried out by the manager and provider, which identified any improvements needed and actions were taken. A complaints procedure was in place and had been implemented appropriately by the management team.

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 was safe.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely. People were supported by sufficient staff to meet their needs.

Medication was managed and stored safely.

Is the service effective?

Good 

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

People had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good 

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

Staff were very passionate about caring for people.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good 

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and used their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Fernbrook House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the Registered Manager 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 the 22 and 24 March 2017 and was unannounced. One inspector undertook the inspection on both days.

Before the inspection, we reviewed the information we held about the service including previous reports and notifications and action plans sent in by the provider and manager. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law. We used this information to plan what areas we were going to focus on during our inspection.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how staff cared for them. We therefore used observations, speaking with staff, relatives and reviewing care records to help us assess how people's care needs were being met. We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the recruitment and support records for five members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records relating to the premises. We also spoke to seven people, three sets of relatives, the manager, provider, cook and five staff members.

Is the service safe?

Our findings

Under the previous owner we had concerns about the amount of staff available to meet people's needs. At this inspection, we found that improvements had been made.

People living in the service told us they felt safe. One person told us, "The care staff and the registered manager always make sure I am safe and regularly check on me through the day and will ask if I am okay." A relative informed us, "Since the new provider has purchased the service we have noticed that there is more staff in the home to check on my relative." Another relative added, "When visiting I always see staff checking on people throughout the day to ensure they are safe, this gives me reassurance that my relative is safe in the home."

Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. One member of staff informed us, "The last inspection was an eye opener, we realised that we as staff needed to do more to make sure we know how to protect people living here, it hasn't been easy but with support from our manager [name] we're doing well." Staff felt reassured that the management team would act appropriately in the event of any future concerns. Another member of staff added, "If we are not sure of anything we always speak to our manager and they will tell and show us as how to support people to remain safe." Records showed that where issues or concerns had been reported, these had been addressed appropriately and in a timely manner by the management team. We found that all staff had attended safeguarding retraining with the local authority and an external training provider. A staff member said, "Since the last inspection the manager and new provider have arranged training for all the staff and this was really useful and gave us a better understanding around how to protect people and what to do if we thought someone was at risk." Staff also informed us that since then the registered manager always discussed possible abuse scenarios with staff at team meetings. Staff informed us that this helped them to have a good understanding of the types of abuse.

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. There were 'ASK SAL' posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so. This was provided in an appropriate format to ensure that people understood what abuse was and how they would be protected.

People were cared for in a safe environment. The new provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. The new provider informed, "Since purchasing the home, my main aim has been to carry out all the major works required to make the property safe; as you will see the flight of stairs at the entrance has been replaced as the previous stairs appeared to be on the verge of falling." They added, "I have also had the entrance redecorated and the plan is for the rest of the house and people's rooms be decorated but this will only be done gradually as to ensure we do not disrupt the running of the service." The registered manager took me to the back of the home to show that the new provider had arranged for all of

the unused and old furniture to be removed so people had access to the garden and conservatory, which had not been used for a number of years. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community, additional staff were deployed. One person told us, "There is always care staff around to look after us and we never have to wait long if I need help." The new provider informed us that they held conversations with the registered manager. This was confirmed by the registered manager, staff and records we reviewed.

Medication was securely stored and the service had a procedure in place for the safe disposal of medication. We reviewed 12 people's medication administration records (MARs) and found them all correctly completed with no unexplained gaps or omissions. We observed staff doing the medication round. Staff explained to people what medication they were being given and then observed them as they took it. Staff involved in the administration of medication had received appropriate training and competency checks in order for them to safely support people with their medications.

People were being cared for in a safe and clean environment and there were no unpleasant odours anywhere in the home. We observed that all staff promptly cleaned areas after every use.

Is the service effective?

Our findings

Under the previous owner we noted that people's dining experience was not always positive. People did not always get the support they needed with meal provision. People did not appear to be given a choice of meals nor could we evidence people being supported in decision-making.

At this inspection we found staff at all levels to have good knowledge and the skills they needed to provide good quality care to people using the service. One relative informed us, "I have found staff to have the knowledge on how to best meet people's diverse needs and how to care for my relative and I can speak to them about my relative's care needs at any time." A relative added, "We have found staff to be very knowledgeable about our relative's needs and also the needs of other people in the home." One staff member informed us the since the last inspection the manager had spent time with all staff going through people's care plans and ensuring that staff clearly understood the people they were caring for. Staff also informed us that they discussed people's progress throughout handover at every shift; this ensured all staff are updated on the changes in people's health and wellbeing at all times. On the second day of our inspection, we attended staff handover and this confirmed the above.

