

## South Coast Nursing Homes Limited

# Fernbank Residential Home

### 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

We carried out an inspection of Fernbank Residential Home on 9 January 2017. The inspection was unannounced and conducted by an adult social care inspector. We last inspected Fernbank Residential Home in February 2014 and found the service was meeting the relevant regulations in force at that time.

Fernbank Residential Home provides accommodation, nursing and personal care for up to 32 people, including people living with dementia. There were 24 people accommodated there on the day of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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 were safe. The registered manager and staff team were all knowledgeable about safeguarding issues and protected people from harm. Where concerns had been raised previously, the registered manager worked with the local authority safeguarding team and made changes where these were needed. The staff team knew how to raise and report concerns if they witnessed, suspected or were told about any bad practice or abuse. All staff had received training in safeguarding adults. Medicines were administered to people safely.

Risks relating to people's care were assessed and reviewed each month. Staff were familiar with risks associated with people's care and records showed that control measures that had been put in place to minimise risks to people where appropriate.

The accommodation provided was to a good standard, with a variety of pleasantly decorated and well furnished lounges and seating areas. The building was safe and well maintained. The property was in the process of being extended and as such had additional signage to improve safety and highlight potential hazards. Other risks associated with the building and working practices were assessed and steps taken to reduce the likelihood of harm occurring. The home was clean throughout.

Any risks to people's health and welfare were assessed. The care plans included instructions on how to reduce or eliminate the chances of injury. Where people needed to be assisted to move, their moving and handling needs were assessed and a moving and handling plan was written.

Staffing numbers on each shift were calculated to ensure each person's care and support needs could be met. Staff were provided with regular training and were supported by their colleagues and the registered manager to do their jobs.

The registered manager and the staff team were aware of the principles of the Mental Capacity Act 2005 and

the Deprivation of Liberty Safeguards. People were asked to give consent to care, support and treatment. Where people lacked the capacity to do this, staff worked within best interest decision making procedures.

People enjoyed their food and were provide with a varied and balanced diet. People's health needs were met and they had access to external professionals as required.

Staff were kind and caring and understood people's needs. People were involved in decisions about their care. People's privacy and dignity was respected.

People using the service and staff spoke well of the registered manager and they felt the service had good leadership. Good communication was evident between staff working different shifts. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care and oversight from external managers.

## 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 was safe.

People said they were safe and were well cared for. New staff were subject to robust recruitment checks.

Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe.

There were systems in place to manage risks and respond to safeguarding matters.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced diet and their health was effectively monitored.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and understood people's needs.

People's privacy and dignity was respected.

People were involved in decisions relating to their care.

### Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed. Staff responded to changes in their needs and adjusted their plan of care.

People took part in social activities and were supported to follow their interests.

Complaints were investigated and responded to.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager set high standards at the service that staff worked to.

The registered manager provided good leadership and management of the staff team.

Regular audits and checks were carried out to monitor the quality and safety of the service.

# Fernbank Residential 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 checked whether the provider was 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 took place on 9 January 2017 and was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations, speaking with people, interviewing staff and reviewing records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people who used the service and two visiting relatives. We spoke with the registered manager, and five other members of staff, including three care staff, the cook and a domestic worker.

We looked at a sample of records including five people's care plans and other associated documentation, medicine records, four staff files, which included staff training, supervision and recruitment records, complaint, accident and incident records, policies and procedures, risk assessments and audit documents.

# Is the service safe?

## Our findings

People who lived at the service were protected from abuse and avoidable harm. The people we spoke with told us they felt safe. One person said, "I am very safe here." Another person told us, "I always feel safe. I have a call bell if I need it." Relatives we spoke with all felt their relatives were safe, one relative said, "Yes I believe my relative is absolutely safe here." Another relative said, "I have no concerns at all about the safety of people here."

