

St Benedict's Healthcare Limited

St Benedicts Ferndale

House

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

People's experience of using this service:

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were free to leave the home when they wanted, there were no restrictions in place.

People told us staff talked to them about how to stay safe in the home and in the community. They told us if they had any concerns they would talk with staff. Staff were knowledgeable about safeguarding and how to report their concerns internally and externally to local safeguarding authorities.

People told us they knew what risks were involved when they were in the home, doing activities or accessing the community. Risk assessments were in place to identify possible risks to people's health and well-being and measures were implemented to manage the risks.

There were enough staff to meet people's needs.

Care plans were well developed and personalised to give guidance to staff on how to support people effectively. People were encouraged to eat a health balanced diet. They had regular health checks and staff supported them to attend their regular health appointments.

People told us staff were kind and caring and helped them. People's personal information was kept confidential.

People were involved in discussions about their care and had regular meetings with their allocated staff member to review their mental health.

Staff received training in subjects considered mandatory by the provider and had further opportunities to develop their skills and knowledge.

People's dignity and privacy was promoted and respected by staff. Staff enabled people to maintain and develop relationships and stay safe.

People were encouraged to engage in activities, pursue hobbies and interests and socialise. Opportunities were created by the provider for people from all their services to get together regularly and participate in workshops they were interested in.

The provider's governance systems and processes were effective and identified areas of the service where improvements were needed. The registered manager and the provider completed regular audits to ensure the service provided to people was effective and safe.

Rating at last inspection: Requires Improvement.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service improved to good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service remained safe.

Please see detailed findings below.

Is the service effective?

Good ●

The service remained effective.

Please see detailed findings below.

Is the service caring?

Good ●

The service remained caring.

Please see detailed findings below.

Is the service responsive?

Good ●

The service improved to good.

Please see detailed findings below.

Is the service well-led?

Good ●

The service improved to good.

Please see detailed findings below.

St Benedicts Ferndale House

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: Ferndale House is a 'care home'. 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.

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 held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed how staff interacted with people. We spoke with four people, two relatives and one professional to gather their views. We looked at records, which included four people's care and medicines records. We checked recruitment, training and supervision records for five staff. We looked at a range of records about how the service was managed. We also spoke with the deputy manager and five

care staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were supported by staff who understood safeguarding, what to look for and how to report concerns; The service had effective safeguarding policies in place.
- Staff were confident to raise concerns and to whistle-blow if required.
- The manager was aware of their responsibility to report concerns to the relevant external agencies although they had not had any need to.
- Records confirmed the registered manager reported concerns to the relevant agencies and undertook investigations where these were required.

Assessing risk, safety monitoring and management.

- Risks of avoidable harm were reduced for people because the risk associated with their needs were effectively assessed and plans implemented to reduce the risks.
- Regular safety checks had been carried out on the environment and on the equipment used in caring and protecting people.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.
- Choking assessments had been conducted and mitigation plans provided guidance to staff about how to minimise the risk, how to identify when a person was choking and the action to take; staff were seen to be following these plans.
- People who were at risk of developing skin damage were provided with pressure relieving mattresses and when required, a repositioning plan was put in place.
- Ensuring the equipment that people needed to reduce the risk of pressure related injuries had improved. Air mattresses used to reduce this risk were checked twice a day by registered nurses to ensure the settings were correct and did not place people at higher risk.

Staffing and recruitment.

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- Staffing levels met the needs of people and helped to ensure their safety.
- The registered manager told us they would adjust staffing levels based on people changing needs; People and staff confirmed they had no concerns with staffing levels.
- Observations throughout the day demonstrated call bells were responded to promptly and people did not wait for prolonged periods to receive support.

Using medicines safely.

- Medicines were safely managed and stored securely.
- The temperature of medicines storage areas was checked daily and maintained at safe levels.

- Medicines records were clear and accurate; Topical Medication Administration Records (MARs) were signed with no gaps. Body maps were clear and indicated each cream and location to be applied with any special instructions; Medicines prescribed on an as required basis were supported by clear protocols to guide staff.
- Medicines were disposed of safely and in line with legislation.

Preventing and controlling infection.

- The service managed the control and prevention of infection well.
- Staff received infection control training.
- Staff had access to and used appropriate personal protective equipment.
- The home was clean, tidy and free from bad odours.

Learning lessons when things go wrong.

- The provider had a system to record accidents and incidents. Where this required further investigation, this took place and the manager identified actions to be taken and further learning for staff.
- For example, where medicines errors had occurred, staff had been required to undertake a reflection exercise to help them understand what went wrong and why as well as be supervised to ensure their competence.
- Where incidents occurred that placed people at risk, action was taken, risk assessments were implemented and staff were made aware of the action to take to minimise the risk.
- Staff told us the manager encouraged learning from incidents.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's individual needs had been assessed prior to them moving into the service.
- Risks associated with people's care and support had been assessed, reviewed regularly and reflected people's needs.
- People using the service were supported to make choices about their care and support.
- Staff provided care and support in line with national guidance and best practice guidelines. For example, for a person living with diabetes, the signs and symptoms to look out for were included in their plan of care.

Staff support: induction, training, skills and experience.

- Staff completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
- Staff were supported to maintain their professional registration and care staff were encouraged to under vocational qualifications.
- All staff were supported through supervisions and appraisals.
- Staff received training and underwent annual competency assessments to ensure they had the skills and knowledge to support people effectively.

