Ferndale Care Home

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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

At our last inspection on 1 December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Ferndale Care Home 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.

Ferndale Care Home is located in Morley. The home provides accommodation for up to 16 people in 12 single and two double bedrooms. A stair lift links the ground and first floor accommodation. There is parking at the rear of the home and gardens at the front of the building.

Staff understood the procedures which they needed to follow to keep people safe and the action they needed to take to raise any safeguarding concerns. Staff training in safeguarding adults was up to date and safeguarding alerts had been carried out when needed.

Risk assessments were in place for people and for the day to day running of the service and had been regularly reviewed.

Health and safety certificates for the service were up to date. Records we reviewed included gas and electrical safety certificates and monitoring of water temperatures. Fire safety checks had been regularly carried out and staff had participated in planned fire drills.

Recruitment records were in place and showed robust checks had been carried out to ensure only suitable candidates were employed to work at the service. There was sufficient staff on duty during the day and throughout the night.

Procedures were in place for managing people's medicines safely.

Staff were supported to carry out their roles safely. All staff participated in supervision, appraisals and training. New staff were supported by more experienced staff to get to know people and to understand the day to day running of the service.

Staff had followed the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately. 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.

People told us they received a nutritious diet and were happy with the variety and quality of food.

People at risk of dehydration or malnutrition were receiving appropriate care from staff and health professionals. People were involved with a variety of health and social care professionals. All visits and recommendations by professionals had been recorded in people's care records.

People's rooms were personalised with their belongings and arranged in a way that suited them. Staff used equipment on advice from health professionals to support and promote people's independence.

People told us they enjoyed living at the service and received good care from staff. People told us that staff protected their privacy and dignity at all times.

People told us they felt listened to and were involved in planning and reviewing their own care.

The service provided end of life care to people and worked in line with people's needs, wishes and preferences.

People received person-centred care which reflected their needs, wishes and preferences. Care records contained information about the care and support people needed and these had been regularly reviewed. However care records contained old information about people and were not easy to understand. We made a recommendation around the clarity and review recording of people's care records.

Activities which met people's individual needs were provided at the service. People told us they were happy with this provision which included in-house activities and regular visits from an external entertainer.

Everyone we spoke with was aware of how to make a complaint, however none wished to do so. People told us they felt able to raise any concerns informally with staff.

Staff told us they enjoyed working at the service and received good support from the registered manager and provider. People and staff told us the registered manager was always visible.

Robust quality assurance procedures were in place. Information was shared with people and staff and feedback sought to ensure the quality of the service improved.

The service had links with the local community. People shopped in their local community and received visits.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well-led.	**Good**

Ferndale Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 8 and 14 March 2018, it was unannounced. The inspection team consisted of one inspector.

We used information the provider sent us in the 'Provider Information Return' (PIR). 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 reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection. We completed observations during the inspection.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. Prior to the inspection we spoke with the local authority to gather their feedback of the service to inform our planning. We looked at three care records for people that used the service and three staff files. We spoke with three people and one relative. We also spoke with three care workers as well as the registered manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Good

Is the service safe?

Our findings

Staff understood the procedures they needed to follow to keep people safe from harm and abuse. Staff were able to demonstrate the signs and symptoms of abuse and told us they felt confident that the registered manager would take their concerns seriously. Staff had received training in how to safeguard adults from potential risk or harm. Records were detailed and included the reason an alert had been made, the outcome of the investigation and any actions taken to improve the service as a result.

All accidents and incidents had records in place and showed the actions taken to reduce any risk of reoccurrence.

Risk assessments for the day to day running of the service were in place and had been reviewed monthly. Risk assessments for people were in place where risks had been identified, these included falls, malnutrition and dehydration. Care plans included details of risks to people and both had been reviewed at least monthly.

Certificates relating to the health and safety of the building were present. These included gas and electrical safety certificates, stair lift and portable appliance testing. Fire safety checks had been completed, which included checks of fire exits, lighting and alarms. Staff had participated in regular planned fire drills. Equipment used in the service was maintained and serviced in line with the manufacturer's guidance.

Control measures were in place to prevent the spread of infection. Personal protective equipment (PPE) such as disposable gloves and aprons were available for staff to use when providing personal care. This helped to prevent the spread of infection. The service was clean and odour free.

Personal Emergency Evacuation Plans (PEEPs) were in place. The purpose of a PEEP is to provide easily accessible information about the support people need to evacuate from the home safely in the event of an emergency. We found detailed PEEPs were in place and staff knew where they were stored. Staff had good knowledge about the support people would need during an emergency.

People were supported by sufficient numbers of staff who knew them and their preferences well. People said that there were enough staff to give them support when they needed it. One person told us, "I think there is enough staff. I ask for help at night sometimes they come immediately." Staff told us there were enough of them on each shift to provide people with the care and support they needed. The registered manager kept the staffing levels under review and had contingency plans to cover sickness or unplanned absence. During the inspection staff were not rushed and had time to spend sitting and chatting with people and their relatives.

