Care South

The Fearnes

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

Overall summary

We undertook an unannounced inspection to The Fearnes on 14 and 19 November 2014. The Fearnes is registered to provide accommodation and personal care for up to 40 older people, many of whom are living with dementia. At the time of the inspection there were 37 people living there.

At the last inspection in April 2014 the service was meeting the regulations inspected. There was a registered manager in place at the time of our inspection. 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 Socail Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and free from harm and were treated with dignity and respect by a caring, professional team of staff. Staff demonstrated a good awareness of ensuring people were kept safe and were able to explain how they would report suspected abuse.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty

Summary of findings

Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. DoLS applications were correctly completed and submitted to the local authority.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. People's needs were met in a timely manner with people not having to wait lengthy periods for call bells to be answered. The registered manager told us they were recruiting a further three staff. Staff told us once the three additional staff were employed they felt there were enough staff employed to run the home effectively. Suitable employment checks had been completed before staff commenced their employment.

Staff felt well supported by the management team and involved in the running of the home. They said they took an active part in the team meetings and felt comfortable to raise any ideas or concerns. There was a system in place to ensure staff received relevant training.

People were treated with respect and dignity by staff who demonstrated a caring, patient and friendly manner. People's privacy was maintained, with staff providing discreet support and guidance. Staff knocked on people's bedroom doors before entering bedrooms and explained clearly to people what they needed to do in a sensitive and considerate manner before supporting people with their care needs. Staff appeared to know the people who lived in the home well and spent time sitting and talking with them, ensuring they enjoyed their day.

People's needs were assessed and care was planned and delivered to meet their needs. For example, records showed people who had been assessed as having a high risk of skin damage were referred to the local specialist healthcare professionals. Staff had followed the guidance given by the specialist to ensure people's skin integrity was maintained. Staff were able to discuss individual people and demonstrated a good knowledge of their care needs. Staff told us what activities people enjoyed doing and how people were supported to take part in activities they preferred. People told us they enjoyed the trips out in the mini bus and helping to make cakes. We saw photographs on display of people enjoying outings such as trips to Christchurch Quay and The New Forest.

The provider had a complaints procedure and people knew how to complain if they needed to. People felt if they needed to complain they would be listened to and any complaint acted upon. The management team had acknowledged complaints, and investigated and notified all parties as to their outcome.

The provider completed a variety of weekly, monthly and annual audits to check the quality of their service, such as; infection control, dementia care and dining experiences. Where actions had been highlighted the provider had put systems in place to ensure good practice was communicated to staff. For example, the infection control audit highlighted good practice needed to be shared regarding handwashing, the provider then ensured this topic was a regular agenda item at the staff meetings.

The home expressed a warm and friendly culture with staff stating they felt they worked well as a team and supported each other. One person told us, "I'm very happy here, the staff are so friendly and always cheer me up".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The provider had a policy relating to safeguarding people from abuse and staff were aware of the contents of the policy and who to contact should they suspect abuse.

There were sufficient numbers of suitably trained staff to keep people safe and meet their needs.

Procedures were in place in cases of emergency, including fire, and risks were monitored effectively.

Is the service effective?

Good

The service was effective. People received care from staff who were trained and supported effectively.

Staff demonstrated a good understanding of The Mental Capacity Act 2005 and people were asked for their consent before care or treatment was given to them. The registered manager was aware of their responsibilities in relation to the Deprivation of Liberty Safeguards and had made applications, which the local authority were in the process of assessing

People were offered a wide variety of choice of food and drink. Hot and cold drinks were regularly offered throughout the day and people were assisted to eat and drink as needed.

People accessed the services of healthcare professionals when they were required.

Is the service caring?

Good

The service was caring. Staff treated people with consideration, respect and dignity.

Staff respected people's privacy.

Staff were aware of people's preferences and offered people choices with what they preferred to wear, where they liked to eat their meals and what menu choice they wanted.

Is the service responsive?

Good

The service was responsive.

People received care that met their individuals needs. People's needs were assessed and care was planned and delivered to meet their needs.

The provider had a complaints procedure and people knew who to and how to complain. People felt their complaint would be listened to and acted upon.

Is the service well-led?

Good

The service was well led. People felt comfortable to share their views and were confident they would be listened to if they raised any concerns or suggestions.

