

Mr & Mrs K Bhanji

Fernbank Nursing Home

Inspection report

Finchley Way
London
N3 1AB

Tel: 02083493426

Website: www.fernbanknursinghome.co.uk

Date of inspection visit:
08 February 2019

Date of publication:
05 March 2019

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

About the service

Fernbank Nursing Home is a nursing home providing accommodation and personal care to 23 adults and older people at the time of the inspection.

People's experience of using this service

People were very happy living at the home because they felt safe and all their needs were met by kind and caring staff. Relatives were pleased with the service provided to their family members and staff enjoyed working at the home.

Everyone we spoke with praised the registered manager and agreed that they were approachable, knowledgeable, fair and did their job well. A staff team who worked well together supported the registered manager. The provider employed enough staff to make sure people's needs were met in a timely way. The provider had designed a recruitment process to make sure they only employed suitable staff.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training in a wide range of topics so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. All staff welcomed relatives and visitors warmly and treated them as part of 'the family'.

Staff knew people well. They followed the guidelines in each person's care plan so that they delivered care and support in the way each person wanted. Staff managed the risks to people's health and welfare well.

The home was clean, fresh and hygienic. Staff used effective infection control measures to protect people from the spread of infection. Equipment was available when needed to help staff support people in a safe way.

An activities coordinator organised a range of activities for people to do. The home provided nutritious meals and external healthcare professionals supported people to maintain their health.

The registered manager actively sought the views of people and their relatives about the running of the home and they dealt promptly with any concerns that people raised.

The provider had a thorough system in place to monitor and improve the quality and safety of the service provided.

More information is in the full report

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 26 June 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led

Fernbank Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector, a nurse and an expert by experience who is person who has personal experience of using or caring for someone who uses this type of care service. carried out the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We carried out the inspection visit on 8 February 2019. It was unannounced.

What we did

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to let us know about. On 11 January 2019 the provider had sent us a completed provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who lived at the service. We spoke with seven people who lived there and two people's relatives/friends. We spoke four care workers, a nurse, the cook, the activities coordinator and the registered manager. We also spoke with the owner/provider who was visiting the home.

We looked at six people's care records as well as other records relating to the management of the home.

We contacted the local authority contract monitoring team who commissioned a service from this home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People and their relatives felt people were safe at Fernbank nursing home. One person said, 'Yes I am safe, the staff here are kind and treat me good. They look after me '. A relative told us "I am really happy with the current care package and feel my father is safe, and the level of care is really good."
- A member of staff told us "The safety of the resident and keeping them happy and safe is my main priority. I always keep them safe and I know what is in the care plan."
- ☐ The provider had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety. Two people told us that staff had never hurt them or been rude to them.
- ☐ The provider had displayed information on the notice boards about reporting any concerns.

Assessing risk, safety monitoring and management

- ☐ The registered manager assessed all potential risks to people and put guidance in place so that the risks were minimised. One person said, "I feel safe when they handle me."
- ☐ Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for people and staff to use.
 - A member of staff told us, "We always have enough equipment to use here, and we can get more if we need."
- ☐ Each person had a Personal Emergency Evacuation Plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency. A fire risk assessment was in place and staff tested fire safety equipment as required.

Staffing and recruitment

- ☐ The registered manager followed a recruitment policy so that they were as sure as possible that people were suitable to work at this home . They carried out checks, such as a Disclosure and Barring Service check and references.
- ☐ There were enough staff to meet people's needs and keep people safe. People, relatives and staff all said that there were enough staff. The registered manager explained that recruiting suitable staff was difficult but that recruitment was on going.. One relative stated, "Consistency of staff is very good."

Using medicines safely

- ☐ People were happy with the way staff gave them their medicines.
- ☐ Staff had undertaken training so that they could give people their medicines safely and as prescribed.
- ☐ Staff managed medicines well. The provider had supplied appropriately secure storage, at the correct temperature, for medicines.

