

Avvsim Care Limited

Fernleigh Care Home

Inspection report

37 Tamworth Road
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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

The inspection took place on 6 December 2018 and it was unannounced. Fernleigh residential home is a 'care home' for older people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our inspection 25 people were using the service.

There was 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.

People felt safe living at the service. Staff knew how to recognise abuse and how to report it. Risks were assessed so that staff knew what action to take to keep people safe. They did this while also promoting people's independence and autonomy.

There were sufficient numbers of staff, with the required knowledge, skills and experience to support people with their needs. Recruitment processes were safe and this meant that so far as possible only people of suitable character and experience were employed.

Medicines were managed in a safe way Staff had received training about this and knew the level of support people required with their medicine.

Staff were knowledgeable about the needs of the people they supported. People were supported to make choices around their care and daily lives. Staff had attended training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people. There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards and staff followed these.

People were supported to eat and drink enough and had a balanced diet. Staff understood and met people's nutritional needs. They supported people in a sensitive way. People had access to the healthcare professionals they required.

The adaptation and decoration of the premises was designed to meet the needs of people who used the service and to support people living with dementia.

People were treated with kindness and compassion by the staff. Staff knew people well and knew the best way to communicate and offer reassurance when this was required. People's social needs as well as their physical and emotional needs were incorporated into the plan of care and used to promote and maintain

people's abilities and independence.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon. Staff treated people with dignity and respect. People knew how to raise concerns and had confidence that they would be listened to and action would be taken. Feedback provided was used to make improvements to the service.

People were complimentary about the registered manager and staff. It was clear that relationships between people and staff were positive and people had confidence in the service. Many of the staff had worked at the service for many years and this provided continuity for people who used the service. Staff were motivated and the culture was person centred and family orientated. There were effective quality monitoring systems. A variety of audits were carried out and this meant that any shortfalls were quickly identified and used to drive improvements.

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 good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Fernleigh 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 6 December 2018 and was unannounced.

The inspection was carried out by one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported us by speaking with people who used the service.

Before the inspection, the provider completed a 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 reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Statutory notifications are information about important events at the service, such as safeguarding concerns, which the provider is required to send to us by law.

We spoke with five people and one relative about the care people received. We also spoke with the registered manager, deputy manager, two care team members and the cook.

We reviewed care plans for three people to see if they were reflective of the care that people were receiving.

We also looked at records relating to the management of the service, including audits and quality assurance checks, to monitor how the service was being managed.

Is the service safe?

Our findings

There were systems and processes in place designed to protect people from abuse. People told us they felt safe and felt confident that staff would listen and take action if they had any concerns. One person said, "I just do feel safe, they look after us very well. You can go to them at anytime". Staff knew how to recognise the signs of abuse and knew what action to take such as reporting this to their manager or to the local authority safeguarding team or the CQC.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, the risk of developing pressure sores, risk of falling and mobility needs were assessed and recorded along with the action staff must take to keep people safe. Staff knew how to support people when behaviour was presenting a risk to themselves or to others. They were aware of the things that may trigger distress and how to support people while also promoting people's freedom and choice. For example, staff told us how they gave people the space they needed and supported them to make choices about their day to day lives.

Safety checks and maintenance was carried out on the premises and the equipment used such as hoists and electrical equipment. Procedures were in place about fire safety and staff knew what to do in the event of an emergency, accident or incident. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. People's risk assessment and care plans were reviewed and updated following an accident. For example, a sensor mat was used for one person so that staff knew when this person was at risk of falling and required support. CCTV was used in communal areas to assist staff to monitor people's safety.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. People told us there were enough staff who knew how to meet their needs and we saw that staff were available when people wanted them. One person told us, "I have a call bell. I use it when I need it, they come in ten minutes at the most". Another person said, "I've never been not able to get staff if I need them". Staffing numbers were decided in accordance with people's dependency needs and adjusted when people's needs changed. The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

