

Valorum Care Limited

Fernside Hall Care Home

Inspection report

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Date of inspection visit:
14 May 2019

Date of publication:
06 August 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

Fernside Hall Care Home is a residential care home providing personal and nursing care to 13 people aged 65 and over at the time of the inspection. The service can support up to 24 people. The care home accommodates people in one adapted building.

People's experience of using this service:

People felt safe and staff understood safeguarding, and health and safety procedures. People had risk assessments although information about risks to people was not always comprehensive. There were enough staff to keep people safe, but staffing was sometimes stretched. Medicines were managed safely although staff did not always check robustly the administration guidance. Systems were in place to reduce the risk of the spread of infection. The service had been awarded the top food hygiene rating of 'five' which means they were found to have 'very good' standards.

Staff had the skills and knowledge to deliver care effectively and they received good support from colleagues and the registered manager. Systems were in place to make sure people's health and nutritional needs were met. People lived in a pleasant environment; recent refurbishment has improved people's living experience.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People who used the service and visitors provided positive feedback about the service and were complimentary about staff and management. Staff were confident people received high quality care and told us it was a good place to work.

People received person centred care and staff knew the people they were supporting well. Care plans usually identified how care should be delivered although there was some variation in detail. People enjoyed a range of activities within the service and the local community. Systems were in place to monitor and respond to formal complaints.

Feedback about the registered manager was consistently good. People who used the service and visitors told us they would recommend the service to others.

Quality management systems were in place although some of the issues picked up during the inspection had not been identified by the provider. The registered manager was responsive and where appropriate took swift action to address shortfalls. They were keen to develop and improve their systems and provide people with quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21/05/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on inspection timescales.

Follow up:

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

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Fernside Hall Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On 14 May 2019, the team consisted of an inspector, an assistant 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.

Service and service type

Fernside Hall 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.

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 had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with a visiting professional, five members of staff including the registered manager, activity worker, senior care worker and care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's safety was risk assessed and managed although records varied in detail.
- Some assessments did not reflect the care people received. For example, one person's guidance around using pressure relieving equipment was not followed and another person did not have guidance around managing their wound care. One person left the building on several occasions, but their risk assessment and care plan did not identify how staff should manage the situation. There was no information to show shortfalls in the risk management process had led to harm. The registered manager updated the relevant records during the inspection.
- Some measures were in place to manage and reduce risk, such as sensors that alert staff when people who are at risk of falls are getting up.
- Checks had been carried out by staff and external contractors to make sure the premises and equipment were safe.
- Staff understood health and safety procedures and confirmed they regularly practiced emergency evacuations.

Staffing and recruitment

- There were enough staff to keep people safe but sometimes staffing was stretched.
- Feedback about the staffing arrangements varied. One person who used the service told us, "There isn't enough staff at times. I have to wait half an hour to go to bed on a night. The staff are too busy to take you." A relative told us, "When Mum is in her room the staff don't always come straight away." They said this was usually around teatime. A member of staff said, "It's not bad but I just feel there could be more." Another member of staff said, "Generally, it's alright."
- Returned provider surveys highlighted some concerns around staffing.
- The registered manager said staffing had improved and they would continue to monitor this. They told us they were in the process of recruiting additional night workers because they were currently short.
- Staff were safely recruited.

Using medicines safely

- Systems were in place for managing medicines safely although staff did not always check directions robustly when administering medicines.
- One person's administration record guidance did not match the record on the medicine container. This had not been picked up by staff when they administered the medicine. Direction to administer one person's medicine one hour before or after other medicines was not followed. There was no information to show this

had led to harm. The registered manager contacted the dispensing pharmacist straightway and resolved the issues. They said they would remind staff to check all records during administration.

- People had protocols for medicines they received 'as required' although these did not always provide enough information about how staff would know when to administer. The registered manager agreed to review these.
- Effective systems were in place for making sure people received their topical applications, such as creams as prescribed.
- Staff had completed medicines training and their competency was assessed.
- During administration staff offered water and stayed with people to make sure they had taken their medicines.

