

Ferns Nursing Home Limited

Ferns Nursing Home Limited

Inspection report

40-42 Part Street
Southport
Merseyside
Tel: 01704 501401
Website: www.example.com

Date of inspection visit: 8 July 2015
Date of publication: 25/09/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out this unannounced inspection of Ferns Nursing Home on 7 July 2015. The home provides accommodation and nursing care for up to 33 adults. Accommodation is provided over three floors and the home is accessible to people who are physically disabled. Access to upper floors is via a staircase or passenger lift. The service is situated close to the centre of Southport, Merseyside.

We carried out this inspection to follow up on requirements set at the last inspection. At the last inspection on 17 and 18 December, we asked the provider to take action to make improvements to: the

arrangements to protect people from abuse, staffing levels, how staff were supported in their role, care planning, the handling of complaints and how they checked on the quality of the service. The provider sent us an action plan following the inspection outlining what action they were going to take to make the required improvements. We found improvements had been made in all of the areas. Some of the improvements were still embedding but overall the service was safer, more effective and more responsive than we had found at our last inspection. The provider had introduced new ways of checking on the quality of the service and was listening to people's views about the service and acting on them.

Summary of findings

A new manager had been appointed to the home since our last inspection in December 2014. The new manager had submitted an application for registration as the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

New procedures for preventing abuse and for responding to allegations of abuse were in place. Staff we spoke with were confident about recognising and reporting suspected abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals for advice and support as required.

People told us they enjoyed the meals and food provided. They told us the quality and quantity of food was good. People were provided with drinks on a regular basis during the course of our visit. However, we found that accurate records were not being maintained to record when people who required assistance with their drinks and fluids had been supported to have them. The provider was therefore not able to demonstrate that people had been supported to have an adequate amount of fluids. You can see what action we told the provider to take at the end of this report.

New care plans had been written for each of the people who lived at the home. These contained sufficiently detailed information about most aspects of people's needs.

We looked at how medication was managed. Medication was in good supply and was stored safely and securely. Our findings indicated that people had been administered their medicines as prescribed.

The management team had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. However, care staff had not been provided with this training. Reference to people's mental capacity had been documented in their care plan but there was little detail to this. We have made a recommendation regarding this.

During the course of our visit we saw that staff were caring towards people and treated people with warmth and respect. People who lived at the home gave us positive feedback about the staff team. However, some people told us staff did not always support them well with some aspects of their personal care. We have made a recommendation regarding this.

The staffing levels had been increased since our last inspection and we found that the levels were being maintained consistently. People who lived at the home, staff relatives told us they had seen improvements staffing. However, we did receive feedback that staff still rushed people sometimes and did not always give them the time they needed particularly with their continence needs.

Staff were only employed to work at the home when the provider had obtained satisfactory pre-employment checks. Staff told us they felt appropriately trained to carry out their roles and responsibilities. Staff supervision and team meetings had been taking place on a more regular basis since our last inspection.

The home was accessible and aids and adaptations were in place to meet people's mobility needs, to ensure people were supported safely and to promote their independence.

Most areas of the home were appropriately maintained. However, we did note some areas for improvement and refurbishment. A program of refurbishment was underway with new carpets being fitted in some areas of the home on the day of the inspection. At our last inspection we found there was limited communal space for people to use. Since then another room has been opened up as additional communal space for people to use for sitting or for dining.

During the course of this inspection we found that not all areas of the home were appropriately clean and staff were not following the required practices for infection control. You can see what action we told the provider to take at the end of the report.

The provider had introduced new systems to check on the quality of the service and listen to the views of people who lived at the home and ensure these were acted on.

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?

The service was not always safe.

Not all areas of the home were appropriately maintained and clean. Infection control practices were not always being followed as required.

Staffing levels had been increased to ensure there were sufficient numbers of staff on duty to meet people's needs. However, people told us they still felt rushed by staff sometimes and that some staff seemed too busy to support them appropriately with aspects of their personal care.

People's medicines were stored safely and people were administered their medicines as prescribed.

Staff underwent pre-employment checks before starting work at the home.

