

Seagry Care Limited

# Ferndale Residential Care Home

## Inspection report

8 Stein Road  
Emsworth  
Hampshire  
PO10 8LD

Tel: 01243371841  
Website: [www.ferndalecare.co.uk](http://www.ferndalecare.co.uk)

Date of inspection visit:  
24 September 2021

Date of publication:  
26 October 2021

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Ferndale Residential Care Home is a residential care home providing personal care to 16 people at the time of the inspection. The service can support up to 17 people and specialises in dementia care. The home is a detached property, near to local shops, the railway station and a church. There is a communal lounge, conservatory and garden. A passenger lift is available for people to access the first floor.

### People's experience of using this service and what we found

People appeared happy at the home and were at ease in the company of staff. Strong relationships were formed between staff and people due to the continuity of staff and the caring approach of staff members. We observed staff treating people with dignity and respect. Staff encouraged people to be as independent as they were able and to participate in the life of the home.

There was a calm and happy atmosphere when we visited. Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. People had personalised care plans which enabled staff to understand their needs and preferences. Staffing levels were enough to meet people's needs. People were offered a varied diet and snacks and drinks were readily available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt supported and had received training to deliver safe and effective care to people. One staff member told us, "I love working here. The staff, the residents, everyone is so nice. The manager makes the staff and residents feel at home." Another said, "We give good care. I wouldn't go and work anywhere else."

The home was clean, and staff had been trained in infection prevention and control. There were clear measures in place to manage the risk of the COVID-19 pandemic. We observed some staff wearing their masks below the nose and discussed the importance of wearing personal protective equipment (PPE) correctly with the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 8 September 2018).

### Why we inspected

We undertook this targeted inspection to check on specific concerns we received anonymously about risk management, people's choices being respected, night staffing levels and the ability of staff to meet people's needs. We found no evidence during this inspection that people were at risk of harm from these concerns.

The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ferndale Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service caring?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service responsive?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Ferndale Residential Care Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we received anonymously about risk management, people's choices being respected, night staffing levels and the ability of staff to meet people's needs.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Ferndale Residential Care 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 both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care worker, night care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We attended the staff handover between the night and morning shift. We spoke with a visiting professional who regularly visits the service.

We reviewed a range of records. This included five people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to staff training were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager and deputy to validate evidence found. We received feedback from a further professional who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we received specific concerns about.

### Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and assessed. Guidance for staff described how to support people in a safe way and to minimise limitations on their freedom.
- We found that bedrails were used appropriately, to reduce the risk of a person falling from bed. In one assessment we saw that bedrails had been deemed inappropriate as the person was likely to try and climb over them. Where people had beds with incorporated bedrails, these had been removed if not required. This removed the risk of them being used without a full assessment.
- We spoke with staff about their experiences when people showed distressed behaviours. They told us they felt confident supporting people. They had received training in supporting people living with dementia, prevention and management of violence and aggression and, more recently, on breakaway techniques.
- Each incident of distressed behaviour was recorded. This helped to identify patterns and to better support the person. Where appropriate support from external healthcare professionals was requested. One visiting professional told us, "The staff here think on their feet, they are prepared to be innovative. They make my job easier due to their abilities. I can't praise them enough."

### Staffing and recruitment

- The usual staffing level at night was two waking staff, with a third on call. We arrived early at the service to observe part of the night shift. There were enough staff on duty to meet people's needs.
- The registered manager explained there had been some concerns over the night shift, following some staff changes. To ensure cover, some regular agency staff were used, always paired with a regular member of the staff team. The manager carried out fortnightly spot checks during the night to monitor the quality of support people received. Staff felt supported and were satisfied with the staffing levels.
- The registered manager was able to be flexible with the staffing levels to meet people's needs. If a person required additional care or if someone was at end of life, additional staff cover was arranged. One staff member told us, "When I was on nights there was always someone I could call if I needed help, and for end of life we get extra staff in so there is one to one care."

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

During our visit, we observed some staff wearing their mask below the nose. This was quickly addressed when prompted. We discussed the importance of using PPE effectively to promote the safety of people and staff with the registered manager.

