

Mr Shaun Martin Brelsford & Mrs Amanda Jane  
Brelsford

# Fern House

## Inspection report

28 Accrington Road  
Burnley  
Lancashire  
BB11 4AW

Tel: 01282451950

Date of inspection visit:  
03 October 2018

Date of publication:  
30 October 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out an inspection of Fern House on 3 and 4 October 2018. The first day was unannounced.

Fern House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Fern House provides accommodation and care and support for up to six people with a learning disability. The service does not provide nursing care. There were five people living in the home at the time of the inspection.

At the time of our inspection, we were informed the ownership of the home was changing from Mr Shaun Martin Brelsford & Mrs Amanda Jane Brelsford to Affinity Supporting People Limited. Appropriate applications had been forwarded to CQC for consideration. This meant new systems and records were being introduced at the time of our inspection.

Fern House is a large mid terraced house, situated in a quiet residential area close to Burnley town centre. There is an enclosed patio/garden area to the rear of the home. Street car parking is available.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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.

At the last inspection on 18 and 19 October 2017 our findings demonstrated there were three breaches of the regulations in respect of risk management processes, medicines management and lack of compliance with the Mental Capacity Act 2005. The service was rated Requires Improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do to improve the service to at least good and to identify the date when this would be achieved.

During this inspection, we found some improvements had been made to address the breaches in regulation. However, whilst we did not consider the provider to be in breach of the regulations, we found further development was needed in the management of age related risks, the environment and with the management of people's medicines.

This is the second consecutive time the service has been rated Requires Improvement.

We were aware the proposed new provider was committed to an extensive programme of development which would improve people's lives. This included changes to the environment, policies and procedures and to the records and systems. During this inspection, we found changes were in progress.

The management of people's medicines had improved and shortfalls noted at the last inspection had been addressed. However, improvement was needed with regards to the ordering process to ensure people's medicines were always managed safely. The registered manager acted on this at the time of our inspection to prevent this from re-occurring. Staff administering medicines had received training and were deemed competent to do this safely. Policies and procedures had been revised and would guide staff with good practice.

People were happy living in the home and were happy with the facilities provided. They had personalised their bedrooms as they wished and we saw personal touches in the communal areas. However, we found the general cleanliness of the home could be improved and improvements were needed to the environment. We noted that a development plan was in place and extensive refurbishment was due to commence this month (October 2018). We asked the provider to keep us up to date with changes that impact on people's lives.

Risks to people's safety had been identified, assessed and managed safely. Further consideration and improvements were needed with regards to identifying and managing age related risks. Relevant health and social care professionals had provided advice and support when people's needs changed.

Monitoring of the service had improved since our last inspection visit. However, we noted some matters that had been identified by the provider's checks, particularly in relation to the environment, had not yet been actioned. The registered manager and the representative from the new provider were aware of where further improvements were needed; there was a plan in place to support this and shortfalls were being addressed by policies and procedures, changes to the environment and with the introduction of new records. There were effective systems to obtain the views of people, their visitors and staff. People felt their views and choices were listened to. They told us they had been fully consulted and involved regarding the recent changes.

The staff team was stable and there had been no new staff recruited; this meant we were unable to determine whether recruitment processes were safe. A safe and robust recruitment procedure was being introduced to ensure new staff were suitable to care for vulnerable people. Arrangements were in place to make sure staff were trained and competent and additional training, from the new provider, was underway.

People were happy with the conduct and availability of staff and they were happy with the care and support they received. They told us they felt safe in the home and that staff were caring and kind. Staff understood how to protect people from abuse. People told us they did not have any complaints and knew how to raise their concerns. People's privacy, individuality and dignity was respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff sought people's consent, respected people's diversity and promoted people's right to be free from discrimination.

Each person had a care plan, describing their individual needs and choices, which provided guidance for staff on how to provide people with support. Care and support was kept under review and people were

involved in decisions about their care. Relevant health and social care professionals provided advice and support when people's needs changed.

People were supported with a range of activities that met their needs and preferences and had opportunities to maintain and develop their skills both inside the house and in the local community. People enjoyed their meals and were involved in menu planning, food shopping and meal preparation.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The management of people's medicines had improved although further improvements were needed. People's medicines were administered by trained and competent staff.

The management of risks to people's safety and wellbeing had improved although the management of age related risks needed further consideration.

Staffing was provided flexibly to respond to people's needs. There were enough staff available to provide people with safe care and support. We noted staff were attentive to people's needs.

