VARS Care Limited

# Fernleaf Residential Home

## Inspection report

26 Chesterfield Road South
Mansfield
Nottinghamshire
NG19 7AD

Tel: 01623655455

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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

Fernleaf residential 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.

Fernleaf residential accommodates 21 people in one adapted building. At the time of our inspection there were 18 people living at the home.

There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on the service was rated, 'Good'.

At the present inspection the service remained, 'Good'.  Arrangements were in place to carry out regular quality checks and had ensured that there was enough staff on duty. In addition, people told us that they received person-centred care.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Medicines were managed safely. Background checks had been completed before new staff had been appointed.

Furthermore, there were arrangements to prevent and control infection and lessons had been learned when things had gone wrong.

Staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. In addition, confidential information was kept private.

Information was provided to people in an accessible manner. In addition, people had been supported to pursue their hobbies and interests. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care. Arrangements had been made to support people at the end of their life.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been consulted about making improvements in the service. The provider had put in place arrangements that were designed to enable the service to learn, innovate and ensure its sustainability. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good | **Good** |
| **Is the service effective?**<br>The service remains Good | **Good** |
| **Is the service caring?**<br>The service remains Good | **Good** |
| **Is the service responsive?**<br>The service remains Good | **Good** |
| **Is the service well-led?**<br>The service remains Good | **Good** |

# Fernleaf 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 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 was a comprehensive inspection.

This inspection took place on 18 April 2018 and was unannounced.

The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we spoke with three members of care staff, two relatives, and a friend of a person who lived at the home, the registered manager, the deputy manager, the provider and the quality manager. We spoke with seven people who used the service
We looked at three care records in detail. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Good

# Is the service safe?

## Our findings

People told us that they felt safe living in the service. One person said, "I feel very safe as the staff look after me really well." Relatives also told us they were confident that their family members were safe. A relative said," I think it's very good here. If I had any concerns at all then I'd have no hesitation in moving [my family member] somewhere else. They treat [my family member] really well and are very careful with them when they are assisting them. I would know straight away if things weren't right (in terms of safety) because I come every other day and I'd see any changes."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found that they knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. We also noted that the registered persons had established systems to assist those people who wanted help to manage their personal spending money in order to protect people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. For example, risk assessments were in place to support people to prevent falls. Staff were supported to promote positive outcomes for people if they became distressed. Guidance was available in people's care plans so that they supported them in the least restrictive way.

Suitable arrangements were in place to safely manage people's medicines in line with national guidelines. Medicines administration records(MAR) had been completed according to the providers policy. PRN protocols were in place, however we observed on the medicine administration sheets allergies were not recorded. There was a risk that people could be given inappropriate medicines. The registered manager told us they were in the process of working with the pharmacy to address this but also included allergies on the individual information sheets in the medicine records.

People told us they thought there were sufficient staff. A relative said, "They are quite well staffed. Occasionally my [family member] has to wait a bit if they need help but that's usually when they're helping somebody else. They do come as quickly as they can." The registered manager told us that they had put in place arrangements to ensure there were sufficient staff to support people. They said that they had taken into account the number of people using the service and the care each person needed to receive. We observed there were sufficient staff on duty to respond to people's needs appropriately. For example, during our inspection we saw an accident where a person who was seated in the lounge fell. This was observed by the registered manager who immediately pressed the alarm buzzer and three additional staff members responded quickly. We observed staff spent time calming the person down and supporting them to move to a safer position. We saw the person a little while afterwards and they appeared recovered.

We examined records of the background checks that the registered persons had completed when

appointing two new members of care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. Staff wore protective clothing when providing personal care, for example, aprons and gloves. We observed where there were specific issues which required infection control arrangements to be in place care plans had been put in place to protect people against the spread of infection.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. For example where issues had been indentified regarding the environment this had been addressed. Records showed that arrangements were in place to analyse accidents and near misses, such as falls, so that they could establish how and why they had occurred. Actions had then been taken to reduce the likelihood of the same thing happening again.

Good

# Is the service effective?

## Our findings

People were confident that the staff knew what they were doing and had their best interests at heart. We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance people required and support provided accordingly.

Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

Members of staff told us and records confirmed that they had received introductory training before they provided people with care. As part of their initial training, new staff also completed the National Care Certificate which sets out common induction standards for social care staff. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way. The provider also encouraged staff to study for nationally recognised qualifications in care and management.

Arrangements were in place for staff to receive one to one support and records showed staff received supervisions regularly. These are important to ensure staff have the appropriate skills and support to meet people's needs.

People were supported to eat and drink enough to maintain a balanced diet. People had access to a choice of drinks and snacks throughout the day. A person told us, I like the food. It's very good." We observed people were supported to make a choice about what they wanted to eat and drink. In addition, where people had specific needs or requirements these were respected. For example, due to a health condition a person needed to avoid certain foods and this was detailed in care records. When we spoke with staff they were aware of people's nutritional needs and preferences.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses and dieticians. We observed a person had required an optician and rather than wait for the visiting optician staff assisted the person to use a local community optician to ensure their needs were met. Where people had specific health needs such as diabetes their care needs were detailed. Emergency grab sheets which detailed specific health requirements were in place to be used in the event of people requiring admission to hospital or urgent support not provided by the home.

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 law requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and be as least

restrictive as possible.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place decisions in people's best interests. An example of this was when people required specific support with their medicines.