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. Those we spoke with were able to explain the steps they would take to report concerns if they needed to. One staff member said, "I'd immediately report any concerns to the manager." Staff expressed confidence that any allegations or concerns would be dealt with appropriately by the registered manager. One staff member told us, "I'm confident the manager would deal with anything but I know we can also contact the local authority safeguarding team." Staff confirmed they had attended relevant training on identifying and reporting abuse. Staff also told us they had undertaken whistleblowing training as part of their induction and on going training. The registered manager and their deputy were aware of when they needed to report concerns to the local safeguarding adults team and where appropriate to other agencies. We reviewed records and saw that concerns had been reported appropriately so steps could be taken to protect people from the risk of further harm.

Staff files were checked to ensure safe recruitment procedures were followed. Each of the files we looked at showed that appropriate pre-employment checks had been completed. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. Where required, checks were made of a prospective employees right to work, before any offer of employment was made. These measures meant people using the service were looked after by suitable staff.

As part of the care planning process risks assessments were completed for each person in areas such as the risks of malnutrition and the likelihood of developing pressure ulcers, the likelihood of falls, continence, the use of bed rails and moving and handling tasks. Moving and handling plans were written for people who needed help to move or transfer. These listed the specific equipment required and the number of care staff to undertake any task. Other risk assessments and plans were person-specific, for example where there was a risks of choking or individual emergency evacuation plans for each person.

Staff undertook checks to identify and deal with potential hazards, such as those relating to the premises and equipment. Utility services were subject to safety checks and copies of service records including electricity, gas and water system checks carried out by external contractors were retained for inspection. Some lounge areas were not free from other obvious hazards, such as excess storage. We spoke with the registered manager about this. They explained that it was a necessary but temporary measure due to improvement works which were underway to extend the size of the building. When complete specific storage areas were to be utilised. Shared areas of the home were free from unpleasant odours and were clean.

On the day of our inspection we found that there were sufficient staff to meet people's needs and that people's requests for assistance were responded to within a few minutes. Staff we spoke with told us they felt there were enough staff to meet the needs of people. One member of staff said, "I think we have enough staff." Another staff member told us they felt the staff worked well as a team and supported one another. They said, "We have a great staff team who are very supportive of each other."

Staff told us if there were shortages of staff this would be through short notice sickness and the deputy manager always worked to cover the shortages by offering extra shifts or working the shift themselves.

Suitable arrangements were predominantly in place to support the safe administration of medicines. We observed medicines being offered to people safely, and with due regard to good hygiene. A monitored dosage system (MDS) was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Medicines were stored safely. Medicine trolleys were locked when not in use and during the medicines administration round the trolley was locked when unattended. Staff offered gentle encouragement to people and waited to check they had taken their medicine before signing the administration records.

Not all medicines were well accounted for nor clear records of administration kept. For example one person had seven tablets booked in, none had been administered yet only six were in stock. Also not all creams or liquids had 'opened on' dates. The registered manager told us that they were aware of these issues and were in the process of addressing them via individual supervision with staff and additional training.



# Is the service effective?

## Our findings

People who used the service were positive about the staff team and their effectiveness. One person said, "I think they do a fantastic job." Staff also made positive comments about their team working approach, the support they received and training attended. One said, "I love working here, the people I support and the other staff, it's all great." Another staff member said, "It's very organised and focussed." A relative told us, "We are kept up to date, for example, I know all about the building work for the extension, the plans are in reception for all to see."

Staff received the support they needed to ensure they did their jobs effectively. Each staff member had a regular one-to-one supervision meeting with a senior member of staff. In addition, we saw examples of supervision where the registered manager had addressed issues of work performance that did not meet expectations. Staff received an annual appraisal and during these any training and development needs were discussed and planned.

Staff we spoke with told us they had training which enabled them to effectively carry out their roles. They explained that they had regular updates in areas such as moving and handling, infection control, tissue viability and dementia care. One member of staff said, "There is always training available." They told us it was a mix of face to face and online training. During our visit we viewed the training records and saw staff training was both up to date and reflected a training programme which would give staff the skills they required to undertake their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met.