Learning lessons when things go wrong

- The registered manager provided examples of how the staff team had reviewed incidents and looked at how they could learn lessons and prevent events for recurring. They said, "We look at the incident itself and look at why it happened, or if there were ways we could do things differently." Staff meeting minutes confirmed incidents and accidents were discussed.
- Records were made when accidents and incidents occurred. These described what happened and showed staff were responsive.
- Accidents were monitored to help identify trends.
- Individual accident forms and monthly analyses did not always show actions were identified to prevent reoccurrence. The registered manager said they would ensure the documentation was fully completed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and said they were comfortable talking to staff and the registered manager. One person said, "I feel very safe here; there are always lots of cheery people around who look after us very well. The staff are all very nice."
- Staff received safeguarding training and had a good awareness of abuse and what to do to protect people. One member of staff said, "I'd report it to my manager and you could report it to the police if you weren't satisfied or CQC. I could report it myself if I thought my manager wasn't taking it where it should go but I have not had to."
- The registered manager said one safeguarding case was open at the time of the inspection and all relevant information had been shared with the relevant agencies.
- Safeguarding records and notifications submitted to CQC showed the provider had responded appropriately to allegations of abuse.

Preventing and controlling infection

- Systems were in place to reduce the risk of the spread of infection.
- People generally lived in a clean environment; people told us they were satisfied with the cleanliness of the service. One person said, "It's always really clean here, cutlery and plates are clean."
- Equipment for preventing the spread of infection, such as disposable gloves and handwashing facilities were readily available.
- Staff wore protective clothing as appropriate, for example, when serving food.
- The service had been awarded the top food hygiene rating of 'five' which means they were found to have 'very good' standards.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Everyone who moved into the service on a respite or permanent basis had an assessment of their needs before they started using the service. This ensured they had access to appropriate resources and the service could meet their needs.
- The provider used a standard care plan and risk assessment format when assessing and identifying people's needs.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to deliver care effectively.
- People told us they thought the staff were well trained and knew what they were doing.
- Staff told us they received good support from the registered manager and colleagues. One member of staff said, "[Name of registered manager] gives me a lot of support. If I'm not sure of something, I'll go and ask."
- Staff told us they received appropriate training and records confirmed this.
- Staff attended formal supervision sessions which gave them opportunity to discuss their own performance and development.

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

- People had good dining experiences. Food looked appetising and was well presented. Assistance was given to those who needed it and independence with eating was encouraged.
- People enjoyed the food and felt they were offered a good choice of meals. They told us regular snacks and drinks were provided, and this was observed on the day. One person said, "Meals are excellent. There is always plenty to eat and drink."
- Staff had a good understanding of how to meet people's specialist dietary requirements.
- Menus were varied and balanced. Additional food records showed the menus were not always followed. The registered manager said the menus had been developed with people who used the service, so they would remind all catering staff any variation must be agreed by the management team.

Staff working with other agencies to provide consistent, effective and timely care: Supporting people to live healthier lives, access healthcare services and support

- The service worked alongside other agencies to make sure people received appropriate care and the right professionals were involved.
- A visiting health professional told us the service reported health concerns "as and when necessary". They

said, "Everyone is obliging and helps when you come in. There're no concerns from my point of view with their attitude and willingness to help."

- People told us they received good support from health professionals such as GPs, and where appropriate appointments were arranged promptly.
- Care records showed other professionals were involved in the care and consulted to make sure people's health care needs met.

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

- People lived in a pleasant environment. They had access to different communal areas.
- Recent refurbishment has improved people's living experience. New chairs, carpets, furniture were in place throughout the building. Some work was still on-going and plans were in place to replace some windows and curtains.
- People had their own rooms which were personalised.
- People could access outdoor space. This was not enclosed but staff confirmed they sat with people when the weather was pleasant.
- The registered manager said they would be adding 'homely' touches such as pictures and appropriate pictorial information to help people navigate the building.