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

- People's nutritional needs, weight and food and fluid intake was monitored where needed.
- People spoke positively about the food and said they could make alternative choices if they did not want what was on the menu. The kitchen staff were aware of and had up to date information about people's likes, dislikes and any special dietary needs they may have.
- People who required support were given support as soon as their meal was served. Staff sat with people and supported them with their meals at a pace that suited the resident. They spoke encouragingly to people, allowing them to dictate food selection throughout the meal.

Staff working with other agencies to provide consistent, effective, timely care

Adapting service, design, decoration to meet people's needs.

- People were able to navigate safely throughout the building.
- Various areas of the home had been designed to promote inclusion between people using the service.

Supporting people to live healthier lives, access healthcare services and support.

- Staff worked well with external professionals to ensure people were supported to access health services

and had their health care needs met. Where a need was identified referrals had been made to other health professionals for advice and support. This included but was not limited to speech and language therapy, dieticians, GP's, dentists and older person mental health team.

- Care plans were developed based on advice given and staff were made aware of this, including where appropriate kitchen staff.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in the MCA and DoLS and they understood their responsibilities to report on any potential abuse.
- Staff ensured they received people's consent before delivering care.
- Staff involved people in decisions about their care.
- Best interest decisions had been appropriately recorded.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People told us staff were kind and caring. One person said, "I like the staff. They are nice."
- Staff, and the registered manager, showed us that they knew people's needs and preferences well.
- Staff were aware of people's likes and dislikes and ensured their preferences for support were respected.

We saw staff adapted their communication to each person's preference. Where some people preferred staff to smile and be cheerful when addressing them, others wanted staff to be serious when talking to them. We saw staff knew how to approach each person to motivate interaction.

- Staff could tell us about individuals and the contents of their care plan, and we saw that the information they provided us with was reflected in people's care plans.
- Relatives told us staff helped people maintain relationships important to them.

Supporting people to express their views and be involved in making decisions about their care.

- Staff told us they supported people to make decisions about their care. One person said, "If I want to go out then I can go out and if I want to have a shave later in the day they I do".
- People told us they discussed their needs, wishes and preferences with staff and these were respected.

Respecting and promoting people's privacy, dignity and independence.

- People told us that people's privacy and dignity was respected. One person said, "If I want to be left alone they respect that and if they are helping me with something then they respect my privacy too".
- People looked well-groomed, dressed in clean clothes appropriate to the weather.
- Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.
- The service took into consideration the protected characteristics of people under the Equalities Act 2010 such as religion, race and sexual preference. People consistently told us their preferences were respected.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans were detailed and contained information about people's needs. For example, information relating to personal preferences, routines and how a person preferred to spend their time. We asked care workers whether they routinely looked in the care plans to familiarise themselves with a person's requirements and support needs. One staff member told us, "We know each person pretty well but yes we do look at the care plans regularly, especially if there has been a change in their health".
- The registered manager and the deputy manager reviewed each person's care plan with the person receiving support and involved family members where appropriate.
- All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. The provider had an AIS policy in place and we found the principles of the standard were followed in some areas of the home, for example, we saw photographs were used on the food menu board to make food choices accessible to people. The registered manager told us they would review AIS guidance and ensure any additional measures required were put in place. We will check that this has been progressed at the next inspection.
- People participated in a wide range of activities which included, visiting the local pub, board games, listening to musicians and events such as celebrating birthdays.

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback about their experiences of care and the service provided a range of ways to do this.
- People and their relatives knew how to make complaints but said they had not needed to.
- Records reflected any concerns were investigated, apologies were provided and action was taken to address concerns.

End of life care and support.

- No one was receiving end of life support at the time of our inspection.
- People's end of life wishes had been discussed with people and where appropriate, their relatives.
- People's care records contained 'Do Not Attempt CPR' forms that had been signed by medical professionals. People also had 'Advance Care Plan' forms which recorded people's wishes for end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our previous inspection we identified the provider had not always notified us about incidents required by law. At this inspection we found improvements had been made. The topic area relating to this concern was under the key question of responsive in the previous assessment framework, but were moved this key question when the framework was reviewed and refined. At our previous inspection we also identified governance systems were not consistently effective in driving improvement. At this inspection we found improvements had been made and the provider was no longer in breach.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider's systems and processes were developed to support the registered manager to monitor and improve the quality of the care and support people received. Regular audits were carried out by the registered manager and the provider where they regularly looked at all aspects of the service. There were regular health and safety audits, care plan audits, surveys and meetings organised for people as well as staff. Where issues were identified, action plans were in place and completion of actions were checked in the next month audits.
- People and relatives told us they were happy how the registered manager run the home. One person told us, "The manager is great, she is very approachable."
- Staff told us the registered manager was approachable and helped them when they needed. Staff felt listened and told us the registered managers door was always open if they needed support.
- The registered manager was knowledgeable about the people living in the home. They were passionate about providing people with personalised care and support.

Continuous learning and improving care.

- The registered manager regularly reviewed the service provided for people. Learning from reviews, meetings and feedback from the companies own observations were fed back to the staff and incorporated wherever possible in care plans, policies and procedures.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff told us they felt valued and listened to by their managers. We saw that staff had one to one support appropriate for their job roles.
- Staff were well trained and were aware of their roles and responsibilities. Staff told us the registered manager was always available to provide hands on support if it was needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People, where possible and staff actively participated in the running of the home by sharing ideas at meetings.
- The registered manager put actions were put in place to ensure the service was tailored to people`s needs.
- People could share their views about the service in monthly meetings and in surveys sent out by the provider.

Working in partnership with others.

- The registered manager demonstrated how they worked in partnership with local hospitals, commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their needs.