Fernbank Therapeutic Community Ltd

Fern Bank Residential Care Home

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

Summary of findings

Overall summary

Fern Bank is a private care home which has been owned and managed by the same family for over 30 years. It is a large detached Victorian house, situated opposite a park, approximately one mile from Oldham town centre. Fern Bank is registered to provide support for up to 29 people who have mental health needs or physical disabilities. At the time of our inspection there were 27 people living at the home. The service describe themselves as a therapeutic community which focuses on 'normalisation' to support people to overcome their mental health problems by providing a stable environment and meaningful interactions with other people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The manager had been registered since January 2017.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and homely in character. The environment was maintained to a very good standard.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities. This helped to protect the health and welfare of staff and people who used the service.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities of how to apply for any best interest

decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed meaningful interactions between staff and people who used the service. People told us staff were kind and caring.

People's day to day health needs were met by the staff and the service had good relationships with external healthcare professionals. Care records showed that people's needs were assessed before they started using the service and they were supported to transition to the service as smoothly as possible.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to develop their independence where possible.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed.

We saw that people were able to attend activities of their choice and families and friends were able to visit when they wanted.

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.

Clear procedures and practices were in place to protect people from potential abuse without limiting their independence

Detailed and robust risk assessments were developed alongside the people who used the service to identify any risks to people.

Staffing levels ensured a high standard of support was provided.

Clear guidance for the management of medicines were in place and records showed people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective

Staff received a comprehensive induction to the organisation and ongoing learning and development opportunities were tailored to ensure people experienced effective care and support.

People enjoyed the food and drink provided, and their dietary requirements were met. Menus reflected people's food preferences.

Staff understood people's physical, mental and medical needs, and liaised appropriately with relevant health care professionals.

Staff demonstrated their knowledge and awareness of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, supporting people to have as much freedom and choice as possible.

Is the service caring?

Good

The service was caring.

People were supported by staff who were committed to providing high quality care and had a good understanding of their needs.

People and staff knew each other well. These relationships were based on trust and people were felt valued.

People's rights to privacy and dignity were respected, valued and promoted.

Is the service responsive?

Good

The service was responsive.

People were not defined by their needs. The registered manager and staff provided support to enable people to achieve the quality of life they wanted.

People's support plans had been planned, developed and agreed in partnership with them.

People were offered a wide variety of activities both in the home and the wider community.

There was a suitable complaints procedure for people to voice their concerns.

Is the service well-led?

Good

The service was well-led.

People felt they mattered and were encouraged to live as independently as possible.

People, their relatives, staff and appropriate professionals expressed confidence in the management and leadership at the service.

Effective quality assurance systems were in place and fully utilised. There was an emphasis on the service to strive to improve.

Fern Bank Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 26 April 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held on the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send to us by law.

The provider had completed and returned their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority professionals who were responsible for organising and commissioning the service on behalf of individuals and their families. In addition we contacted Oldham Healthwatch. We received no negative comments regarding the service.

During the inspection we spoke with eight people who used the service, seven relatives, the service manager, the deputy service manager, five care staff, the cook and a housekeeper. We also contacted five health and social care professionals that visited the home. We looked around all areas of the home, food provision, six people's care records, three staff recruitment files, induction, training and staff supervision records, records relating to medicine administration and records about the management of the home.

Good

Is the service safe?

Our findings

Policies and procedures were designed to minimise the risk of harm. These included safeguarding and whistleblowing policies. A system for whistleblowing provides a commitment by the service to encourage staff to report genuine concerns around poor practice without recrimination. Records showed that all staff had received training in these areas, and when we spoke with them they demonstrated an understanding of what might constitute harm and the procedures for responding to and reporting allegations of abuse. At the time of our inspection there were no safeguarding concerns but we saw evidence that when alerts had been raised appropriate protective measures were put into place and allegations were fully investigated. Staff were watchful for any potential concerns. One visiting relative remarked, "Staff seem to have a good grip of what's going on, they know how to distract people to divert from a potential issue arising."