Requires improvement



Is the service effective?

The service was not always effective.

People told us they were happy with the quality and quantity of meals and food provided. However, the provider was not able to demonstrate that people who required assistance with drinks and maintaining their fluid balance were being appropriately supported with this.

The management team had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. However, care staff had not been provided with relevant training and some practices required improvement.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professional for advice and support as required.

Staff told us they felt appropriately trained and they were being supported through regular supervision and attendance at team meetings.

Requires improvement



Is the service caring?

The service was not always caring.

People described staff as 'caring' and 'good'. However, some people felt staff were not always understanding and supportive when they required support with aspects of their personal care.

We observed staff speaking with people in a warm and respectful manner and they spoke about people in a caring way.

Requires improvement



Is the service responsive?

The service was not always responsive.

Each of the people who lived at the home had a new and detailed plan of care.

Requires improvement



Summary of findings

People were given the opportunity to partake in activities.

People's complaints had been logged but they had not always been responded to appropriately.

The provider had started to actively seek people's feedback about the service and act upon this.

Is the service well-led?

The service was not always well-led.

Systems had been introduced to check on the quality of the service and to act on any identified shortfalls. However, these needed to become embedded in practice.

We found a number of breaches of the Regulations.

The service needs to demonstrate that the improvements made to date are sustained.

Requires improvement



Ferns Nursing Home Limited

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.

The inspection was carried out on 8 July 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor with experience in nursing care and an expert by experience with expertise in services for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service before we carried out the visit. The provider had been asked to submit a Provider Information Return (PIR) to us.

The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make. They provider had failed to submit this.

During the inspection visit we spoke with six people who lived at the home and a number of visiting relatives. We also spoke with three care staff, the cook, two registered general nurses (RGNs), the manager and a representative for the provider.

We viewed a range of records including: the care records for six people who lived at the home, four staff files, records relating the running of the home and a small number of policies and procedures.

We carried out a tour of the premises and this included viewing communal areas such as the lounges and bathrooms and viewing a sample of bedrooms. We also viewed the kitchen, a food storage area and laundry facilities.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. They said they would be happy to raise any concerns they had with the staff or manager.

Regular checks were carried out on the home environment to protect people's safety. For example, checks on fire safety and water safety. Procedures were in place for responding to emergencies such as fire or medical emergencies. However, we found some areas of the home environment required attention. These included: A shower room on the second floor required refurbishment and one of the bannisters was not steady. During the course of the inspection the passenger lift broke. This meant people did not have access to the ground floor and one person had to cancel an appointment as a result. The manager took immediate action to have the lift repaired and it was working again within a couple of hours. Relatives told us the lift had been out of order on a number of occasions. We looked at the maintenance records for the lift and these showed the repair company had been called on numerous occasions throughout the year.

Policies and procedures were in place to control the spread of infection. Staff told us they had the equipment they needed to carry out appropriate infection control practices. The home had achieved a 5 star rating for food hygiene practices when last rated by the local council. This is the highest rating awarded for food hygiene. We viewed the kitchen and found it was clean and well organised. However, during a tour of the home we noted a number of areas which required cleaning. We also saw that infection control practices were not always being adhered to as staff had piled used and soiled bed linen and laundry in a communal bathroom. The items had not been placed in bags and one of the care workers who added to the pile was not using appropriate infection control equipment. Staff told us they had done this because the laundry assistant was not on duty. We also found some around the home which were a little malodorous.

Not maintaining all areas of the home environment appropriately and not ensuring appropriate infection control arrangements are in place is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had produced a new safeguarding policy and procedure since our last inspection. This included correct information about where to report suspected abuse to. The procedure also provided staff with information and guidance on the actions to take if they suspected abuse. We spoke with care staff about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us that they would not hesitate to report any incidents to the manager. The manager was aware of the actions to take in the event of an allegation of abuse, this including informing relevant authorities such as the local authority safeguarding team, the police and the Care Quality Commission (CQC). One safeguarding concern came to our attention during the course of our inspection. It had been logged as a complaint. We found that this had not been reported to the local authority in line with safeguarding protocols and procedures. The concern had been raised prior to the new manager having taken up post. We made sure this information was referred on appropriately following our inspection visit.