People felt safe and protected against the risk of abuse. Staff understood how to protect people and were clear about the action to take if they witnessed or suspected abusive practice.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The environment needed improvement. However, extensive improvements to the environment were due to commence this month. A new system of reporting required repairs and maintenance was in place.

People were encouraged and supported to make their own choices and decisions. Their capacity to make safe decisions and to consent to care had been assessed although further improvements were needed with regards to recording best interest decisions. Staff had received training to improve their understanding of the MCA 2005 legislation.

People enjoyed their meals and their dietary needs and preferences were met. People were supported appropriately with their healthcare.

**Requires Improvement** ●

Staff were provided with a range of training and development which enabled them to meet people's individual needs. Additional training was taking place.

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

**Good** ●

The service was caring.

We observed good relationships between staff and people living in the home.

People could maintain relationships with family and friends. There were no restrictions placed on visiting.

Staff respected people's rights to privacy, dignity and independence. Staff respected people's diversity and promoted their rights to be free from discrimination.

People made their own choices and were involved in decisions about their day.

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

**Good** ●

The service was responsive.

People had very good opportunities to maintain and develop their skills. They had access to community resources and could pursue their chosen interests and lifestyle choices.

Each person had a care plan that reflected the care and support they needed and wanted. People's needs and risks were kept under review.

People did not have any complaints or concerns. They knew who to speak to if they had any concerns or complaints and were confident they would be listened to.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

There was a registered manager in post who was responsible for the day to day running of the home and who was a visible presence in the service. People who lived at the home, their relatives and staff felt the home was managed well.

There were systems to assess, monitor and improve the quality and safety of the service. Shortfalls that had been identified by the provider's checks had not been responded to. However, the registered manager and the proposed provider were aware of where improvements were needed and appropriate action was being taken.

There were effective systems in place to seek feedback from people living in the home, visitors and staff.

# Fern House

## 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 comprehensive inspection took place on 3 and 4 October 2018. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector.

In preparation for the inspection, we reviewed the information we held about the service including notifications the provider had sent to us and previous inspection reports. A notification is information about important events which the provider is required to send us by law. We contacted the local authority contract monitoring and safeguarding teams for their feedback. We reviewed the information we had and used it to decide which areas to focus on during the inspection.

Before the inspection, the provider submitted a Provider Information Return (PIR). This is information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist us with planning the inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the provider and with a representative from the proposed provider, the registered manager and one member of care staff. We also spoke with four people living in the home and with one visitor. We observed care and support in the communal areas during the visit.

We looked at a sample of records including two people's care plans and other associated documentation, induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits. Following the inspection visit, we asked the registered manager to send us some additional information; this was complied with as requested.



# Is the service safe?

## Our findings

At the last inspection of October 2017, we found the provider had failed to ensure people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found people's medicines were not stored safely, the application of external medicines was not supported by clear guidance and there were unexplained gaps on medicine administration records (MARs). Staff responsible for administering medicines had not had their competence assessed in this area and the policies and procedures did not reflect current good practice guidance. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, we looked at how the service managed people's medicines and we found improvements had been made to the shortfalls identified at the last inspection. We found staff who were responsible for the safe management of people's medicines had received training and checks on their practice had been undertaken. Staff had access to revised medicines policies, procedures and guidance. The registered manager confirmed that new policies and procedures were available and due to be shared with staff.

We sampled four people's medication administration records (MARs) and found they were accurately completed. Although we noted an error on one person's MAR in relation to an 'as needed' medicine; the registered manager took immediate action to address this with the GP. There was clear guidance provided for staff in relation to the application and recording of external medicines, such as creams. There were safe medicine disposal systems in place. A photograph identified people on their MAR and any allergies were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to the person.

The processes for the ordering of people's medicines needed to be improved. We found records were not made of any medicines ordered and the prescriptions were not seen by staff prior to the medicines being dispensed. This meant there was a risk that the incorrect medicines could be supplied. The registered manager immediately changed the processes and spoke with the community pharmacist to prevent this from happening again.

There was a monitored dosage system (MDS) for medicines. This is a storage device provided and packed by the pharmacy, which places medicines in separate compartments according to the time of day. There were some 'homely remedies' kept at the service, this meant people benefitted from access to 'over the counter medicines' in a timely way.

People had consented to their medicines being managed by the service. One person had chosen to manage some of their own medicines; there was a safe system and risk assessments in place to support them with this. There was a system to ensure people's medicines were reviewed by a GP that would help ensure people were receiving the appropriate medicines. Medicines were stored safely.