We saw the service had taken a proactive approach to manage risks. These included analysis, identification and review of environmental risks and hazards. Each risk assessment identified the hazard, who might be affected, any control measures in place and any further measures required.

A personal emergency evacuation plan (PEEP) had been developed for each person who used the service. These plans explain how a person is to be evacuated from a building in the event of an emergency and take into consideration a person's individual mobility and support needs. A copy was kept in each file and reviewed on a monthly basis. In addition, 'grab bags' at each entrance included items that may be required in the event of an emergency; a floor plan, list of residents and a torch.

Clear and robust risk assessments had been completed with people who used the service to enable care assistants to safely promote and maintain people's independence. Individual assessments were specific to the person and took their views and wishes into account as well as their physical, emotional, and cognitive ability, and considered any environmental factors. For example, one support plan we looked at for a person who was at risk of malnutrition, instructed staff on how to support the person, maintaining their dignity and independence. We saw there were appropriate assessments by the speech and language therapy team, a nutritional risk assessment and robust monitoring of nutritional intake. The person's weight was logged and any changes led to a referral being made to the person's doctor. This showed that areas of potential risk had been assessed, identified and appropriate action identified to help reduce or eliminate the risks to the person and other people. A professional told us, "Since moving to Fern Bank the wellbeing of two of my clients has improved remarkably and their previous risks have vastly reduced. They are experiencing a prolonged period of mental stability which I attribute to the pro-active and effective care and support provided by Fern Bank."

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member had a criminal record or been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and should be safe

to work with vulnerable adults.

We saw that the electrical and gas installation and equipment had been serviced. There were other certificates available to show that all necessary work had been undertaken, for example, gas safety, the lift and fire alarm system. A portable appliance test had also been carried out. Managers and staff also checked windows had restricted openings to prevent falls.

We observed staff using personal protective equipment such as gloves and aprons when attending to people's personal care needs or when dealing with food. We saw that housekeeping staff had cleaning schedules they completed to ensure the service was kept clean and the potential for catching an infection was minimised. The housekeeper explained their duties included cleaning vents and shower heads, shower traps and door handles.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five star rating.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

People who used the service said, "The home is always spotless"; "My room is always cleaned to a high standard"; "My room is comfortable, clean and I have everything I need," and "It's kept clean." A relative said, "I like the home it's always clean."

Medicines were securely stored in a locked treatment room on the ground floor. People visited the medicines room at specific times to take their medicines. A staff member summoned people when it was their turn to ensure only one person arrived at any one time. This system helped avoid confusion that could lead to a medicines administration error. Senior care workers had completed relevant training and had been assessed as competent. The local pharmacist delivered medicines training to staff on an annual basis. We observed staff explain to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken.

The service had reported ten medicines errors to The Care Quality Commission (CQC) in the previous twelve months. Where a staff member was involved with a medication error the staff member was taken off medication administration to follow a retraining schedule. Staff competencies were checked and signed off before they returned to carry out medicine rounds. The service monitored medicines errors on an ongoing basis.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of when the cream would no longer be effective to use. We saw that the applications of creams were recorded on a medicine administration record. The service was holding medicines that required stricter controls. The records held tallied with the stock held at the service. Records of people's medicines travelled with them when they went to hospital.

We saw that one person was prescribed a supplement to thicken their fluids, there was an assessment and care plan in place to guide staff how to prepare drinks safely for this person.

There were policies and procedures to guide staff in the safe administration of medicines and the service

had a copy of the National Institute for Health and Care Excellence (NICE) guidelines 2017 for administering medicines in care homes. This is considered to be best practice guidance for the administration of medicines. Staff retained patient information leaflets for medicines and a staff member said they used the internet to look up medicines if they needed to learn more. All staff who administered medicines were trained to do so and had their competency checked every three months by a manager. Medicines were regularly audited by staff and managers.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.
Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced. Records showed actions which had been taken to help reduce risk in the future. For example, referring people to healthcare professionals to support their mental health needs.

