

## London Borough of Redbridge

# Fernways

### 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

Fernways provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. People using the service lived in ordinary flats, bedsits or small houses on the Fernways shared site. There were also six 'transitional' flats. These could be used for up to 6 weeks to support people discharged from hospital for a period of rehabilitation before they returned home. Not everyone using Fernways received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of the inspection 24 people were being provided with 'personal care'.

At the last inspection on 25 November 2014 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

People continued to receive safe care. Risks were identified and actions were taken to minimise these risks to support people as safely as possible. Systems were in place to ensure medicines were administered safely and when needed. There were enough staff on duty to support people.

People continued to be supported by experienced staff who received training and support to enable them to continue to provide an effective service. The staff team worked closely with other professionals to ensure that people remained as healthy as possible and received the healthcare they needed.

People continued to be supported by kind, caring staff who treated them with respect. Their privacy and dignity were maintained.

People continued to receive individualised care and support that was responsive to their needs. They were encouraged to make choices about their daily lives and to continue to do things they enjoyed.

Management systems ensured the service continued to be well led. People were involved in decisions about their care and about what happened in the service. They were able to provide feedback on the running of the service and this was acted on.

Further information is in the detailed findings below.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Fernways

## **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 announced comprehensive inspection took place on 18 October and 1 November 2017 and was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection.

Before our inspection we reviewed the information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since the last inspection. Care providers are legally obliged to inform the Care Quality Commission of certain events such as safeguarding allegations and the death of a person using the service, these are known as notifications.

During our inspection we spent time observing care and support provided to people in the communal areas. We spoke with seven people who used the service, four relatives, four care workers, the service manager, the registered manager, the warden and the administrator. We looked at four people's care records and other records relating to the management of the service. This included duty rosters, accident and incidents, complaints, health and safety, quality monitoring and four medicines records.

# Is the service safe?

## Our findings

Systems were in place to minimise risks in order to ensure people were supported as safely as possible. The risks covered included mobility, moving and handling and falls. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns. They had received safeguarding training. People and their relatives confirmed that Fernways was a safe place to be and that staff provided safe support. One bereaved relative told us, "[Family member] was safe without doubt." We saw that another relative had written to the registered manager saying, "We are very grateful for the peace of mind you have given us that [family member] is safe." One person said, "I feel safe here."

Staffing levels were sufficient to ensure that people were supported safely. Regular agency staff covered any gaps in the rota and this ensured people received support from staff they knew and who were aware of their needs and how to safely meet them. A relative told us, "[Family member] has the same two staff with another two who cover when needed. They never have a stranger help them."

People received their prescribed medicines safely and when they needed them. Staff had received medicines training but their competence to administer medicines had not been assessed. This is necessary to confirm that staff have the necessary skills and knowledge to safely support people with their medicines. The registered manager told us they would carry out competency assessments including assessment through direct observation, for the staff who carried out this task.

We saw that medicines records were completed and were up to date. Staff signed medicines records to say that medicines had been given from the medicines administration aid filled by the pharmacist. However, the recording system did not meet with the NICE (National Institute for Clinical Excellence) guidance on managing medicines for adults receiving social care in the community. The guidance states that care workers must record the medicines support given to a person for each individual medicine on every occasion. To help to ensure safe practice and lessen the risk of error we recommended that medicines records be changed in line with that guidance. When we visited on the second day we found that the registered manager had already started to take action on this.

Checks, auditing and when necessary servicing were carried out on the environment and services to ensure they were safe. For example, staff carried out weekly checks on fire alarms.

There had not been any new staff employed for several years but recruitment information on site confirmed that the necessary checks had been carried out to ensure that staff were suitable to work with people who needed support.

# Is the service effective?

## Our findings

People and relatives told us staff were competent and knowledgeable. One person said, "They are good when they hoist me". Staff had a good knowledge of people's needs and of how to support them. Staff told us that they received the right training for them to carry out their duties and to meet people's needs. For example, if a hoist was needed to move people the occupational therapist came and showed staff how best to do this for the individual and what slings were required.

Staff training included safeguarding, moving and handling, dementia and first aid. Training needs had been identified and included on the services training plan. However, staff training was not always up to date. The registered manager told us this was partly due to a move from the local authority providing face-to-face training to online training. The registered manager was trying to source the necessary face to face training and arrangements were being made for a computer to be installed in the staff room to give staff better access to a computer for the online training.

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us they received good support from the registered manager and the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff said, "The management team give good support and are always there if we need them." Another staff member told us, "[Registered manager] and office staff are supportive. You can always go to them and it makes you feel secure." Systems were in place to share information with staff including staff meetings, shift planners and handovers.

People were supported to maintain good health and the staff team worked closely with health and social care professionals to ensure they were supported to receive the healthcare they needed. One relative told us their family member's health and well-being had improved since they started to use the service. Another relative said, "Staff acted quickly when [family member] was unwell and called an ambulance. They were on the ball and saved [family members] life by acting so quickly."