We discussed the requirements of the MCA and the associated DoLS with the registered manager. They told us people's capacity to make decisions for themselves was considered as part of a formal assessment. We also saw people's decision making capacity and consideration of 'best interests' was considered in relevant care plans and risk assessments. Staff recorded in daily notes where consent was sought and given for care and treatment interventions. One person who lived with dementia had their capacity to make decisions assessed. Where they lacked capacity decisions were taken in their best interests. A DoLS had been applied for. A copy of the authorisation was retained on file so staff were aware of any relevant conditions attached to the authorisation.

Each person's nutritional needs were assessed and monitored on a monthly basis. The chef and kitchen staff were informed if people were losing weight and fortified foods were recommended. People's body weights were checked on a regular basis. Where people had specific needs, for example the risk of choking, their eating and drinking care plan detailed the care and support they needed. Food and fluid records were kept where a person's eating and drinking needed to be monitored.

The chef and kitchen staff were informed of people's specific dietary requirements. Specific dietary information, preferences and allergies were all written on a board in the kitchen and updated as often as necessary. There was a rolling four weekly menu plan in place which was changed seasonally. Two hot meal options were served at lunch time each day however there were also a number of other options. The chef met with all new people to the service about the food they liked to eat. One person said, "The food is lovely and there is plenty of it."

We spent a period of time watching what was happening during the meal time in the ground floor dining room. People were asked what they wanted to eat and were served with their choice of food. The staff were attentive and provided assistance as required.

Records showed people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. Links with other health care professionals and specialists to help make sure people received appropriate healthcare had been made. For example, the input of the dietician was documented and their advice was incorporated into care plans. Care plans relating to healthcare needs were up to date and completed appropriately. Medical history information was gathered and was available in a way that could easily be communicated with other services, for example when someone needed to be admitted to hospital at short notice.

# Is the service caring?

## Our findings

People told us they were happy living at Fernbank. One person we spoke with said "I am very happy here." Relatives we spoke with without exception told us they were happy with the care staff provided for their loved ones. One relative said, "It's a wonderful place." Another relative told us, "Staff, care and food are all faultless."

We saw people being spoken to with politeness and consideration and staff were seen to be attentive. We observed people using the service to be relaxed and at ease in the presence of staff. We observed staff interacted in a caring and respectful manner with people using the service. For example, support offered at meal times was carried out with patience and at a pace that suited each person. We observed appropriate humour and warmth from staff towards people using the service. The atmosphere in the home appeared calm, friendly, warm and welcoming.

We observed one person was having difficulty getting up from their chair. Staff offered verbal encouragement and guidance. We saw staff asking people if they would like their meal cutting up. Staff always introduced the inspector to people throughout our visit and asked people if there was anything else they needed after supporting them.

The registered manager kept a 'compliments' folder and said they always ensured that feedback was shared with the staff team. Comments we took from a sample of the cards included, "Thank you for all your kind care and support", "Thank you for all the care you gave to (person)." Thank you cards and letters were also displayed on noticeboards.

Staff acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. Staff we spoke with were clear about the need to ensure people's privacy; ensuring personal matters were not discussed openly and records were stored securely. We saw staff knock on bedroom doors before entering. One staff member told us, "We knock on doors and close curtains, it's just common decency." Another said, "Records and other personal documents are always locked away."

From our conversations and observations it was evident staff had built up trusting relationships with the people at Fernbank. This was apparent in the relaxed and confident manner people interacted with the care staff. We also noted that visitors to the home, whether they were relatives, health or social care professionals were welcomed in to the home.

People's religious and cultural needs were facilitated in the service. One staff member told us one person liked to go to local place of worship to participate in religious service.

The registered manager and the deputy manager were aware of local advocacy services available to support decision making for people should this be needed.