At the last inspection of October 2017, we found the provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found there was a lack of person centred risk assessments to guide staff with minimising risks to people's wellbeing and safety and a lack of routine screening in relation to age related risks such as skin integrity, trips and falls. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, we looked at how the risks to people's individual safety and well-being were assessed and managed. We found improvements had been made. There were individual risk assessments in place with strategies to guide staff on how to manage and minimize the risks; they had been kept under review. However, further improvements were still needed with regards to the assessment and screening of age related risks associated with skin integrity, moving and handling, nutrition and falls. Whilst we noted that the people currently living in the home were not at immediate risk, this could change as their health deteriorated. We discussed this further with the registered manager. We were told a new care plan system would be introduced which would support staff with identifying and responding to any health-related risks.

Records were kept in relation to accidents and incidents that had occurred at the service, including falls. Referrals were made, as appropriate, to the GP, the falls team and the district nursing team. The registered manager carried out a monthly analysis of the information. We discussed with the registered manager, how the detail of the analysis could be improved to identify any patterns or trends.

People's money was managed safely. Financial protection measures were in place to protect people. Staff were not allowed to accept gifts or assist in the making of, or benefiting from people's wills. We noted there were systems in place to respond to concerns about staff's ability or conduct.

During the inspection, we observed people were comfortable in the company of staff. We observed staff interaction with people was kind, friendly and patient. People told us they felt safe. They said, "I like the staff and I feel safe" and, "The staff are kind."

Staff had safeguarding adult's procedures and whistle blowing (reporting poor practice) procedures to refer to. Safeguarding procedures are designed to provide staff with guidance to help them protect people from abuse and the risk of abuse. Staff had received safeguarding training and the registered manager was the designated safeguarding champion in the home; she attended local forums and provided staff with advice and guidance in this area. Staff were clear about the action to take if they witnessed or suspected abusive practice, and were confident the registered manager would listen and respond appropriately to any concerns.

The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns. Records showed that one safeguarding alert had recently been raised with the local authority safeguarding team and was currently being investigated; appropriate action had been taken by the registered manager and provider. Action to be taken and lessons learned from incidents were shared with staff during meetings.

People spoken with during the inspection told us staffing levels were sufficient to meet people's needs; this was confirmed by our observations during the inspection. We saw that staff took time to sit with people and involve them in conversation. People made positive comments about them. They said, "I love the staff", "We have a laugh here, everyone gets on" and, "I get to do what I want; staff are around to help me." A relative was also complimentary about the staff team at Fern House. A member of staff said, "We have a very good

team that have worked here for a long time" and, "We support each other and cover shifts for each other if needed."

Information in the PIR told us support hours were provided flexibly to meet people's changing needs. Two staff were available throughout the day and one 'sleep in' staff at night; we were told these numbers were sufficient to meet people's needs in a flexible way. The registered manager worked in the home five days each week and was also included in the staffing numbers; she provided out of hours support as needed. Any staff shortfalls due to leave or sickness, were covered by existing staff to provide people with care and support from staff who knew them. We were told additional staff would be recruited to support people through the changes to the environment.

There had been no new staff recruited since the last inspection visit. We will review staff recruitment records at our next inspection. New recruitment and selection policies and procedures were available and would be shared with staff.

We looked at the arrangements for keeping the service clean and hygienic. People living in the home had responsibility for some cleaning and household tasks, with support from care staff. We were shown cleaning schedules which had been signed by staff but not checked by the registered manager. However, we found some areas such as communal bathrooms and toilets needed attention; this meant the schedules were not fully effective. We discussed this with the registered manager who took immediate action to ensure these areas were cleaned and devised a more detailed schedule to ensure cleaning was done properly on an ongoing basis. The infection control policies and procedures were brief and staff had not received training in this area. The registered manager confirmed that all staff would attend training this month and new policies and procedures were ready to be shared and discussed with staff.

Equipment was stored safely and we saw records to indicate regular safety checks were carried out on all systems and equipment. We noted the service and maintenance of the fire system was out of date. Arrangements were made to address this shortfall following the inspection.

The registered manager confirmed there were new arrangements in place for repairs and maintenance and confirmed all repairs were promptly undertaken. The registered manager and a representative from the new provider confirmed that work to improve the home was due to commence within three weeks (October 2018). We asked them to keep CQC up to date with developments and of any changes that would impact on people living in the home.