Staff told us they had attended mandatory training since the last inspection and that they would be attending yearly refresher courses, which would be arranged and monitored by the manager and the provider. This would ensure staff understood their role and could care for people safely. Looking through staff's training folders it was evident that all staff had attended all the mandatory training since the last inspection. Staff training was provided by an approved external organisation and arranged by the local authority. Staff were also encouraged to do additional training and development to continually develop their skills. We observed staff assisting people to transfer and this was all done in accordance to people's care plans and with appropriate use of manual handling techniques.

We found new members of staff and the registered manager had undergone robust inductions to ensure they had a good understanding of their roles and could care for people safely. A newly employed member of staff told us that before commencing employment they had attended the service for a full day to complete an induction programme, which had helped them learn about their role. As part of their induction, staff were required to read people's support plans to ensure that they had a good knowledge of the people they were supporting and this would be an on-going exercise. Staff informed us that they had also gone through a period of being observed by an experienced member staff. The registered manager gave staff feedback to ensure the level of care they were delivering met the needs of the people they were supporting. The manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied and would continue to work with staff through the Skills for Care workbook; records reviewed confirmed this.

Staff informed us they were given an opportunity to sit down with the registered manager or the provider to discuss any issues they may have on a one to one basis. Staff confirmed that supervision was always about staff and looked at ways in which staff could develop and best support the people they cared for. Staff informed us that they had regular team meetings with the registered manager and the provider and that all staff were given the opportunity to speak out on any issues that may affect them at work. The provider

informed us that when they completed the purchase of the home the first item on the agenda was to hold a meeting with the manager and all staff. Staff informed the provider had encouraged all staff to come up with ideas to help the improvement of the service. For example, identify activities that were more meaningful to people living in the service. Staff felt supported by the registered manager and could speak to them at any time, which was evident during our inspection. We reviewed the monthly meetings folder and found the service was holding meetings with staff, people and relatives on a regular basis. The registered manager told us that the meetings gave people the opportunity to discuss people's care and the running of the service and everyone present at the meeting was encouraged to be open and transparent about any concerns they may have.

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 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. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered. If the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings.

People said they had enough food and choice about what they liked to eat. Throughout both days of our inspection, we observed people being offered food and drink. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supporting people to make themselves a drink. People had their specialist dietary needs met, for example, the service were able to cater for people who required a soft food diet. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten. People's body language showed they were happy with the mealtime experience and the food they had been served. Where required, staff supported people to eat at their own pace. The food was cooked using fresh produce, in the morning the cook went around to all the people using the service to discuss the meal choices from the menu that was provided. A printed menu had also been made available in all the communal areas for people to access and read. People had the choice to change their meal preference at any time during the day.

People's healthcare needs were well managed. We noted that people were supported to attend any hospital appointments as scheduled. When required, the service liaised with people's GP, mental health professionals and community dementia services to ensure all their healthcare needs were being met, in addition, people were supported to obtain dental care and vision tests as and when required. One relative informed us, "The registered manager and staff will always contact us when my relative is unwell and will make arrangement for either my relative to go into hospital or for a doctor to come out and see them."

Is the service caring?

Our findings

Under the previous owner, our observations showed this was not always consistent as we found staff not to always be knowledgeable of people's individual care.

At this inspection, we found staff to be friendly and caring towards people living at the service. Staff made people feel that they mattered. We observed staff listening to people and interacting with them in an appropriate, respectful manner and they always gave people time to respond. Staff had positive relationships with people. One person told us, "I like it here, all the staff are very good to me and [manager's name] always comes round every morning to say good morning and asks me how I am. Some days the new owner comes in and asks us all how we are, they are both really nice people." 'Relatives and people spoke very highly of the caring nature within the home, one relative informed of being given their mum back after being told she was going to die in a week. This was not limited as another person informed of the life changing experience and second chance in life they had been given.