Care records were stored securely but accessible to staff and visiting professionals when required. They were accurate, complete, legible and contained details of people's current needs and wishes.

The management team reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we observed people's needs were met quickly.

We saw that there were adequate numbers of staff at the home. The manager explained that staffing levels varied depending on the activities people wanted to do, to cover appointments and there were sometimes extra staff to work on a one-to-one basis with people. People and relatives told us there was always a member of staff around if they needed to speak to someone. At night, people were supported by two waking night staff. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the registered manager was very supportive. Staffing levels were reviewed weekly at a regular managers meeting. One person told us, "There are always staff about if I need anything, even if it's just for a chat. I have never had to wait long for help with something."

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

Providers that support people who lack mental capacity must apply to the local authority under the Deprivation of Liberty Safeguards (DoLS) to seek authorisation. We found that there were a number of people using the service who were subject to a DoLS, all these people had authorisations in place or had an application in progress. Therefore the service was now compliant with this regulation. Staff demonstrated they understood their responsibilities for supporting people to make their own decisions. We observed people were asked before support was provided and choices were offered at meal times. People were also given a range of activities to choose from.

During their induction period all staff completed training in a variety of subjects, such as food hygiene, infection control, moving and handling, first aid and safeguarding vulnerable people.
The service set clear expectations for staff and provided on-going training to ensure staff had the skills to carry out their role. On completion certificates were stored on personnel records.

Staff told us that new employees spent time shadowing a more experienced member of staff before they were permitted to work alone and only did so when they were confident. This was to make sure they understood people's individual needs and how risks were managed. Staff received a range of training relevant to their role including specially sourced training in areas of care that were specific to the needs of people at the service. Records confirmed that training took place. Training was delivered in a variety of ways, including e- learning and face to face training.

We saw that staff communicated well with each other and passed on information in a timely fashion. All staff attended a handover meeting at the start and finish of each shift. This helped to ensure that staff were given an update on a person's condition and behaviour and ensured that any change in their condition had been properly communicated and understood. Staff shared information about individual people who used the service and tasks were delegated appropriately.

We observed lunch in the dining room during our inspection. People were brought into the room in an unhurried manner and made comfortable. Where necessary a care worker would assist people with eating. There was a pleasant relaxed feel to the meal times. Each table had salt, pepper, sugar, milk and serviettes available. Staff made sure all residents had a drink of their choice. Meals were plated up in the kitchen and sent through to the dining room. People who required specific diets were asked their preference prior to the meal so this could be prepared; others were given a pureed diet in line with the requirements laid out in their care plan.

The food looked as if it was hot and plentiful. We saw staff offering extra portions to people. There were enough staff to serve meals and assist people, and we saw they worked well together, talking and helping each other, and offering more drinks. People using the service chatted together and with staff and there was a pleasant atmosphere. We asked people about the quality of the food, comments included; "The food is good, I always enjoy it", "We can choose from a menu, there are a few choices each day" and, "There is food available all day, if I don't like what is on the menu they will make me an alternative."

We spoke to the temporary cook who explained that there is a four week menu which people design themselves at weekly meetings. Cereals, toast and eggs were offered each morning followed by hot and cold choices at both lunch time and in the evening. People could have snacks any time of day on request.

People had good access to healthcare and staff monitored their physical and mental health needs. One person who used the service told us, "I am helped to see my doctor when I need to". Evidence in the case notes we reviewed showed liaison with district nurses, regular health checks and general practitioner (GP) visits for example, to monitor mental health. We saw in care plans that people had regular access to other treatments such as dentist, optician and chiropody appointments. We saw evidence in care files of referrals, for example to mental health liaison officers, with records of advice taken and implemented by care staff. Where specific needs, such as eye care or concerns about substance misuse were identified specific care plans were drawn up to meet any needs identified. This meant that people were receiving care and support to access additional health care services to meet their specific health needs.