People were supported by staff who had been recruited safely. Staff files were organised using a checklist at the front to make sure the contents were consistent. Recruitment checks were completed to make sure staff were honest, reliable and trustworthy to work with people. These included two written references. Disclosure and Barring Service (DBS) criminal record and barring list checks were completed before staff

began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

At this inspection we found that people had sufficient medicines in place. Medicine Administration Records (MARs) had been fully completed. Staff signature records were in place. Protocols were in place for people who needed 'as and when required' medicines, such as those for pain relief. When we spoke to staff they could tell us when and why people needed their medicines. People told us they received their medicines when they needed them. One person told us, "I sometimes need a paracetamol and they [Staff] will get it for me." Another person told us, "I receive my tablets when I need them."

Good

Is the service effective?

Our findings

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). Staff had good knowledge and understanding about the Mental Capacity Act 2005. Decision specific DoLS applications had been made to the local authority for four people; these were being considered at the time of this inspection. Records documented when the DoLS was due to expire and the progress of those being considered.

Staff were supported to carry out their roles through a process of supervision, appraisals and training. Supervision and appraisal are formal methods of support, usually a meeting, by which an organisation provides guidance and support to staff.

Staff had participated in the provider's mandatory training. This is training which the provider deems important for staff to carry out their roles effectively. This included health and safety, fire safety, safeguarding, the Mental Capacity Act 2005 and deprivation of liberty safeguards. Staff had recently attended a falls prevention course and received training in dementia care, visual impairment, end of life care and challenging behaviour. New staff had completed an induction programme. This included shadowing experienced members of staff, training and becoming familiar with the day to day running of the service and the people they were providing care and support to.

Before people came to live at the service, they received an initial assessment to ensure their needs could be met by the service. We viewed some initial assessments and saw they gained sufficient details to understand people and their needs and how they liked to be supported.

People were supported with their nutritional intake. Information about people's dietary requirements and personal preferences were available to the cook. From the menus reviewed, we could see that a varied diet was available to people which included a choice at all mealtimes. One person told us, "The food is fresh every day." Another person told us, "The cook comes out to see us and asks if we enjoyed it." We sampled one dish during inspection and found the food tasty, fresh, hot and observed people had sufficient portions to fill them up.

Staff provided flexibility at mealtimes. Generally people ate in the dining room with each other; however people could eat in their rooms or in the living room if they chose to do so. People had their food preferences where possible. For example one person always liked to have garlic salt with their meal.

People at risk of dehydration and malnutrition received appropriate care. Risk assessments and care plans were in place and regularly checks of their weights were carried out. Care records showed if health

professionals, such as dietitian were involved in people's care and any guidance had been included into care plans. The cook was aware of people who required their food and drink to be made with increased calories. For example, milkshakes with full fat milk and mashed potatoes made with cream and butter.

People told us they had regular contact with health and social care professionals as part of their individual care needs. This included GPs, district nurses, opticians and dentists. One person told us. "I go to the hospital if I need to. Staff help me." The registered manager told us they sometimes attended appointments with people. They pursued further tests when necessary to ensure people were supported appropriately by the health service. For example one person had been to see a different specialist in relation to pain management. The registered manager asked for a clear plan of action as the service user did not always understand was what happening. Another person was supported to attend diagnostic appointments which enabled further treatment to be given. This showed us staff understood people's needs and encouraged good outcomes from health care appointments.

Good

Is the service caring?

Our findings

People spoke positively about the staff and told us they enjoyed living at the service. One person told us, "Oh I am very happy here." Another person told us, "The staff are great." A relative advised, "We knew we wanted [Name] in here. When she finally came we were over the moon. I am in here most days and I'm very happy with everything."

We asked people if staff were caring towards them. One person told us, "Staff are always very nice." Another person said, "Oh yes, no problems, they [Staff] look after us well." A third person commented, "Staff are nice."

We observed staff spending time with people throughout the inspection. We could see from the conversations and friendly interactions that both knew each other well. One person told us, "I like to have a chat with staff." One relative told us that their loved one was well looked after and felt that staff provided good care and support to them. They told us that staff encouraged their relative to be involved in the service and felt staff communicated well with all of the family. During family visits, staff allowed the family privacy and were respectful of their time together.

People told us their dignity was maintained and respected at all times by staff. We observed staff knocking on doors and waiting for an answer before entering, they kept people informed when providing personal care and ensured people had access to everything they needed. One person told us, "They leave me if I need time." We saw observed staff quietly ask one person in their ear if they needed the toilet. This ensured other people near them could not hear the conversation. Care records of people included if they had a preference of gender of staff who supported them. We observed practice in the service that supported how people wanted to be supported.

People were supported by staff to maintain their independence. For example, one person told us how they were involved in setting up the dining room and we observed them folding napkins. This person told us, "I enjoy keeping busy." One staff member told us, "We always try to encourage people to do more for themselves." Records confirmed people's independence was promoted and included details on how this had positive outcomes for them. People received care from staff who understood how to promote their independence and how to provide care with dignity and respect.