- We checked a random sample Medicine Administration Records (MARs) and found no gaps which meant medicines had been administered as prescribed
- A member of staff told us, "We take medication very seriously, it is a big responsibility and I am very careful. We have support."

Preventing and controlling infection

- ☐ The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- ☐ Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly.

Learning lessons when things go wrong

- ☐ The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- ☐ The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People and their relatives confirmed that the registered manager had assessed their needs before they offered them a place at the home.
- ☐ The registered manager considered protected characteristics under the Equality Act. For example, she asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed.
- ☐ The registered manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- ☐ Staff had undertaken training in a range of topics so that they could do their job well. Staff said that the registered manager reminded them when they needed to do their refresher training. The registered manager arranged further training that staff requested.
- ☐ People received effective care, based on best practice guidance. Staff had an in-depth knowledge of people's care and treatment needs and were skilled and confident in their practice. A member of staff told us "We have training updates and champions. I have worked here for a long time. I would not stay if the care was not good."
- ☐ All staff felt very well supported. They had supervisions and appraisals and told us "[registered manager]'s door is always open."
- ☐ New staff underwent a thorough induction, which included shadowing more experienced staff for two to three weeks. A member of staff told us that new staff had training before the registered manager allowed them to be "hands-on."

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ The service used a commercially-delivered frozen meal service, which helped ensure a varied diet. Each day, the cook asked each person what they wanted to eat, offering alternatives if the person did not want the meals on the menu.
- ☐ People told us they enjoyed the food. A relative told us "My father said it's the best food he has ever had". One person told us, "The food is good we are given a choice".
- ☐ Staff offered drinks to people throughout the day, to make sure they drank enough. One person said, "If I asked for coffee they'd get it [at any time]."
- ☐ The cook knew people's individual likes and dislikes as well as whether a person had any food allergies. They provided special diets for people, including reduced-sugar puddings and foods fortified with extra

calories if people were at risk of losing weight.

- People who had difficulties swallowing food were being appropriately supported and referrals were made to dieticians.

Staff working with other agencies to provide consistent, effective, timely care

- □ Staff worked closely with other agencies such as the local hospitals to make sure that people's needs were met, for example if a person was admitted to hospital.

Supporting people to live healthier lives, access healthcare services and support

- □ Many healthcare professionals visited the home to provide people with healthcare services. Staff contacted, optician, dentist or chiropodist to support people to maintain their health.

A GP held a 'surgery' at the home on a weekly basis

- □ One person told us, "There's a doctor who comes regularly and you can see him if you want to."

Adapting service, design, decoration to meet people's needs

- □. The owners had extended and adapted the house to meet the changing needs of people who had come to live at the home.
- □ The provider worked hard to make sure that they decorated and furnished the home to meet people's needs. They involved people living at the home in decisions about changes to the environment.

Ensuring consent to care and treatment in line with law and guidance

- □ The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- □ People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- □ We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found authorisations were in place where required and the registered manager had a tracker to ensure that renewals were applied for in a timely way. Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent before they provided any personal care and they offered people choices in all aspects of their lives. One member of staff said, "You give people choices, and explain what you are doing, if people are non-verbal, we use pictures to show them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed kind compassionate and attentive care throughout our inspection. One person told us, "Yes, I am well looked after". The atmosphere was warm and welcoming.
- ☐ Relatives commented, "Respect kindness and care from the staff" and "Sometimes they go over and beyond in the endeavour to look after my father".
- ☐ Staff used aids, such as pictures, to make sure they communicated with people who found it difficult to express themselves.

Supporting people to express their views and be involved in making decisions about their care

- ☐ The registered manager told us that everyone who lived at the home had families who were able to help them, if they needed help, with decisions about their care.
- ☐ Information about advocacy services was available to people if they wanted an independent person to help them with their affairs.
- ☐ Staff told us that they had time to sit and chat with people to make sure that each person had everything they needed.