There was a clear management structure within the home and staff understood their roles and responsibilities. Staff felt well supported to carry out their roles and stated they worked effectively as a close team.

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

The Fearnes

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 14 and 19 November 2014 and was unannounced. There were two inspectors and an expert by experience who had experience of services for older people in the inspection team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the two day inspection we spoke with ten people who lived at The Fearnes and one visiting relative. We also spoke with the registered manager, the chef, a member of ancillary staff and eight members of care staff. We observed how people were supported and looked at three people's care and support records. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We looked at records relating to the management of the service including: three staff files, staffing rotas, incident and accident records, training records, meeting minutes and three peoples care plans and medication administration records.

Before our inspection, we reviewed the information we held about the service. This included information the provider had sent us about incidents.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they planned to make. This was because we had brought forward this inspection in response to information that had been shared with us about the care provided to people living at the home.

Good

Is the service safe?

Our findings

There were sufficient numbers of staff to support people safely. During our visit staff did not appear rushed and call bells were answered in a timely manner. Staff spent time chatting to people who lived in the home, ensuring they were comfortable, warm enough and had a hot or cold drink of their choice. People told us they did not have to wait for lengthy periods if they wanted a drink or a snack.

We checked the staff rotas, which confirmed the required number of staff were present on the day of our visit. The registered manager told us they were in the process of recruiting a further three members of care staff. Staff told us generally there were enough staff employed on each shift; however, they told us when the additional three members of staff started work this would be beneficial. For example, they said when they needed to hoist people, having an extra person on shift meant there were more people to call upon for help.

The provider had a system in place to ensure the correct number of staff were available on each shift to maintain people's safety. The system took into account people's changing needs and the amount of staff on each shift would be amended as required.

We spoke with staff who had been supplied by an agency. They said they often worked at the home and the registered manager ensured they were placed on the same floor each time to make sure they knew the people who lived there and could provide consistent care. Agency staff told us they really enjoyed working at the home; they stated it was very friendly and they were always well supported by their colleagues.

Records showed the provider had recruited the staff in accordance with the regulations and that staff were recruited safely and effectively. The provider had obtained the relevant employment checks before staff had worked unsupervised at the home. This showed that people were protected as far as possible from staff who were known to be unsuitable.

Staff were aware of the different types of abuse and the signs that may indicate that someone was being abused. Staff told us they had received safeguarding adults training and knew the process to report any signs of abuse. Staff were aware of the provider's whistleblowing policy and knew how to raise concerns if they needed to

People's risks were assessed and plans were in place to reduce these risks. People's plans of care contained an assessment of need to ensure risks to their health were managed. Examples of risk assessments included: falls, skin damage from pressure damage and incontinence and moving and handling. We checked people who were at a high risk of skin breakdown; they each had a correctly inflated pressure-relieving mattress in place to reduce their risk of developing a pressure ulcer.

Accidents and incidents were well documented, with analysis and notes of any trends recorded. Learning from incidents and accidents had occurred. For example, one person had fallen twice from their bed but had declined bed rails. The person was referred to a health professional and a urine tract infection was diagnosed; antibiotics were prescribed and the person recovered their health, ceased trying to get out of bed and remained safe.

There were appropriate systems in place for the safe management of medicines. Care staff had received training in medication administration. Staff told us they found the training very thorough and received annual refresher training. We checked people's Medication Administration Records (MAR) which showed medicines had been signed for when given. MAR we checked contained no unexplained gaps; staff had initialled each dose of medicine that was due.

Staff wore red tabards when completing the medications rounds. The tabards highlighted to staff the person was completing a medication round and was not to be interrupted. We observed staff supported and assisted people to take their medicines. Staff demonstrated they knew the people who lived in the home well and how each person preferred to take their medicine. For example, one person preferred to take their medication with a small amount of warm tea, we saw staff ensure this person had their tea so they could take their medicine as preferred.

The registered manager told us they oversaw monthly medicines audits. The home had a system in place to ensure omissions in recording or administration of medicines were followed up with the relevant staff members.

We checked the medication storage and found that controlled drugs and other medicines were stored safely

Good

Is the service safe?

and securely. We checked the controlled drugs in use and saw that the stock of medicines tallied with the provider's controlled drugs register. This showed us the systems for checking and administering controlled drugs were safe.