People who lived at the home and relatives we spoke with told us they had seen an increase in the staffing levels since our last inspection and they were no longer as concerned about staffing. We viewed the staff rosters for the four weeks prior to our visit. This showed that staffing levels had been increased and were being maintained at the agreed level. However, a number of relatives commented that they felt some aspects of the care and support provided to people was still lacking as a result of staff rushing in their work. This related to assisting people with drinking and supporting people with their continence needs. One family member said that it could take a long time to get a staff member to attend to their relative's continence needs. A relative also told us their relative was assisted to bed around 6.00pm and they sometimes remained in bed until 11.00am the next morning. On a number of occasions we heard the call alarm ringing for periods of time up to 15 minutes. The deputy manager told us this did not necessarily mean that a person had been left unattended for this period of time because the same alarm continued if another person called for assistance in the meantime. They told us the provider was intending to purchase a new alarm call system.

Is the service safe?

One of the trained nurses who worked at the home told us the work load was high when they were the only nurse on duty. They told us they sometimes had to attend the home in their own time to keep on top of their duties.

We recommend the provider regularly reviews staffing levels in line with best practice and based on the views of the people who use the service and others acting on their behalf.

Medication was managed appropriately and safely. People who lived at the home told us they received their medicines on time and they reported no concerns about how their medicines were managed. Medication was only administered by trained staff. We looked at the medication administration records (MARs) for ten people who lived at the home. The majority of medicines were supplied in a pre-packed monitored dosage system. Our findings indicated that people had been administered their medicines as prescribed. Guidance was in place for people who needed 'as required' medication. A record was maintained for disposed medication. However, entries in this had not always been signed and they had not been

signed as witnessed. The medicines were stored securely on each of the three floors. We found that the main clinical room was cramped and untidy, although steps had been taken to improve it.

We recommend that the service reviews current medication practices to ensure they are in line with best practice guidance for the management of medicines in residential care homes.

We looked at staff recruitment records. We found that appropriate checks had been undertaken before staff began working at the home. We found application forms had been completed and applicants had been required to provide confirmation of their identity. We saw that references about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Is the service effective?

Our findings

The majority of people we spoke with told us they were happy with the care provided. However, we did receive some negative feedback from relatives about people not being well supported with drinks and some aspects of their personal care needs.

We visited people who were being nursed in bed. We found that people were clean and comfortable. We found one person did not have access to the call bell and they therefore would not be able to summon assistance if they required it. Staff took immediate action to address this. We found that settings were not always being checked for airflow mattresses and one mattress was not on when it should have been. Airflow mattresses are used to prevent people from developing pressure wounds when they have been assessed as high risk. We looked the records about some of the care and support provided to people. These included records for when people had been supported with their personal care, with pressure area relief, with drinks and fluids and with their food. We found there were significant gaps in these records and therefore the provider was not always able to demonstrate that people had been appropriately supported in these areas. We were not assured from the records that people were being provided with sufficient fluids throughout the day. A number of relatives told us they felt their family members were not being provided with sufficient fluids and that they had raised this concern before but it was an on- going issue. The deputy manager showed us a new fluid intake form which had been introduced to monitor people's fluid intake. These forms had been designed to be signed off by the nurse on duty at the end of each day to confirm people's fluid balance was sufficient. However, our findings indicated that this new record was not yet effective in demonstrating that people had been supported to have sufficient fluids.

The provider was not able to demonstrate that people were being appropriately supported with their hydration needs. This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a staff handover. This is a meeting which involves staff 'handing over' information at the finish of their shift to staff who are starting their shift. We found that time was taken to pass on important information about

each person who lived at the home and key aspects of their care were discussed and explained. If people required a new treatment this was outlined and people's general state of being was discussed. People were referred to respectfully throughout and staff talked about people in a warm and caring way.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw some references to people's mental capacity documented in their care plan but there was little detail in these. Members of the management team and care staff were able to describe how people's consent to care and support was obtained. They gave examples of asking people's permission to carry out tasks with them. People who lived at the home had been asked to consent to their care plan and to matters such as being administered their medication. People who required the use of bed rails had been asked to consent to their use and a risk assessment was also in place. The manager and registered nurses had been provided with training in understanding the requirements of the Mental Capacity Act in general. This had not been provided to care staff to date.