Records showed staff had received fire safety training. Regular fire alarm checks had been recorded to ensure staff and people living in the home knew what action to take in the event of a fire. Each person had a personal evacuation plan in place in the event of a fire, that assisted staff to plan the actions to be taken in an emergency. Records showed staff were trained to deal with healthcare emergencies.

There was secure entry to the home and visitors were asked to sign in and out which would help keep people secure and safe. We found that records were managed appropriately at the home. People's care records and staff members' personal information were stored securely and were only accessible to authorised staff. Contingency plans were available in the event of any unforeseen circumstances and failures in essential services.

## Is the service effective?

### Our findings

At the last inspection of October 2017, we found the provider had failed to comply with the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found policies and procedures in relation to MCA and DoLS were not reflective of up to date guidance and there was a lack of information to show whether people's capacity to make their own choices and decisions had been appropriately assessed. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, we found some improvements had been made. The 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. The application procedures for this in care homes and hospitals are called the DoLS.

We checked whether the registered persons were working within the principles of the MCA by obtaining consent in the right way and by applying for authorisations when it was necessary to deprive a person of their liberty. The registered manager understood when an application for a DoLS should be made to the relevant local authority and how to submit one. At the time of the inspection, they had submitted three applications for consideration. This ensured that people were not unlawfully restricted. We discussed with the registered manager, how the progress of the applications could be checked. Staff had an awareness of the MCA and the need to seek consent from people before providing any care or support. We were told that new policies and procedures were available and were ready to be shared with staff.

People's overall capacity had been assessed and it was clear that staff acted in people's best interests and considered their choices. Staff understood the importance of gaining consent from people; we observed staff asking people for their consent before they provided care and treatment such as with administering medicines or with meals and activities. However, the registered manager was aware the information relating to people making specific decisions about care and support could be improved.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals and that they could eat what they wanted. People said, "We take turns to plan what we want and then go shopping for it; everyone knows us and says hello. They tell us where the bargains are", "I prefer to eat on my own" and, "I can ask for what I feel like; it's good."

During our inspection visit, we observed mealtimes were flexible around the activities people were involved in. We observed, one person helping staff to make their own lunch and two other people returning from a food shopping trip and lunch out with staff. In the afternoon we saw people sitting around the kitchen table drinking cups of tea and talking about their day with each other and with staff. During this time, we

overheard lots of friendly banter and interaction. People made drinks for themselves, staff and each other whenever they wished.

People were involved in planning the menu, shopping for and preparing meals and tidying up afterwards. The menu was varied and flexible around people's daily choices and displayed in the kitchen; the menu was agreed with people and based on their known choices and preferences. We overheard people planning to bake cakes for tea time and saw staff checking if they had the right ingredients. The registered manager told us they encouraged people to make healthy meal choices wherever possible, although recognised people's choices needed to be respected. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how the provider trained and supported their staff. Although there had not been any new staff for over three years, arrangements were in place for new staff to complete an initial induction training programme, which included the Care Certificate training modules. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

The training plan showed that staff received a range of training that enabled them to support people in a safe and effective way and most staff had achieved a recognised care qualification. The service had not yet participated in infection prevention and control training or any training provided by the local commissioners. The registered manager agreed to look into this, which would help staff provide people with safe, effective and consistent care. Further mandatory training was planned for the week following the inspection.

Staff were provided with regular one to one supervision and told us they were supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and the support of people who used the service and to develop their role. Staff were also invited to attend regular meetings and received an annual appraisal of their work performance.

Staff told us communication about people's changing needs and the support they needed was good. Records showed key information was shared between staff.

There had been no admissions to the home since our last inspection. The registered manager described how people's needs would be assessed prior to moving to Fern House to ensure appropriate care and support could be delivered and to determine whether the service could meet the person's needs.

We looked at the way people were supported with their healthcare needs. The registered manager and staff made sure people had access to local healthcare professionals including GPs, dieticians, district nurses and speech and language therapists when necessary. Staff would accompany people to their appointments, if they wished. Processes were in place to record healthcare appointments, the outcomes and any actions needed. Each person had a health assessment record, which included details of their past and current health conditions to ensure important information was shared when people accessed health care services.

People told us they were satisfied with the accommodation and facilities available at Fern House. A relative commented, "Fern House is clean and comfortable. The facilities are good." Fern House is an older terraced property with facilities on two floors and a laundry area in the basement. We looked around the premises and found they had not been well maintained and were dated and shabby in places.