Some people were not able to understand the benefit of social distancing and minimising close physical contact with others. Staff did all they could to minimise the risk, including regular temperature checks and observations so anyone displaying symptoms could be isolated until the cause was known.



# 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.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Staff support: induction, training, skills and experience

- Staff had received training in looking after people, including safeguarding, dementia care, communication, moving and handling, falls prevention and food hygiene. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism. One staff member said, "I feel confident, but if I didn't, I would ask for more training."
- We spoke with staff about the training and support they received. Staff were very positive. They told us they received regular refresher training and had supervisions. One told us, "I feel really comfortable going to them if I'm having a struggle with anything. (Registered manager) has always said to us, any concerns please go to her and she always catches up on it really fast actually." Another said, "We had a meeting last Friday, we could discuss any issues we had or put things forward."

Supporting people to eat and drink enough to maintain a balanced diet

- We reviewed the quality and availability of food for people. We were unable to gain direct feedback from people but spent time observing. We saw staff offering people a choice of food and drink and ensuring they received support to eat and drink if needed.
- People's likes and dislikes were recorded in their care plans, along with any allergies or specific requirements due to social or religious preferences. Staff monitored people's weight and action was taken when unplanned weight loss occurred. This included fortifying meals, offering milkshakes and referring to external healthcare professionals. One person had been supported to lose weight, which had helped them maintain mobility.
- There was a set menu for the day, but alternatives were available. For example, some people did not like red meat and they were offered chicken as an alternative to a beef roast dinner. Some people required a soft diet to minimise the risk of choking and this was in place, under the guidance of the Speech and Language Therapist (SALT). A member of night staff told us, "I can get snacks in the night, cereal, a sandwich or a cheese toastie, whatever they prefer." Another staff member told us, "We will just make them something if they are hungry."
- Staff monitored the amount people drank and encouraged people to drink more when needed. To increase people's fluid intake, snacks included watermelon and cucumber. Some people also had specific drinks they enjoyed, for example lemonade was purchased for one person.

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

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 they lack mental capacity to

take particular 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a good understanding of the Act and was working within the principles of the MCA. We observed the support provided to people, spoke with staff and reviewed the records in place. People were not unduly restricted and consent to care and treatment was routinely sought by staff. We saw staff asking people for their preferences throughout the day, encouraging them to make decisions such as on what to eat or how they wished to spend their time. One staff member said, "They all have capacity unless proven otherwise." Another told us, "We can't force anyone to do anything they don't want to."
- Mental capacity assessments and best interest decisions had been completed for people. Best interest decisions had been made with the involvement of family members, external healthcare professionals and staff. In one case, the registered manager had requested an advocate to support the person and ensure their view was clearly represented.
- Applications for DoLS had been completed and people were being supported in the least restrictive way.

# 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.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Respecting and promoting people's privacy, dignity and independence

- We started this inspection at 4.30am to check people's wishes about the time they got up was being respected. On arrival we found three people were up, a fourth arrived soon after. They had got dressed and completed their own personal care. We looked at records and spoke with staff. We found that people were supported in accordance with their wishes. Some people had gone to bed early and woken early, one had not wished to go to bed at all and had slept some of the night in a lounge chair.
- During our visit we observed staff interact with people politely, appropriately and kindly. People were glad to see staff and appeared at ease in their company. People we spoke with indicated they were happy at the home and told us they liked the staff.
- Staff described how they supported people to express their preferences, for example one person would reach out and hold the clothing they wished to wear when presented with various options.
- People were encouraged to be as independent as they were able. Care plans directed staff as to tasks people could manage themselves, such as oral care or washing their face when given a wet flannel. One person preferred to use the stairs rather than the lift and their ability to do this safely had been assessed and agreed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- It was clear from our observations and conversations that staff knew people extremely well. Staff adapted people's care to meet their current needs and were able to understand their preferences. If needed, staff had access to communication books which contained pictures to help people communicate. These covered topics including food, feelings and personal care.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. This gave staff a good understanding of people's family history, their individual personality, interests and preferences. This enabled them to engage effectively and provide meaningful, person centred care.
- Technology was used to support people to receive timely care and support. Care plans were electronic, which allowed staff to access and update information on people's care quickly and effectively.