The registered manager told us that people's relations and friends were always welcome and were actively

encouraged to visit the service. This information was confirmed by a person's relative who told us they could visit their relation at any time and visits were not restricted in any way. They also told us they had always been made very welcome by the staff who they felt were caring at all times.

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive to their needs and they were listened to. People were aware of and involved in planning their care. One relative told us, "The manager and all her staff are approachable." Another relative said, "Nothing is too much, they will bend over backwards for you."

People's care needs were assessed prior to being admitted to the home to make sure Fernbank was an appropriate place for them to stay. During this process the assessor would determine that the staff had the required skills and experience to look after the person and any specific care needs met or equipment provided. The assessment was used as the basis for the person's personalised care plan.

The assessments covered all aspects of a person's daily living needs and included details about people's likes and dislikes and what was important to them. The plans provided details about people's personal care needs, mobility, support required with eating and drinking, continence and wound care management where required. We found there was a detailed account of the person's needs with clear instructions on how those needs were to be met.

Care reviews were held at regular intervals involving the person, relatives where relevant and other professionals. Generally this was on a monthly basis however could be undertaken sooner if a person's needs changed significantly. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support.

We received positive feedback from people about activities at Fernbank. One person told us, "I like most of the activities" Another person told us, "I join in most of them but I also like to do jigsaws on my own." We saw that there was a programme of set activities that the activities coordinator organised and in addition they arranged one to one time with people, one off events and trips out to ensure that people's individual hobbies and interests were supported. On the day of our inspection we saw a well attended game of bingo as well as an individual nail painting activity.

People and their relatives felt they were able to raise any issues or concerns to anyone at the service and they would be responded to in an appropriate way. One relative told us if they had concerns they would talk to the registered manager. One person who used the service said, "What have I got to complain about, everything is fine."

Staff we spoke with were aware of the provider's complaints procedure and were able to tell us how they would manage concerns or complaints. We saw the service displayed the provider's complaints procedure in the entrance of the service and the registered manager had a complaint file however there had been no complaints about the service in the last few months. The deputy manager told us they and the staff worked to resolve any minor issues to people's satisfaction before they got to the stage of a complaint.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in place. People and their relatives told us they were happy with the leadership at the home. One relative told us, "I think it is very well run." Other comments included, "I have nothing but praise for the manager and her staff" and, "I know my relative is very happy here and that's all I can ask for." All the people using the service, relatives and staff we spoke with said they would recommend the home to family and friends.

Staff were complimentary about the leadership of the service. One staff member said, "The management are very supportive and clear in the standards they expect." Another told us, "The manager and senior staff are great to work for."

The registered manager provided appropriate management and leadership to the staff team and was respected by the staff team. There was an open culture within the home with a commitment from all staff to provide the best care and comfort possible to people. The registered manager said, "The entire staff team are aware of the standards we set and want to achieve." The manager's office was located centrally and in direct line of sight from the main entrance corridors and a lounge. The door remained open throughout the day. The registered manager told us that this ensured that they had a good understanding of the day to day activities and made them accessible to any visitors.

A meeting was held each morning and attended by the registered manager and senior staff. This meeting was used to update staff on any changes in people needs and prepare for specific events such as a GP visiting a person who lived at Fernbank. In addition, daily handovers took place between shift changes. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach.

The registered manager understood the requirements of her role and notified the Care Quality Commission of incidents as required. They felt supported in their role and received visits from the provider. The registered manager and the provider's quality manager carried out regular audits at the service to ensure they continued to assess the quality of care they provided to people. These covered a number of areas such as medication, care records, people's health and welfare and general maintenance. We saw that the majority of these audits were comprehensively carried out and where issues were highlighted there was a responsive action plan for improvement. We did however see that the last medication audit had not picked up the issues we found regarding opened on dates and contradictory stocks of tablets.

We saw robust systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.