We recommend the provider reviews their current practices for how they implement their responsibilities under the Mental Health Act (2005) to ensure the home is working within the legislative framework of the Act.

Staff told us they felt sufficiently trained and experienced to meet people's needs and to carry out their roles and responsibilities. We viewed a sample of staff files. These included staff training records and training certificates. This information showed us that staff had been provided with training in a range of topics such as: safeguarding vulnerable adults, first aid, fire safety, infection control, health and safety, food hygiene and moving and handling. The manager provided a copy of a staff training matrix to us at our request. This showed some gaps in staff training. The manager told us staff training and updated training was on-going.

Is the service effective?

We found that most staff had been provided with supervision sessions with their line manager since our last inspection or they had a supervision booked for the near future. Staff appraisals had also commenced across the staff team. Monthly staff meetings had also been introduced.

The home was accessible and aids and adaptations were in place to meet people's mobility needs, to ensure people were supported safely and to promote their independence.

At our last inspection of the home we found there was limited communal space for people to use. Since then another room has been opened up as communal space for people to use for sitting or for dining. The management team told us that the provider was planning to have a conservatory built to the rear of the property to provide additional communal space. A program of refurbishment was underway with new carpets being fitted in some areas of the home on the day of the inspection.

People who lived at the home told us the food was good. Each of the people we spoke with

were happy with the food and they had no complaints. People told us the quality and quantity of food was good and that they had a choice of food and an alternative was always available. One person said "The food is lovely". The cook understood people's nutritional needs and people's special dietary needs were catered for. The meal we saw provided to people looked well-presented. We sampled the main meal and it was of good quality and had been made from fresh produce. People had a choice of a cooked breakfast every day and the main meal of the day was served at lunchtime. A lighter meal was provided at tea time and supper was also offered to people. A daily menu board was on the wall in the hall near the main lounge. This showed two choices were available for each course.

Is the service caring?

Our findings

The majority of people who lived at the home told us that they felt staff were caring. One person said “The staff here are marvellous.” People were particularly complimentary about two of the registered nurses who they told us were “Wonderful” and “Very good and genuinely caring.”

However, we heard a number of examples whereby people said when they requested assistance with their personal care some members of the staff team were not always helpful or understanding. They told us that staff sometimes told them they would have to seek another member of staff to assist them but they would not return. We saw that this had also been the subject of a formal complaint made to the home.

We recommend the provider considers best practice for improving and promoting the dignity of people who use the service.

We observed the care provided by staff in order to try to understand people’s experiences of care and to help us make judgements about this aspect of the service. We saw that staff were respectful towards people when addressing them. We saw a nurse giving one person their medication. They showed kindness, patience and compassion during the procedure.

The same person had refused their lunch. They were reassured that it had been put aside for them to have later.

Care staff told us they were clear about their roles and responsibilities to promote people’s independence and we saw people were supported to use equipment to maintain their mobility and their independence.

People’s care plans were individualised and included details about the people’s preferences and choices. People’s care plans also included details about the actions staff needed to take to ensure people’s privacy and dignity was protected. We found that other records, such as daily reports, were written in a sensitive way that indicated that people’s individual needs and choices were respected and that staff cared about people’s wellbeing.

During discussions with care staff they were able to explain how they protected people’s privacy and dignity. For example, when supporting people with personal care they ensured people’s privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people’s permission and by explaining the care they were providing.

We observed staff knocking before entering people’s rooms and supporting people in a dignified manner. However, we saw that one person’s dignity was not always fully respected as their bedroom was close to one of the main entrances and the door was open and this may compromise the person’s dignity.

People looked comfortable and they told us they had been appropriately supported with their personal appearance. People told us they decided when and how they wanted support with their personal care.

Is the service responsive?

Our findings

People who lived at the home told us the service was responsive to their needs.