We asked staff what they thought caring for people meant. One member of staff informed us, "I had not worked in care before working here but with guidance from my manager I now know that caring goes beyond supporting people with their needs but it's more about being compassionate. For example I have learnt to cry with people when they are sad and be happy with people when they are happy, working here has given me a true meaning of caring for people." Another member of staff added, "I know you hear this a lot but all staff treat and look after all the residents like they are our mum or dad." Whilst walking in corridors we overheard one member of staff refer to one of the people as mum, we observed the interaction between the person and member of staff and we have to note that it was a heartfelt interaction filled with what appears to be love and laughter.

Since the last inspection the service had reviewed all the care plans to ensure they were personalised to each individual's needs. The service had worked closely with all professionals and relatives to undertake individual ways of providing care for all the people living in the service and this was all recorded in the care plans.

People were supported to be as independent as they chose to be and this was documented in their support plans; the registered manager also added how they supported people to be independent. People were relaxed in each other's company and with the staff who were present. There was free flowing conversation and exchanges about what was on the television and in the newspapers some of the residents were reading.

Staff respected each person's choices, for example ensuring each other's privacy. We observed a member of staff asking and listening to people what they wished to do for the day and then proceeding to support them with their decision.

Staff knew people well, including their preferences for care and their personal histories. People and their relatives were aware of their support plans and had regular meetings with the management team to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is

very approachable and always communicates with us when there is a change in our relative's needs."

People were supported and encouraged to maintain relationships with their friends and family, this included supporting people to go out with their family into the community. One person confirmed people's relatives and friends could visit whenever they wanted and said, "My relative visits most weeks and if I need to speak to them staff will phone them for me."

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. The manager gave us examples of when the service had involved an advocate, such as supporting with annual reviews and support planning. Advocates were mostly involved in decisions about changes to care provision.

Is the service responsive?

Our findings

Under the previous owner we found people were not always engaged in meaningful activities and supported to pursue pastimes that interested them, particularly for people living with dementia.

At this inspection, we found people's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The manager and provider informed us that since the last inspection the service had increased the number of meetings they held with other health professionals to plan and discuss people's care and this would be applied when the service started taking new people into the service to ensure that they would be able to meet their needs.

Each person had a support plan in place. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The manager and staff used the information they gathered as part of the pre-assessment process to inform people's support plans. Support plans were reviewed and changed as staff learnt more about each person or there was a change in their needs, for example when a person's mobility reduced the care plan was changed to reflect how the person's needs would be best met. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. Staff used this information to devise the person's support plan.

The manager advised that staff encouraged and supported people to develop and sustain their aspirations. The service had an activities plan in place which was reviewed monthly. People and their relatives were encouraged to participate in choosing activities they would prefer to do month by month. During the inspection we observed people and their relatives participate in a sing-along. The provider informed that they would be looking at arranging for people to be taken for days out once the weather starts to improve. Staff also added that we take people out to the local shops on a daily basis but it will be helpful when we can take more people out at the same time.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the registered manager or person in charge, to address

the issue. The registered manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

Is the service well-led?

Our findings

Under the previous owner we found the service lacked clear leadership in regards to who was managing and running the service. This was due to the registered manager not having enough time in the week to manage the service.

At this inspection, we found the registered manager and new provider had taken on board concerns from the last inspection and implemented an action plan, which they had reviewed on a monthly basis to ensure the smooth running of the service. The provider informed us that when they purchased the service in October 2016, the first item on their agenda was to meet with the manager to gain a clear view on where the manager felt the service was. The provider in turn shared their view with the registered manager on where they wanted to take the service.

The registered manager and provider were both visible within the service. People and relatives informed us that they were very approachable and could speak to them at any time. The registered manager had worked in the home for a number of years and had a very good knowledge of the service and the people that used the service.

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The manager informed us that they held meetings with relatives and the people using the service as this gave the service an opportunity to identify areas of improvement and give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

People benefited from a staff team that felt supported by the registered manager and provider. The provider also added that they had noted that staff morale was low so they had met with staff to find out what could be done to boost morale within the service. One member of staff informed us, "Since the new owner has come in we all seem happier, we now have more staff working at each shift so we are not rushed anymore." Another staff member added, "We were all given a pay rise as an acknowledgement of the good care we had been providing." Another staff member said, "We see the provider often in the home and we can approach them at any time if we wanted to talk to them, which was never the case before." Staff said this helped them to assist people to maintain their independence and showed that people were being well cared for by staff who were well supported in undertaking their role.

Staff had handover meetings at each shift change and there was a communication book in use, which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager carried out a monthly

manager's audit where they checked people's care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the audit report and included expected dates of completion. These actions were then checked at the next monthly audit.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.