Staff were aware of local advocacy services, and they told us they had sought these services for people previously. Information about advocacy services was on display at the service.

Records were stored in a way it maintained confidentiality. We saw records were locked away when not in use. Only people who required access to the information had access to the documentation. Staff were aware of where documentation was and the importance of keeping confidential information secure.

Good

Is the service responsive?

Our findings

Care records contained detailed information about people's needs, wishes and preferences so that staff could provide person-centred care. This included important information about people's health, how to best support them, information about risks, specialist equipment and what people could do for themselves. However we found care plans were initially written by hand and then additions made. This meant new staff may have to read up to eight pages of information and reviews to understand one person's care needs for one area of their life. Staff told us care records were long and although they had read them, they were large documents which could be hard to recall all the information. We spoke with the registered manager about this and during the course of the inspection they created a new format which was clear, concise and reflective of people's current needs.

We recommended that the registered manager review all care records to ensure that relevant information is more clearly available to support care delivery.

We found that care plan reviews had taken place at least monthly. Care plans had also been updated when people's needs changed and recommendations from health professionals were given. Staff were aware of people's individual needs and preferences. For example, staff could tell us about people's personal preferences and what meant a lot to them as well as their life history. They were aware of the content in people's care plans and had been involved in reviewing them. Daily records had been completed by staff and these reflected the delivery of person centred care.

People and staff worked together to identify and provide suitable activities for people. People told us they were happy with this arrangement. One person told us, "There are things [activities] going on and people come to see us." Another person told us, "We have singers come in." Activities included exercises, quizzes, pantomime and hairdressers. During the inspection we saw people doing arts and crafts and an entertainer visited the service. We saw people were actively encouraged to join in and people were smiling and singing along with the entertainer.

Two complaints had been made in the last 12 months. We saw complaints had been responded to and acted upon in line with the provider's policy. People we spoke with during inspection told us they knew how to make a complaint. The registered manager told us that people chose to speak informally about any concerns either in private or during resident meetings. One person told us, "I would tell them if I wasn't happy but there is no need to." A relative told us, "Never had to complain but I would speak with [managers name] if I had a problem, they would sort it out quickly." Information about making a complaint was available to people and was on display at the service.

People were protected from the risk of discrimination. The provider had a policy in place that guided staff on the importance of equality and the action they should take if they felt someone was not being treated equally. The policy listed the protected characteristics and staff were able to demonstrate their knowledge of this.

Good

Is the service well-led?

Our findings

Audits had been carried out by the registered manager which included a checklist of recruitment, supervision and appraisals, risk assessments, care records, training and complaints. Audits relating to the day to day running of the service had also been carried out. Care records had been audited each month to make sure they were up to date, accurate and reviewed appropriately.

Accident and incident records had been analysed by the registered manager. Actions taken were clearly recorded, such as requesting additional GP visits, falls prevention equipment and increased support or monitoring from staff.

As part of quality assurance checks the registered manager reviewed all aspects of the service on a daily basis. This included any changes which needed to be made, planned improvements and training. The registered manager worked during the night at times as part of this monitoring process. This showed us that the registered manager had good oversight of the service, they spent time completing their own monitoring which highlighted areas that required improvements.

The registered manager and staff were aware of their roles and responsibilities and carried out care and support to people in line with the values of the service. People told us they received good care and we could see staff acted quickly when people experienced deterioration in their health and well-being.

Staff worked as a team and communicated well with each other. The registered manager told us they had confidence in their staff. Staff told us they worked well together and communicated well. Notifications had been submitted when required to do so and information shared with the local authority. This showed us that the registered manager was aware of their registration responsibilities to inform us of important events that happen at the service.

Staff spoke positively about the service and the support received from the registered manager. A member of staff told us, "We are really close here, a lot of the staff have been here a while so we get on well." People were happy with the registered manager and told us they were approachable. One person said, "[Registered manager] is always here" and another member of advised, "[Registered manager] is really good and will work on anything."

Staff told us they attended regular meetings where they were kept informed about events at the service, information pertaining to their role and any important changes. We could see that key themes were addressed during these meetings which included safeguarding and the Mental Capacity Act 2005. This meant staff had the opportunity to further their understanding or discuss real life examples. Daily handover meetings took place which were well attended by all the staff.

People who used the service were also invited to attend regular meetings to seek their views on topics such as, activities, the food provided to them and upcoming events. Everyone we spoke with confirmed that they were asked their views and suggestions about the service provided. People had participated in a survey to

capture views about the service during July 2017. The results of survey were shared with people and any areas for action were discussed in detail.

The registered manager told us the service had good links with their local community. People went out to local shops and restaurants. The service worked with the local college and accepted work experience students so they could gain knowledge whilst working with people. The registered manager worked with the local NHS trust to improve service user experience when accessing hospitals.