People's support needs were assessed prior to using the service. One person told us, "Someone came to see me and discuss the help I needed, as I couldn't go home; it wasn't suitable for me to do that. I knew about Fern Bank which made it better for me as I knew it was a nice place before I came here." We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, pretences and interests. This information included the person's support needs and their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them.

Information in people's care plans reflected the support they told us they needed and the support we observed on the day of the inspection. For example one person's records confirmed that an assessment had been made to a health care professional as the person had decided not to take a prescribed medicine. We saw that staff had made the appropriate referral for medical advice and this had been documented in the care plan. We saw that staff followed this guidance and supported the person according to their care plan. This demonstrated that appropriate referrals to external health care professionals were made to ensure people's needs were met.

People told us they were regularly asked for their consent to care. We observed that staff routinely asked for people's consent before giving assistance and waited for a response. Care records also showed that people's consent to care and treatment was sought. Care plans contained instructions on how to look for consent when people were not able to give this verbally, for example, through observing body language or facial expressions. People's choices about their care were recorded for staff to follow. For example in one person plan they would choose each day whether they wished to use a prescribed treatment and staff were to respect their decision.

Good

Is the service caring?

Our findings

People, their relatives and visiting healthcare professionals were all very positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. People's comments included, "The staff are always very polite and respectful, they take the time to talk to me every day," "I have experienced nothing but care from the staff," and, "Every one of them is friendly, they really are." Relatives told us, "I am welcomed every time I visit and I genuinely feel that my relative is loved by the staff here" and "I couldn't ask for better care for my loved one really."

Fern bank offers a strong emphasis on wellbeing and therapy. We observed there was an emphasis on independence and emotional support. When staff interacted with people they were caring and compassionate. We observed a member of staff spent some time with a person becoming anxious about an upcoming event. The member of staff sat closely to the person, and listened attentively to the person's worries. They helped the person to articulate their fears, and then consider a number of options, providing reassurance and calmly offered support to help find an appropriate solution to the person's concerns. A professional told us, "I have always found the staff and manager at Fern Bank very caring and accessible to both residents and professionals."

Fern Bank boasts eight ensuite fully furnished flats where people rehabilitating from an illness could regain their independence with support. We spoke to one person who was planning to move back into the community, they said, "I have been practising cooking and spend quite a lot of time in the flat getting used to it so I can soon get my own place. I can make sandwiches and I have been trying to keep my flat nice and tidy."

People told us that that they held a resident account that they could access as they wished to develop their independence and financial skills, one person said, "I go out sometimes and the staff help me decide how much I can spend so I don't go overboard."

Care files and information related to people who used the service was stored securely and was accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

We saw from assessments and support plans that people were supported to express their own individuality in relation to their spiritual, cultural and personal preferences. We made a recommendation that all staff receive training in promoting equality and diversity, the deputy service manager told us "Equality and diversity is a common theme that we discuss at meetings regularly and is a fundamental part of the work we do here." Staff were able to tell us how they recognised people's preferences and upheld their confidentiality.

People said they were involved in their care and decisions about their treatment. People told us staff always asked them before providing any care and support and check if they were happy for them to go ahead. We observed that people were encouraged to make decisions about their care, for example what they wished to

wear, what they wanted to eat and how they wanted to spend their time. One person enjoyed a cigarette and staff supported them to access the area they could do this.

People contributed to their own care plans and reviews. Where people lacked the capacity, consultation took place with people's representatives such as their relatives. We saw that some decisions had been made in people's best interests and the appropriate processes had been folowed. People and their relatives were provided with information about advocacy services if required in line with service policy.

We observed staff provided people with privacy during personal care and support ensuring doors and curtains were closed. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

People were treated with dignity and respect, and without discrimination. There were enough staff to spend time with people who used the service and when we spoke with them, care staff were able to indicate how they understood people's preferences, and wishes. For example one care worker told us how they were able to relate to a person who used the service due to a shared interest in a hobby.