People received their prescribed medicines safely. People told us that staff managed their medicines and gave them to them at the right time and in the right way. One person said, "I take tablets three times a day. They always wait while I take it, it's always on time." Staff responsible for managing people's medicines had received training and had their competency assessed and checked. Medicines were stored securely and in line with the manufacturers guidelines. People had their medicines reviewed by the doctor to check they were effective and still required. Records were maintained of all medicines received, administered or returned. This meant there was a clear audit trail and staff could check that procedures were being followed and people had received the medicines prescribed for them.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access

to the protective equipment they required such as gloves and aprons. People told us their rooms were cleaned every day and to a good standard. One person said, "My room is spotless."

Is the service effective?

Our findings

People had their physical, mental and social needs assessed before they began using the service. Staff had received training about equality and diversity and there were policies and procedure in place to prevent discrimination. Induction training was provided to staff when their employment commenced and there was an ongoing programme of staff training and development. The majority of staff had achieved a nationally recognised qualification in care. Staff worked with healthcare professionals and incorporated their advice and guidance into people's care plans. This meant that care and support was based on best practice and current evidence. For example, the community mental health team had team were involved in one person's support plan and staff were following their advice and this resulted in fewer episodes of distress and improved outcomes for the person. People told us that staff had the skills and knowledge they required to meet their needs. One person said about the staff, "They seem very knowledgeable, they know what they are doing." Another person told us, "I think they are quite good, you would have to go a long way to find better."

People were supported to eat and drink enough and to maintain a balanced diet. One person told us, "I think the food is very good. I get a choice, they tell you what they have got and ask you what you want. We get drinks at any time, I just ask and they get me one." A relative said, "The food smells nice and is home cooked." The cook was knowledgeable about people's dietary needs and preferences. They told us about the things people liked and how they made sure meals were presented in an appetizing way, for example they used food moulds for people who had to have a soft diet so that the meal looked the same as other meals and was appetizing. Menus were planned with the involvement of people and these were discussed at 'residents' meetings. We saw that people arrived in the dining room for breakfast throughout the morning and were warmly greeted and given what they wanted to eat. This showed there was a flexible approach to meeting people's nutrition needs. People were offered choices and visual aids were used to assist people to make meal choices where this was required.

People had their risk of malnutrition assessed and a plan of care was used when risk was identified so that staff knew the best way to support people.

People had access to the healthcare they required. One person told us, "The doctor comes when needed. I have my own chiropodist. I make my own dentist appointments, he's up the road, I've been there with a carer and on my own." A relative confirmed the staff contacted the doctor as soon as this was required and followed the doctor's advice.

The premises had recently been refurbished and redecorated to a high standard. The design and decoration of the premises met people's individual needs. There was a reminiscence corridor and bright colours were used to help people living with dementia navigate their way around and orientate themselves. The new lighting in the lounge was dim and the registered manager told us they would discuss this with the provider so this could be improved.

Consent to care and treatment was always sought in line with legislation and guidance. We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any

restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were. People's capacity to make decisions was considered and assessed. Capacity was presumed and where required, people's family members and other professionals were involved in making best interest decisions. Staff understood the MCA and knew how to apply any restrictions in the least restrictive way.

Is the service caring?

Our findings

People were treated with kindness and compassion. People and relatives praised the staff and said they were kind. One person told us, "All the staff are very nice, always helpful, they treat me well." Another person said about the staff, "They have been brilliant to me." A relative said about the staff, "They are caring to residents and to visitors." They also told us how staff were good at recognising their relatives expressions and knew how to respond and reassure. They told us staff would put music on and sing with the person and this helped to calm them if they were distressed.

There was a very low turnover over staff and many staff had worked at the service for many years. This meant that people received care and support from a consistent group of staff who knew them well. There was a caring culture within the staff group and management team. Staff told us how they cared for people and each other and felt supported to do so. A member staff said about the service, "It's so homely, it's more like a family."