We observed there were some areas of the home which appeared to be in need of redecoration and refurbishment. However, a schedule of redecoration and refurbishment was in place and some areas had already been refurbished. For example a shower room had recently been installed on the ground floor which had non slip flooring. Bedrooms were personalised and bedroom doors were painted brightly in different colours to assist people to orientate themselves. We observed a person had a budgie in their room and was supported by staff to care for it and maintain cleanliness.

Good

# Is the service caring?

## Our findings

People and their relatives were positive about the care they received. A person said, "I like the staff very much. They are all alright. They know what I like and where I like to sit so they always take me to the right chair."

People were treated with kindness and were given emotional support when needed. For example, a person was very sleepy at lunchtime and staff gently offered them lunch and a drink, touching their arm when speaking to them and speaking in a quiet voice so as not to upset them. Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. People told us staff were considerate. A person told us, "They're all nice to us. I really like being here. The staff are brilliant." Another person said, "'I wouldn't let anybody say a word against the staff here. They never walk away from you and they've always got time for you never mind how busy they are."

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. For example, information was included in the medicine records which detailed how people preferred their medicines to be administered for example, by spoon, or in a cup and what drink they preferred. We observed staff offering people choices for example, asking where they preferred to have their lunch and whether or not they required a clothes protector at lunchtime. Staff told us people could have a bath or shower whenever they wanted.

Where people were unable to communicate verbally we saw alternative methods were used. For example, staff told us about a person who had limited verbal communication but was able to read so they used written communication to assist them. Another person used facial expressions and this was detailed in their care record.

Most people had family, friends or solicitors who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, the home had a double room but the registered manager told us they only used it as a single in order to preserve people's privacy.

We found that suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

# Is the service responsive?

## Our findings

People said that care staff provided them with all of the assistance they needed. Assessments had been completed prior to people' moving into the home, to ensure their needs could be met. We found that people received personalised care that was responsive to their needs. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. This included information about people's life experiences so that staff understood their needs and wishes. Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Relatives we spoke with were familiar with the care plan we were told that end of life and advance wishes had been discussed with both their relative and themselves.

The provider was aware of the Accessible Information Standard. Care plans and other documents were written in a user-friendly way so that information was presented to people in an accessible manner. This supported people to be involved in the process of recording and reviewing the care they received.

People were supported to pursue their hobbies and interests and to enjoy taking part in social activities. The member of staff responsible for activities told us they tried to do a lot of one to one because people did not all need the same thing. They also said they made sure at least one person was taken out every week. For example, one person wanted to go on a train and they were going to arrange this.

We noted that staff understood the importance of promoting equality and diversity. Care records detailed whether or not people had preferences about the gender of carers when receiving personal care. Records also included information about arrangements that had been made for people to meet their spiritual needs. The registered manager recognised the importance of appropriately supporting people if they were gay, lesbian, bisexual and transgender lifestyles. Where people preferred a specific gender of staff to support them staff told us they were able to provide this and this was detailed in care records.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Records showed that when complaints had been received these had been resolved to the satisfaction of the complainant. The complaints information was available.

The provider had arrangements in place to support people at the end of their life. Care plans detailed people's preferences at their end of life. For example, a care record detailed who the person wanted to be with them at that time. At the time of our inspection there was no one receiving end of life care.

Good

# Is the service well-led?

## Our findings

People and their relatives told us that they considered the service to be well run. There was a registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. In addition, we found that the provider had taken a number of steps to ensure that members of staff were clear about their responsibilities and to promote the service's ability to comply with regulatory requirements. For example, the registered manager had put together information in preparation for an inspection. Staff had been invited to attend regular team meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that staff were suitably supported to care for people in the right way.

The provider encouraged an open and honest environment. We observed the provider speaking with people and showing an understanding of their needs and wishes. Staff told us they thought the registered manager was approachable and listened to them. Staff received support from the provider when this was appropriate. A member of staff told us, they had experienced personal issues and the registered manager and provider had supported them through it both emotionally and changing work patterns. We also observed relatives who had lost their family member were supported to continue to maintain links with the home and visit if they wished.

Staff were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe. A member of staff told us, "The owners are brilliant we see them all the time." Another told us "I feel valued."

We found that people who lived in the service, their relatives and members of staff had been engaged and involved in the running of the service. For example, surveys had been carried out with people to ascertain their views on the care they received. Regular meetings were also held and relatives invited to attend. We observed the registered manager had carried out a number of questionnaires in order to gain people's opinions. This had been done so that people had the opportunity to suggest how the service could be improved.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included the appointment of staff to take the lead on specific issues such as dignity. The registered manager had recently attended an exhibition and was planning on trialling a number of pieces of equipment in order to improve the quality of care to people. Senior management were in regular contact with local services. For example, the local authority and commissioners.

A member of staff had been appointed to carry out checks on the quality of care and a robust system was in place for carrying out these checks. Records showed that the registered persons had regularly checked to make sure that people benefited from having all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, and staff had the knowledge and skills they needed. In addition regular checks had taken place to ensure the service met

regulation. We saw the results of these checks were reported back to staff at meetings.

We found that the service worked in partnership with other agencies. For example, arrangements were in place to work with local health services and visiting professionals. Records showed that the registered persons had correctly told us about significant events that had occurred in the service. The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.