The service held regular meetings, including a community meeting each Monday where people discussed menu and activity choices. The service could share information at this time and people could share any concerns. The service also produced a newsletter to share important information and events with residents and their families.

We were particularly impressed to see that at the same time each morning, managers, administration staff and care staff stopped what they were doing and came together with residents for a coffee break to have a chat. We saw that residents got to know the staff team this way and people appeared to enjoy this engagement. We asked one resident about this who told us, "Yes, we usually have a coffee break with the staff; they must care about us to give up some time to find out how we are."

The service manager told us that a monthly mental health hourly meeting took place for people, relatives and staff to discuss any issues specific to their needs, this helped staff and relatives support people better and some residents found this meeting helped them relate to others, one person told us, "I like these meetings, they make me feel less alone, "another said, "These meetings give us some really good information and I feel like I am listened to and understood."

Good

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager and care staff were knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed and amended when there had been a change in need.

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Staff understood about respecting people's rights and supported them make choices. One person told us, "Staff always give us positive feedback; you are never shoved in a corner and forgotten about." Another person told us, "The staff go out of their way to make everything just right for me and ask me how I want to be cared for." The deputy service manager confirmed that people's protected characteristics were met and told us, "We openly welcome people regardless of their gender, culture or beliefs. Each person is treated as an individual by all the staff here."

We looked at four care records. Information about each person was detailed and written in a person centred way focussing on their abilities and strengths. The care records contained detailed information to guide staff on the care and support to be provided. They also showed that risks to people's health and well-being had been identified, such as the risk of poor nutrition and the risk of injury. Where a risk had been noted action to reduce or eliminate any identified risk was recorded in detail. Charts were completed to record any staff intervention with a person, for example, recording food and fluid intake, an identified risk regarding mental health, and when 'as required' medication might be used.

Care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). The service manager told us that if they were caring for anyone coming to the end of their lives a bespoke training package would be arranged for staff in order to support the person appropriately.

The services' ethos focused strongly on positive social interactions and there was an extensive range of activities to aid people's wellbeing. The service employed an activities coordinator who arranged communal activities on a daily basis, including contracting visiting entertainers and arranging trips out to the local area. An activities notice board advertised planned events.

People took advantage of the attractive setting of the home and could accompany staff on a walk every day in the park across the road and to other parts of the local area. People told us that they could take part in numerous activities; daily exercises in the front lounge; art class; bingo; relaxation; games; sing-a-longs; quizzes; movies; and three days per week there was an opportunity to go out for a meal to a pub or restaurant in the area.

People told us that they felt happy with the range of activities available and were not pressured to take part if they did not want to. One person said, "I like reading news, watching TV, but mostly I can't be bothered doing much." Another person told us, "There is always something to do, staff offer, but I am not always in the mood."

A relative explained that the staff go to great lengths to engage with people, they said, ""Mum doesn't always feel motivated to go out, but the staff really encourage her to get up and get some fresh air. It would be easier for the staff to let her be, but thanks to them she walks around the park regularly, I think it's really good for her both physically and emotionally." Another relative told us, "[Relative] attends weekly meetings and can choose what she wants to do and eat; I think the staff give her as much choice as possible."

Communal activities were held in one of the lounges, which meant that these who did not wish to participate could spend time elsewhere. We saw that those people who did not wish to join in were offered other stimulation during the day; staff would spend time talking to people either individually or in small groups.

Staff told us that they learned about people through talking with them, reading their history on file, talking with other staff and speaking with families. A staff member told us "We try to have positive interactions with people throughout the day, there is lots going on and people are not just left, we sit and talk with people." Staff regularly recorded information about people's wellbeing and any concerns in daily written records. This meant staff had information to help them to offer care which was responsive to people's needs. Staff could tell us about people's care needs and how these had changed.