Care was planned appropriately. We viewed the care plans for six people who lived at the home. We found care plans were individualised, they detailed people's support needs and provided guidance for staff on how to meet people's needs. Care plans included detailed guidance about how to support people with specific areas of need, such as their dietary needs or the management of health conditions. We found corresponding care plans were in place for any risks identified to people's welfare or safety. For example, if a person was at risk of becoming nutritionally compromised then this had been identified as part of a risk assessment and information about how to support the person to maintain their weight and nutrition was documented in their care plan. However, we did view one care plan which identified the person was at risk of pressure areas but there was no corresponding care plan in place about how to prevent the person from developing a pressure wound. We did however find that the person was being supported with pressure area prevention and they had the equipment they needed to support them in this. Care plans had been reviewed on a monthly basis to ensure the information about people's needs was accurate and reflected their current needs.

We asked staff to tell us about the needs of a number of people who lived at the home and we found that they were able to describe people's individual needs, preferences and choices in some detail.

The service worked well with other agencies to make sure people received the care and support they needed. We saw in records that staff referred to a range of health care professionals for specialist advice and support to ensure people's needs were appropriately met. For example, people were being weighed on a regular basis as documented in their care plan and people had been referred for nutritional advice and support if they started to experience weight loss.

We looked at how complaints had been managed since our last inspection. A new complaints procedure had been developed and complaints were logged and included an account of the actions taken and the outcome. One complaint we saw had been investigated under the complaints procedure but this should have been reported to the Local Authority safeguarding team. This had been dealt with prior to the new manager taking up post.

An activities co-ordinator had been employed to work at the home since our last inspection. The activities co-ordinator was implementing a programme of activities and there were posters in the entrance hall advertising upcoming events. A summer fair was scheduled to take place at the

end of July and people had been involved in some of the preparations for this. People had been involved in growing plants from seed and looking after these. The activities co-ordinator told us about plans for future activities and they maintained a daily activity log of what had taken place. At the time of our visit a local charity group were involving people in gentle exercise.

Is the service well-led?

Our findings

People described a number of areas in which the service had improved since our last inspection visit. People told us there were more staff available and there were regular activities for them to take part in if they chose to.

The management team were working through a development plan at the time of the inspection. Members of the management team and care staff told us there had been many improvements to the service over the past few months. Staffing levels had been increased, supervisions and team meetings had commenced on a regular basis and they had been provided with some updates in training. Policies and procedures had been reviewed and updated since our last inspection.

The provider had taken action to address concerns from our previous inspection and we found improvements had been made to the service. Some of these required time to embed into practice and the provider now needs to demonstrate continued improvement and sustainability of the improvements made.

Staff told us they felt there was an open culture within the home. Staff told us they felt confident to approach the manager or members of the management team if they had any concerns about the service. They told us they felt confident that any concerns they raised would be dealt with appropriately. The home had a whistleblowing policy, which was available to staff

New systems had been introduced for assessing and monitoring the quality of the service and making improvements since our last inspection. A number of areas of practice were being audited, for example care plans, medicines management, accident and incident reports, health and safety checks, environmental checks and fire safety checks. The provider also maintained an overview of matters such as staff training and staff supervision.

'Resident and relative' meetings had been taking place on a monthly basis and these had been scheduled to continue. The provider had also started to obtain direct feedback through one to one discussions with who lived at the home. They made a record of the discussions and actions taken as a result.

The manager was aware of their responsibility to notify the Care Quality Commission about particular incidents at the home and they had submitted statutory notifications in line with events.

The provider had failed to appropriately submit a 'Provider Information Return' (PIR) to the Care Quality Commission as required. This is a self-assessment that contains information about the operation of the home.

We viewed accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents at the home were recorded appropriately and the provider had an oversight of these.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider was not ensuring that all areas of the home were appropriately maintained and safe. Not all areas of the home were appropriately clean and infection control practices were not being adhered to. Regulation 15 (1)(2).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs The provider was not able to demonstrate that people were being appropriately supported with their hydration needs. Regulation 14 (1)(2)(b).