The provider had made arrangements to deal with emergencies. An evacuation bag was available which contained items such as foil blankets and waterproof covers to use in the event the home needed to be evacuated. People had a personal evacuation plan completed for them to ensure staff were aware of their personal needs should they need to be evacuated.

There were plans in place to ensure the safety of the premises, including regular servicing of equipment. Records showed the lift was regularly serviced and maintained, and legionella testing carried out. Legionella is a waterborne bacteria that can cause serious illness. Regular fire drills took place and staff had completed training courses about the actions to take in the event of a fire.

Good

Is the service effective?

Our findings

There were effective systems in place to protect people from being unlawfully deprived of their liberty. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The registered manager told us the responsibility for applying to authorise deprivations of liberty rested with them and their deputy. We spoke with one member of care staff regarding DoLS. They demonstrated a general understanding and confirmed they would refer to their manager for further guidance if it was needed.

The registered manager was aware of how to obtain support and guidance from the local authority regarding applications to authorise the deprivation of people's liberty. We saw a selection of DoLS applications that were awaiting assessment by the local authority.

Staff followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about whether different aspects of people's care were carried out in their best interest where people lacked the ability to give their consent. For example, one person was at risk of falling out of bed. Bed rails, which can be restrictive, were considered to reduce the risk of them falling from the bed. The person had been assessed as not having capacity to make their own decisions. As part of the process of considering how to reduce this risk, a falls risk assessment, fracture risk assessment, and bed rail assessment had been completed, and discussions held between staff, the person's relative and healthcare professionals to ensure that the decision to use bed rails was in the person's best interest.

The provider had followed The Mental Capacity Act 2005 requirements , as written authorisation had been obtained from GPs when people required medicines to be given without their knowledge, for example, if medicine had to be added to food, to ensure it was taken safely.

Staff were aware of people's dietary needs and preferences. One person particularly liked a specific soft carbonated drink, when we checked their bedroom we saw there were two bottles of their favourite drink on their bedside table. Staff told us the person really enjoyed the drink and they made sure they always had some available.

We observed the main meal at lunch time in two of the dining rooms. People were gently assisted to sit at the table. People could choose where they wanted to sit and whether they wished to eat alone or join others at a table. The tables were well presented with flowers, linen tablecloths and salt and pepper for people to use if they wished. People were able to eat at their own pace and were not rushed. Food was served on contrasting coloured plates, which is a recognised aid for people living with dementia and helps them to continue to eat independently.

Staff assisted people patiently and discreetly, supporting them to eat independently whenever they were able. Staff checked people had finished eating their meal before removing their plate and asked if they wanted any more. Hot and cold drinks were offered to everyone throughout the meal time. There was enough staff available to ensure people were assisted and supported should they require help. There was music playing quietly in the background that created a calm and relaxed atmosphere. People we spoke to said they enjoyed having the music on.

We spoke with the chef, who demonstrated a good knowledge of what people preferred to eat. The menu was varied and had plenty of options for people. On the day of our visit there was a choice of four puddings. One member of staff told us they had just gone to get a warm rice pudding for a person as they knew that was their favourite and they preferred it to the other puddings that were on offer.

The chef told us there was sufficient food available for them to make nutritious meals. We saw the home made good use of fresh vegetables and menus were developed based on what people preferred to eat, discussing people's food requirements with staff and on the amount of food waste that came back after main meals.

People's risk of malnutrition had been assessed using a recognised malnutrition screening tool. These assessments had been completed on a monthly basis. Where people's weight fluctuated, staff had referred them to specialist healthcare professionals.

Good

Is the service effective?

Records were kept of how much people had eaten and drunk during the day. However, although the amounts of food and fluid people had consumed had been totalled at the end of each day there was not always a target amount of fluid recorded for people. This meant staff would not be able to easily see if a person was not getting their required amount of food and drink. People had plans in place if they needed to increase their weight with examples of high protein meals and snacks that could be offered. Staff we spoke to were aware of people's nutritional requirements and knew what snacks people preferred to eat.

Records showed if people's health was deteriorating they were referred to a suitable health care professional, such as the tissue viability nurse or the speech and language therapy team.