People told us they would feel confident telling the staff if they had any concerns and felt that these would be taken seriously. We saw that the service had a complaints procedure. The people we spoke with told us that they were confident that their concerns would be listened to and dealt with courteously. We saw a record of complaints and the outcomes with timescales to monitor how these were managed. The deputy service manager told us that there had been no formal complaints since January 2017 but should a complaint be made they would inform the person of the results of their investigation and consult the person to check that they were happy with the outcome.

There were systems in place to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. One staff member told us, "We have continuity here and good communication." This procedure meant that staff were kept up-to-date with people's changing needs.

Good

Is the service well-led?

Our findings

The service is required to have a 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. The current registered manager had been in post since November 2015. On the day of the inspection the registered manager was on leave from work so we spoke to the service manager and the deputy service manager.

Relatives and staff told us the managers were approachable and friendly. Comments included, "Management are very approachable, they spend a lot of time around the home, I can't fault them," "The managers are very good, very caring," and, "I can always get hold of someone if I need to ask a question, they [managers] are very helpful." We did observe that although the manager's offices are located on the top floor of the building, the managers were seen downstairs throughout the day spending time talking to people and enjoying their mid-morning break with the residents.

The management team were open and transparent and always available for staff, people, relatives, staff and healthcare professionals to approach them at any time. Staff told us if they had concerns the management team would listen and take appropriate action. A relative said, "I am always kept well informed about everything, I am invited to reviews and issues I have raised have been dealt with immediately in a very professional manner." A professional commented, "The manager communicates really well advising me of any concerns. The clients I have placed there appear to be doing well and their complex needs are being met. I wouldn't hesitate recommending them."

Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The management team carried out a range of audits to ensure that the service provided people with safe and good quality care. These included risk areas such as bed rails, infection control, falls, medicines, accidents, fire, kitchen safety and training. Where shortfalls were identified, an analysis was carried out with actions in place to minimise future risks. Lessons learned and reflections for future learning were recorded for staff discussion in meetings. The management team also carried out a daily walk around the building where they identified any issues, and spoke with people and staff. The registered manager told us that this supported them to be more visible around the service and to pick up on things which needed attention.

The service manager told us, "Within the next month we will be employing an exciting new digital care management system called 'nourish' that will enable us to plan, record and report the care we provide in a more efficient way. Investing in this technology means that we will be able to further improve the way we co-ordinate care and we can tailor it for people, enabling a more holistic and person-centred approach to the service we provide."

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any

concerns. Observations of interactions between the managers and staff showed they were open and positive. One staff member told us, "Managers are very involved in everything we do here; they attend the daily handover meetings and know people well."

We saw records to confirm regular meetings took place with staff and residents. Staff told us these were open, honest forums where they could discuss support and strategies to support people with their complex behaviour along with topics such as accidents and incidents, staffing levels and tasks. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. Observations of interactions between the managers and staff showed they were open and positive. One staff member told us, "Managers are very involved in everything we do here; they attend the daily handover meetings and know people really well."

People and those who were important to them had been surveyed for their views about their care and the service manager told us that the surveys were analysed and any points for improvement were placed into an action plan. The questionnaire scores were calculated and any areas of dissatisfaction were looked at, for example, it was raised that people were not sure that the service listed to there concerns, complaints and comments. The service decided to ask people for their comments and record the outcome during the weekly community meeting.

Fern Bank Therapeutic Community featured in 'The Parliamentary Review, Care, A Year In Perspective' (2017/2018). The service was described as 'receiving continual recognition and praise for its high quality performance in the care of adults with mental health problems'.

The registered provider had an up to date service user guide and statement of purpose which gave useful information to people who were planning a move into care. Policies and procedures were regularly updated to reflect any changes in legislation and the care given.

Staff understood the scope and limits of their roles and responsibilities which they told us helped the service to run smoothly. They knew who to go to for support and when to refer to the registered manager. They told us that mistakes were acknowledged and acted on in an atmosphere of support. The management team and staff consistently reflected the culture, values and ethos of the service, which placed the people at the heart of care.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed. Staff had a clear understanding of their roles and responsibilities.