People had personalised their bedrooms and had been provided with door keys. Communal bathrooms, shower rooms and toilets were fitted with appropriate privacy locks and were available on both floors. We

noted extensive refurbishment plans were in place and due to commence October 2018. There were plans to undertake roofing, re-wiring and re-plastering in the home. People were excited about the planned changes and were planning shopping trips to buy new furnishings. They told us they had been involved in choosing colour schemes and in decisions about the changes to the layout of their home.

## Is the service caring?

### Our findings

People spoken with were happy with the care and support they received. They told us they were treated with care and kindness and were treated equally and fairly. People's comments included, "I love the staff who help me a lot" and, "We are part of a big family; the staff care for us." Relatives commented, "My [family member] is extremely well cared for. Carers put huge effort into their work despite sometimes challenging circumstances" and, "[Family member] is very lucky to be cared for Fern House, and is very happy."

We observed that people were encouraged to maintain relationships with family and friends and to develop new friendships. They confirmed there were no restrictions placed on visiting and a relative confirmed they were made to feel welcome in the home.

During our visit, we observed that people appeared comfortable in the company of staff and we observed very good relationships between staff and people living in the home. We noted a family orientated atmosphere where each person was treated as an individual and made to feel important. We observed staff taking time to chat with and listen to people and interacting with them in a caring, friendly and respectful manner; we observed appropriate humour and warmth from staff towards people. Staff were knowledgeable about people's individual needs and personalities. Each person had a key worker who they had chosen to support them on an individual basis with day to day living tasks.

We saw that people were treated with dignity and respect and without discrimination. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. People were dressed comfortably and appropriately in clothing of their choice.

We reviewed how the service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People told us how they were encouraged and motivated to develop independence skills, by accessing the community and doing things for themselves and others. We observed staff supporting people in a manner that encouraged them to develop and maintain their independence skills.

People told us staff respected their privacy. Bedrooms were fitted with appropriate locks and people told us they could spend time alone if they wished. One person said, "I can spend time in my room if I want; there are no rules to stop me from doing anything. It's my home." All staff were bound by contractual arrangements to respect people's confidentiality.

Everyone had a care plan which identified their individual needs and preferences and how they wished to be supported. Staff understood their role in providing people with person centred care and support. They were aware of people's individual needs, specific routines, backgrounds and personalities.

People's wishes and choices with regards to spiritual or religious needs were recorded and they were supported to participate in church services and meetings. People's wishes and choices with regards to receiving personal care from female or male carers and their ethnicity and sexual orientation were known by staff but not recorded. This information would help staff to be aware of people's diversity. We noted people were supported to arrange visits to barbers and hairdressers on a regular basis and prior to planned holidays.

People were encouraged to express their views by means of daily conversations and during meetings. The meetings helped keep people informed of proposed events and gave them the opportunity to be consulted, involved in matters that affect them and to make shared decisions. We found people's views had been listened to and acted on with regards to activities, menus and holidays. People had been involved in additional meetings with regards to the change of ownership of the home and how this would impact on them. People told us they were excited with the proposed changes and had submitted their choices about the design and layout of the home and colour choices.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms and had personalised them in line with personal tastes and choices.

Useful information was displayed on the notice boards and informed people about how to raise their concerns, safeguarding, planned activities and any events in the local community. Information about advocacy services was displayed. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

A new service user guide had been produced and shared with people. The information was written in an easy to understand format with pictures and symbols and provided an overview of the services and facilities available in the home. There was also information regarding the house rules such as respect, knocking on doors, access to other people's bedrooms, household chores and being kind to others. This would help people to understand their rights and responsibilities whilst staying at Fern House.



## Is the service responsive?

### Our findings

People were happy with the care and support they received and told us they knew who to speak with if they had any concerns or complaints. People said, "I like where I live" and, "The staff know what I like; they are very good. I get to do what I like to do."

Each person had an individual care plan which included useful information about their care and support needs, their capacity to make decisions and their preferences and routines. People had been involved in developing and reviewing their care plan and told us they were kept up to date and involved in decisions about care and support. This information helped ensure they received personalised care and support in a way they both wanted and needed. The registered manager told us improved care plan documentation would be introduced by the new provider.

There were systems in place to ensure staff were kept informed about people's changing needs. Staff considered communication was good. Daily reports provided evidence to show the care and support people had received and how they had spent their day; these were written sensitively and respectfully.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns and this was displayed around the home. The information in the PIR indicated the service had not received any complaints in the last 12 months. People told us they could discuss any concerns with staff or management on a daily basis or as part of the monthly meetings.