People were supported to express their view and make decisions about their care and support. People's care plans were person centred and recorded the way people preferred to receive care and support. One person said, "I can do what I like, there are no restrictions." People's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate. People had access to advocacy services if they required support making decisions. This meant that people were supported to make decisions that were in their best interest and upheld their rights. Staff said they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them. We saw that throughout our visit, staff gave people the time and support they needed, they respected people's choices and acted on their requests and decisions.

People had their privacy, dignity and independence promoted. Staff knew how to protect people's privacy when providing personal care and how to promote independence. Privacy signs were used to indicate when people should not enter the room when personal care was being provided. Staff had attended training with the local authority and had become dignity champions. Dignity champions helped to improve dignity for people who used the service by making sure that working practices supported people's dignity. Staff knew the importance of maintaining confidentiality and information about people was stored securely.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. There was a care plan in place for each assessed need and these reflected people's current needs and instructed staff about the way people preferred to receive care and support. For example, care plans recorded the most effective way to communicate with people, significant life events and the things that were important to people. There was information about people's religious and cultural needs. Staff knew people well and were able to describe how they met people's individual needs. Staff had received training about equality and diversity. They knew about respecting and promoting equality.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

'Life boards' were created for people who were unable to tell staff about their life history. Life boards were a collection of pictures and family members, favourite places, holidays and hobbies. These were used to encourage conversation about the things that were important to people and also provided comfort and reassurance when this was required.

People were able to follow their interests and hobbies. There was a range of activities on offer that were socially and culturally relevant to people who used the service. Activity boards were created every month and people were encouraged to participate in decorating these and to provide their own memories of the particular event. We saw that people's memories of Christmas had been written up and put on the activity board. This type of activity encourages reminiscence and is known to benefit people living with dementia and also assists staff to get to know people better and understand their needs. People had expressed an interest in gardening so had been supported to plant vegetables in tubs and a greenhouse had been purchased. Pets as therapy animals came into the home in response to people asking for this. On the day of our visit there was an entertainer singing in one of the lounges. People who had chosen to attend this were clearly enjoying this activity. People were able to take part in crafts and baking and were supported to use the garden in warmer weather. Sensory kits were available for people who were unable to participate in other activities because of their disability.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had taken action to resolve a complaint and the complainant was satisfied with their response.

People's preferences and choices for their end of life care were recorded in their care plan. Staff had received training about end of life care. Staff told us how they had supported people and their families and were proud of the care and support they had provided.

Is the service well-led?

Our findings

There was 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 registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The registered manager told us the provider visited the service on a regular basis and was supportive. There was a clear organisational structure and staff understood their roles and responsibilities and shared the provider's and manager's vision and values. The service was person centred and homely. One person told us, "I love it here this is my home. A relative said, "I Like the atmosphere, I don't think there is anything to improve, it's quite relaxed. A member of the care staff said about working at the service, "I love it to be honest, anything we need, it is sorted."

People were asked for their feedback and views during care plan reviews and 'residents meetings'. Staff meetings were also held and staff were able to suggest changes about the day to day running of the service in order to improve. Staff were encouraged to develop their knowledge and skills and many of the staff had commenced further training in management. Good practice was encouraged through a staff bonus scheme which staff could achieve if complimented by people who used the service or their relatives.

Audits were carried out to monitor the quality of the service and to check that staff were working in the right way to meet people's needs and keep them safe. An external audit had recently been carried out by a care consultant who had carried out checks on all aspects of the service. They had identified that improvements were needed in the organisation of staff files and these improvements had been implemented. Managers were members of East Midlands Care, a group of care providers and registered managers who met to discuss changes and best practice in care services.

The service worked in partnership with other organisations such as the local authority and other professionals where this was required.

Registered providers are required by law to display the ratings awarded to each service. We saw that the rating for Fernleigh residential home were on display in the home. Showing this rating demonstrates an open and transparent culture and helps people and visitors understand the quality of the service.