People who were assessed as being at risk from skin damage had processes in place to ensure their skin integrity was managed. People had records completed that stated how often they needed to be repositioned to ensure the safe management of their skin. We saw repositioning records for people that clearly stated how often people needed repositioning, such as every two hours during the day and four hourly at night. The records had been signed and dated by staff to show the repositioning had been completed as stated in the person's care plan.

Staff told us they considered the training they received to be effective and thorough. They said it was good to have a mix of practical training as well as computer-based training. Staff stated the manual handling and lifting training was conducted at the home because they could make use of the equipment that they would be using. Training records demonstrated that staff had received appropriate training across a variety of subjects such as infection control, moving and handling, safeguarding adults and food hygiene.

Staff told us they felt supported to effectively carry out their roles. They said they received regular meetings with their manager to discuss their work and progress and annual appraisals. The manager showed us a revision they had recently made to the staff supervision process. This meant all staff were notified of when their supervision meeting would be and gave them the opportunity to comment on their own professional development and be fully consulted in their on going supervision.

People were able to move freely around the home making good use of the hand rails, level flooring and lift to the second floor. The home was designed to encourage people who are living with dementia to maintain their independence, for example toilet doors were painted in bright contrasting colours and were clearly signed so people could easily locate them.

Bedrooms were light and comfortable, with personal pictures, ornaments and bed linen. Each bedroom had a large storage area with sliding doors that housed a wash basin and a storage area for toiletries. Toilets and bathrooms were available on each floor and were clearly signed.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well, and responded to them in a caring and sensitive way. We observed many good interactions between staff and people. Staff were chatting, laughing and singing with people; they showed they knew people well and what made them happy. When people became distressed, staff assisted them to become calmer by talking quietly with them, listening to what they had to say and supporting them to make their own decisions.

A member of staff told us, "I love working here, everyone is so friendly and we are like one big family". One person told us, "I'm comfortable here, I'm quite happy: I go out with my three daughters. The girls here are very nice; they look after me". Visiting relatives were very complimentary regarding the service and care people received. One relative said, "I know my Mum isn't easy, she can change her mood in an instant, but they are so good with her, I never catch them not smiling".

Relatives commented the visiting schedule was open, with people welcomed at any time. The registered manager told us there were no restrictions on people visiting.

People were treated with consideration and respect by staff. For example, one person was showing signs of anxiety and a member of staff sat with them, brushing their hair and chatting to them, which calmed them. Staff were attentive to people and people were having manicures and hand massages. People who wanted to were also having their nails varnished, which they all enjoyed. One person's care plan stated they liked their nails to be painted in bright colours. When we talked with this person we saw they had bright red nail varnish, which they really liked.

One person had fallen asleep at a table and a staff member had retrieved a cushion and put it beside them to make sure they were comfortable. We saw people were offered blankets if they felt a little bit cold or if they just felt more comfortable with a blanket covering their legs.

People's privacy was respected. For example, people's bedroom doors were closed when they were being supported with their personal care needs. Staff knocked on people's doors before they entered and called people by their names when speaking with them. People's care records were kept securely in a lockable room and no personal information was on display.

People were involved in decisions about how they spent their day. For example, people were offered choices about where they would like to sit, whether they would like to watch the television or would they prefer to listen to the radio. One person told us, "I'm always walking around here , I like to visit people and see what they're doing". If people wanted to spend time in bed after their dinner, they were assisted to do so. Staff were aware of people's preferences. For example, a member of staff told us a particular person preferred to eat their dinner on their own sat in an easy chair rather than with the other people at the table.

Records showed people and their relatives were involved in decisions about their care when their care plans were reviewed on a monthly basis. We saw care plans that showed people and their relatives had signed care plans to show they had been involved in the process.

People's care plans had a section titled 'life history'. This section explained the history of the person, their likes and dislikes, what they had achieved in their life, what was important to them and what hobbies they had enjoyed. Staff told us this was very useful in ensuring they got to know the people well and could provide activities they enjoyed.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people's needs and provided the support they required. We observed staff assisting people and ensuring people had mobility aids within reach. One person was walking independently without any aids; a member of staff gently guided the person over to their mobility aid, safely supporting them until they reached it.