People were supported to take part in suitable activities and each person had a weekly activity planner. People were happy with the range of activities offered. They described how they were supported to engage in activities within the local community and to pursue their hobbies and leisure interests. Activities included, visiting friends and relatives, visiting local shops and cafes, luncheon clubs, enjoying local walks, participating in regular holidays and daily excursions, visits to church and attending church groups, voluntary work and attending social clubs and day centres. On the day of our inspection visit, we observed people involved in shopping at the local supermarket, dining out, dog walking, preparing meals, watching movies and undertaking general household tasks. We also observed people relaxing and chatting to staff, visitors to the home or each other.

At the time of our inspection, there was no one receiving end of life care. The registered manager told us that where possible, people's choices and wishes for end of life care were recorded and communicated to staff. Where people's advanced care preferences were known, they would be shared with GPs and ambulance services. There were systems in place to ensure staff had access to appropriate end of life equipment, training and advice when needed.

We looked at how technology and equipment was used to enhance the delivery of effective care and support. We noted the service had internet access to enhance communication and provide access to relevant information for people using the service, their visitors and staff. This enabled people to have on-line contact with families and friends and to access movies and gaming. A cordless house phone was provided

so that people could use the telephone in the privacy of their bedrooms if they wished.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted information was displayed on notice boards and some of the information was in larger print, easy read and picture format; customer satisfaction surveys and menus were produced using pictures and words. The registered manager confirmed this area was currently under further development. We found there was information in people's initial assessments about their communication skills to ensure staff were aware of any specific needs.

## Is the service well-led?

### Our findings

At the time of the inspection visit, we were made aware that applications had been submitted to CQC to change the ownership of the home. The registered manager was supported by the current provider who regularly visited the service and by a representative from the proposed new provider. We noted new systems were being introduced that would respond to the shortfalls noted during this inspection.

The registered manager could describe the improvements for the year ahead. People living in the home, their relatives and staff were also fully aware of the planned changes. The new provider and the registered manager told us significant improvement work would be undertaken inside and outside the home; this would include modernisation, redecoration, replacing the roof, redesign of communal areas and provision of seating areas outside. People told us they had shared their views about the improvements that they wanted. We asked the registered manager to keep CQC up to date with any changes that may impact on people's care, support and wellbeing.

We spoke with the provider and with a management representative from the new provider. They told us they had recognised shortfalls in the service and new systems were currently being shared with staff and introduced as good working practice. We saw evidence of this in relation to policies and procedures, easy read information and some care documents.

People, relatives and staff spoken with, told us they were satisfied with the service provided at Fern House and with the way it was managed. Their comments included, "Staff have a passion for their role, which is enlightening to see." The registered manager was described as approachable, supportive, understanding and kind. Staff were described as motivated, caring and dedicated.

The registered manager had responsibility for the day to day operation of the service and was visible and active within the service. She led by example and worked with the staff team which gave her a good awareness of people's needs and of staff practice. The registered manager interacted warmly and professionally with people and staff.

At the last inspection of October 2017, we found the quality monitoring systems were not fully effective and had not identified shortfalls which had resulted in three breaches of the regulations. During this inspection, we found the audit systems had been improved. We found that monthly provider visits had been introduced; this meant the provider had oversight of the quality of the service and of the registered manager's practice. Audits were undertaken in areas such as care plans and risk assessments, environment, medicines, finances and training. We found recent shortfalls had been identified in relation to the environment and infection control but due to the changes in ownership, there had been a delay in responding to them. We were told the new provider was taking appropriate action to respond to the shortfalls. New quality monitoring systems would also be introduced.

People told us they were encouraged to share their views and opinions about the service by talking with management and staff, by completing feedback forms and by attending meetings and reviews. An annual

satisfaction survey had been undertaken in 2017 and the results had been analysed and shared with people. People felt their views and choices were listened to. They told us, "They listen to us and we can say what we think", "They involve us in decisions" and, "We know what is happening and they have told us why."

Staff were enthusiastic about their work. The member of staff spoken with, was aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns. Regular staff meetings had taken place and recently they had been kept up to date about changes to the ownership of the home and planned improvements. Staff were provided with job descriptions, contracts of employment and policies and procedures which would make sure they were aware of their role and responsibilities. We saw that new policies and procedures were being introduced which were in line with current legislation and recognised guidance. The registered manager told us they would be reviewed and shared with staff.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. We noted the last CQC rating for the service and a copy of the previous inspection report was on display in the home. This was to inform people of the outcome of the last inspection