Respecting and promoting people's privacy, dignity and independence

- ☐ People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and covering people during personal care. Staff offered personal care to people very discreetly.
- ☐ Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.
- ☐ Staff encouraged people to be as independent as they wanted to be. Care plans included what the person could do for themselves and guided staff to help the person retain their skills.
- ☐ The staff team always made visitors and relatives very welcome. One relative said, "I am always made to feel welcome, they are kind and caring towards my relative and do their best."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Each of the people living at Fernbank nursing home had a care plan, which was personalised to make sure it met their individual needs. People were involved in planning their care and reviewing the plan regularly to make sure it still met their needs. A member of staff told us, "Care plans give us a good idea of what's going on."
- ☐ Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
 - There was a full-time activities coordinator in place they told us "I talk to people on a regular basis to get feedback"
 - There was an activities timetable available and there were also regular visits from a local church as well as students from a local school. One person was also supported to attend his own Buddhist temple.
- ☐ People told us they enjoyed the activities on offer. One person told us "there is always something going on and she (registered manager) joins in when she can"
- ☐ Technology in the form of an alarm call system and equipment such as air mattresses and pressure mats were in use to enhance people's care and safety.

Improving care quality in response to complaints or concerns

- ☐ There was a guide to the service and information on making a complaint in each person's room and in the entrance hall. The registered manager had a log for complaints so that she could analyse any patterns.
- ☐ People and their relatives told us that they had never had to formally complain. One relative said, "I felt I could say anything and any issues were always sorted."
- ☐ People and their relatives were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly. A relative told us "I would know how to complain, there is a notice in the lift for everyone to see and I know about the CQC".

End of life care and support

- ☐ The registered manager was working on giving people the opportunity to discuss their end-of-life wishes and new care plans were being formatted to record these.
 - Following our inspection the registered manager sent us copies of the end of life care plan format
 - Staff were due to attend training on end-of-life care in March.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ People, their relatives and staff all made very positive comments about the service and all said they would happily recommend the home. One relative said, "I would recommend this service, it actually was recommended to us".
- ☐ Staff were fully aware of their responsibility to provide a high-quality, person-centred service. A member of staff told us, "A lot of it's to do with the [registered] manager. She is kind, gentle and she knows the residents well."
- ☐ Staff worked as a team and supported each other well. A member of staff said, "It is a small home. Like a family we work well as a team."
- ☐ The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The registered manager provided very strong leadership and everyone we spoke with said they liked and respected her. A relative said, "[Name of registered manager] is fantastic. No matter how busy she is, she's always got time for you."
- ☐ Staff were happy, and proud to be working at Fernbank nursing home. One member of staff told us, "[Name of registered manager] has been one of the best managers I've had. She's always there and is very approachable."
- ☐ The registered manager understood their legal duties and submitted notifications to CQC as required.
- ☐ The provider had a quality assurance system in place. The provider made regular visits to the home to check that the service was providing high quality care. The management team and the provider carried out audits of various aspects of the service such as medicines, health and safety and care records. Any shortfalls were actioned.
- Regular unannounced visits were carried out by managers, including out of hours. Records showed that they had visited the home at night and on each occasion found the home was secure, staff were all present and wearing the correct uniform, food and fluid charts and daily records were up to date and correctly completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ The provider and staff team encouraged people and their relatives to express their views about the

running of the service. 'Residents' meetings' took place every month. □ Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve. Staff attended regular staff meetings and one-to-one supervisions and there was an open door to the office. A member of staff said, "We can always voice our opinions – I feel listened to."

- □ The provider sent surveys to people, relatives and staff each year. A recent relatives' survey showed that all relatives were all very satisfied with all aspects of the service that staff were providing to their family member.

Continuous learning and improving care

- □ The registered manager told us that the service was continually striving to improve. She discussed any issues with staff and put action plans in place to monitor and drive improvement.

Working in partnership with others

- □ Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority quality team to ensure that people received joined-up care.