Staff demonstrated they were responsive to people's needs. For example, staff told us they had observed one person's eating habits changing; they had raised their observations to the attention of their manager and the person had been referred to a dietician who gave guidance to ensure the person maintained a balanced diet.

Another member of staff told us what hand signals a person gave when they wanted a drink. We observed this person over the meal time and saw staff responded quickly with a drink when the person made the recognised hand signal. Another person summoned a staff member by snapping their fingers and speaking in a curt manner; the staff member attended them with kindness and told us, "It's just the way they are. I don't mind".

Call bells were available in all rooms and were in easy reach of the beds. Staff responded quickly to call bells and people were not left waiting for assistance for lengthy periods.

The home had recently employed activity staff to co-ordinate and arrange a variety of activities for people. People we spoke with told us they really enjoyed the activities, particularly the trips out. During the morning of our inspection visit people were involved with making mince pies for a charity fundraiser, which they told us they had enjoyed. The manager told us a variety of activities were scheduled such as, trips out in the minibus to Christchurch Quay and Salisbury Cathedral, visits by animal charities, singing and dancing. There were books, newspapers, puzzles and DVDs available in the communal areas of the home. People told us they also enjoyed feeding and watching the fish that were kept in one lounge.

A hairdresser visited the home twice a week and they were in the home during our visit. People who had used the hairdresser told us they enjoyed having their hair done as it made them feel better.

We spent time observing people in the lounge during the morning and found staff responded to people's needs in a timely manner. One person began to show signs of anxiety; a member of staff gave them a doll and they immediately became calm. The staff member told us the person liked to have this doll with them most of the time.

One person who had a high risk of skin damage was sitting in a chair without their required pressure cushion. We brought this to the attention of the registered manager, who arranged for a pressure cushion to be put in place straight away.

People's assessments and care plans were reviewed on a monthly basis and had been updated when changes in their health and lifestyle had taken place. Staff had handover meetings at the start and end of each shift and staff told us they were kept up to date on a daily basis.

The provider had a clear complaints policy and process that explained how people could complain and what people could do if they were not satisfied with the response. We saw a sign on display in the entrance telling people how they could complain if they had any comments or concerns they wanted to raise. There were four complaints in the previous 12 months and each had been investigated, reviewed and concluded. Parties involved in the complaints had been contacted and given an explanation. The provider completed a quarterly complaint analysis to identify any trends or themes.

Good

Is the service well-led?

Our findings

Observations and feedback from staff, people and relatives showed us the home had a friendly and professional culture. Staff felt well supported to carry out their roles and commented there was a strong team spirit at the home and they worked well together for the benefit of people who lived at the home. Staff told us, "It's just like a happy, big family home".

The provider had a whistleblowing policy, which staff were aware of and felt comfortable to use should they be required to. Staff were aware of different independent organisations they could contact if they needed to raise concerns.

The registered manager said they monitored the quality of the service informally on a daily basis. They told us they spent time talking with staff, observing how staff interacted with people and talking to relatives and healthcare professionals who visited the home. Staff told us they were well supported by the management team, who were always available for guidance and support if needed.

The provider undertook a wide variety of audits and checks to ensure the smooth and safe running of the home. Examples of audits undertaken were: health and safety, infection control, gas safety, and hoisting equipment. Where audits had shown shortfalls in systems, timely improvements had been made to ensure the continued safety of the running of the home.

The home held regular quarterly meetings for relatives to attend. We saw minutes from these meetings that showed relatives were encouraged to put forward their views, which were actively listened to by the homes management. Relatives stated the meetings were very useful and gave people a chance to speak to one another as well as being kept informed of business involving the home.

The registered manager told us the home carried out a survey of people's and their relative's views on an annual basis. At the time of our visit the home was halfway through such a survey.

Team meetings were conducted regularly and staff confirmed they attended the team meetings and found them useful. The registered manager told us they kept updated about changes in practice via email correspondence sent out by the local authority and the Care Quality Commission. They said they also attend training courses and events run by independent training companies. The registered manager correctly notified the Care Quality Commission of appropriate notifications as required by the Health and Social Care Act 2008.

The registered manager regularly attended workshops and learning seminars run by local authorities , the Care Quality Commission and their own head office. They told us they found these forums useful and they provided an ideal method of learning and networking with other registered managers in the local area.