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 by the Court of Protection. We checked whether the service was working within the principles of the MCA. Staff were aware of people's rights to make decisions about their lives and systems were in place to ensure that people's legal rights were protected.

## Is the service caring?

### Our findings

People were supported by a consistent staff team who knew them very well. They told us staff were kind and helpful. One person said, "It feels like home and they have made me feel welcome." Another person commented, "The staff are excellent, very friendly and polite."

Throughout the inspection we saw staff speaking to people in a polite and professional manner. They took time to reassure people and explain things so they knew what was happening. People were treated with respect and their privacy and dignity maintained. A relative told us, "[Family member] is always treated with respect and dignity. There is never a time when anything is too much trouble." Another relative said, "I see nice attitudes and no raised voices. Very relaxed." One person told us, "They tell you the truth and don't treat you like a child. I've never had anybody be rude to me."

People were encouraged to remain as independent as possible. One person told us, "They are very good at helping me and now I'm doing a lot more for myself." A member of staff told us, "We try to keep people as independent as possible. For example, let them wash themselves."

People's cultural and religious needs were identified, respected and celebrated. For example, on the first day of the inspection the communal areas were decorated for Diwali celebrations. One relative said, "There's a mix of people here and no one is excluded. I can't speak highly enough of the service." A member of staff told us, "All different religions are celebrated. We like a party."

People were provided with information and were involved in decisions about their care and about what was happening at the Fernways site. One person said, "We have meetings and talk about what's happened and what we're going to do." A relative told us, "When there was building work we had meetings and letters to let people know about it."

Staff provided caring support to people at the end of their life and to their families. A bereaved relative told us, "Staff provided great support at the end of [family members] life. They stayed with them until the ambulance came and held their hand. They were kind to me as well."

## Is the service responsive?

### Our findings

People received care and support that met their individual and changing needs. One relative said, "They [staff] changed what they did as [family member's] needs changed. They were helpful and rearranged things. [Family member] gets all the care and attention they need." Another relative told us, "They adjust to suit [family member's] needs."

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. One person told us, "They ask us how we want things done." In addition to their own accommodation people were free to use the communal lounge and dining areas if they chose to. A member of staff told us, "Everyone has a choice. They can refuse anything they want." Another staff member said, "They all want things differently and have rights and choices. We ask if they would like us to help them."

People were supported and encouraged to raise any issues they were not happy about and the complaints procedure was displayed in a communal area. One person said, "I've never had to complain. I would go straight to the office and see [registered manager] or [warden]." Another person told us, "No complaints. You can go to the office for whatever you want or if you are not happy." Staff knew how to manage complaints. One member of staff told us, "The first person people talk to is usually their carer. We ask if they want to talk to the manager and they can always do that." There had not been any recent complaints.

Before people started to use the service, pre-admission assessment information was gathered and they were invited to visit. Their care and support needs were discussed with them and if the service was able to meet their needs, they were given the option to move to Fernways if they chose. The transitional flats provided an opportunity to assess people's needs and to establish whether returning home was possible. One relative told us, "[Family member] used a transitional flat for four weeks and was sure they would not go home. Fortunately a flat became vacant and they moved in."

Each person had an individual care plan which contained information about the care and support they needed. Care plans were developed and discussed with the person and, if they wished, their relatives. Yearly care plan reviews took place and staff told us that if they noticed any changes in people's needs this was reported to the management team and care plans were updated. Care plans we saw were up-to-date and gave staff current information about people's needs and wishes. Changes were communicated to staff at team meetings and handovers.



## Is the service well-led?

### Our findings

There was a registered manager in post. People and staff were positive about the management of the service. One relative said, "The service is exceptionally well managed. They [management team] have information at their fingertips. You can ring and ask them things and they know exactly what's happening. They are all hands on and cheerful." Staff said the registered manager provided good advice and support and were confident they would always take action in response to any concerns or issues raised. They told us there was good teamwork that worked well for 'residents' and staff. One member of staff said, "[Registered manager] is approachable and will take things on board. They investigate and give feedback."

The registered manager monitored the quality of the service provided to ensure people received the care and support they needed and wanted. This included direct and indirect observations and discussions with people who used the service and staff. Records confirmed that spot checks were carried out by the management team approximately every three months. Any findings from the checks were followed up with staff either individually or at team meetings. One member of staff told us, "The management team do spot checks in people's flats. They check folders and ask residents about their care." Another staff member said, "Management check records, observe and ask for feedback. They do spot checks."

People used a service where their feedback and opinions were actively sought and valued. This was done at 'residents' meetings, during reviews and quality assurance surveys. Questions asked included how they were treated by staff, did staff listen and did they get good support. Responses to the surveys were made into a report, which was displayed on a notice board in a communal area. One issue that had arisen was that doors were very heavy and this made them difficult to open. This was being looked into to see what other options were available.