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 under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to have choice and control of their lives.
- The registered manager and staff had a good understanding of the requirements of MCA and confirmed they had completed relevant training.
- The provider sought authorisation when people were deprived of their liberty; three people had an authorised DoLS and one was awaiting a decision from the supervisory body.
- People had capacity assessments and best interest decision when they were unable to make decisions about some specific areas of their care. Other people were involved in supporting the decision-making process.
- Some people's signed consent documentation could not be located on the day of the inspection. The registered manager said this was because some records had been incorrectly archived. They agreed to go through the old records and ensure current information was kept in people's files.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception, people who used the service and visitors were complimentary about the attitude and kindness of staff. One person said, "The girls are brilliant, friendly, kind and caring and can't do enough for you." Another person said, "The staff are very attentive and if there is a problem at all they are on it like a 'bull's eye', so to speak."
- Staff were vigilant and provided supported to people when it was appropriate. For example, one person was sliding to the side of their chair and nearly knocked a drink over. Staff responded promptly.
- People looked well cared for; their hair was brushed, people wore clean glasses and their clothes were clean and pressed.
- Staff were effective when they supported one person who was distressed. They were very caring, supportive and reassured the person. Staff worked well as a team and ensured one member of staff focused on supporting the person which helped diffuse the situation promptly.
- People's rights were protected which included those with a protected characteristic such as age, disability, race, religion or belief and sexuality. Care records had personalised information about people's likes, dislikes and background. The registered manager said at the assessment stage they always discuss with people their history and preferred lifestyle. They said they were looking at broadening their assessment to ensure people were actively encouraged to share their history.
- Staff received equality and diversity training, and two staff had recently attended transgender training. The registered manager said they were confident staff promoted people's rights and treated everyone in a person-centred way.

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

- Daily records showed, and people told us they made day to day decisions such as what to wear and when to get up and go to bed. One person said, "It's great here. I get help when I need to get dressed. If I want a shower I can have it whatever time of day I like and have visitors when I like."
- Staff provided examples of how people were given choice and control. They described different ways people expressed their views and wishes.
- When staff administered medicines, they explained to people what the medicines were for and how they would be administered.

Respecting and promoting people's privacy, dignity and independence

- People told us they were consistently treated with respect and their privacy and dignity were promoted. One person said, "They take me for a bath or a shower when I want and they do a good job of covering me up." A relative said, "The staff always knock on Mum's door."

- People told us staff encouraged independence with activities of daily living, such as eating, drinking, washing and dressing.
- Staff were respectful when they spoke with people. Staff made good eye contact, positioned themselves so people could clearly see them and listened to what people were saying.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: End of life care and support

- People received person centred care.
- Staff knew the people they were supporting well and understood how they wanted to receive their care.
- Care plans usually identified how staff should support people although there was some variation in detail. One person's plan stated they should always have access to their call bell when in their room, but we observed this was not the case. The registered manager said the care plan needed reviewing and agreed to address this straightaway.
- The service explored with people their preferences and choices in relation to their future wishes and end of life. One person's care plan contained only very basic information. The registered manager said some people liked to approach the subject gradually and they continued to develop plans with people at an appropriate pace.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans that showed they communicated through conversation. Other ways to help people access information, such as using aids, pictures or large print had not been recorded. The registered manager provided examples of alternative ways they met some people's communication needs, for example, writing information in a large font for a person who had impaired vision. They said they would review people's communication care plans to make sure their needs were identified and met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family and friends. A visiting relative said, "The service is excellent, staff are now friends."
- The service offered people opportunities to engage in social and leisure activities. A weekly calendar informed people of forthcoming events. A visiting relative told us, "The entertainment has certainly improved since the activities co-ordinator started."
- Recent activities had included, arts and crafts, painting, reminiscence, quizzes, crosswords, skittles, darts, card games, bingo, movie nights, music and sing along. A monthly church service was held at Fernside Hall Care Home.
- Outings to the local community were also arranged.

- People discussed activity choices at resident meetings.

Improving care quality in response to complaints or concerns

- People who used the service said they would approach staff and the registered manager if they had any concerns or complaints.
- People were confident issues and concerns would be resolved. A relative told us they had reported some missing items and action was taken to resolve the problem straightaway. One person said they had raised an issue about noise in the main lounge but felt this had not been fully resolved.
- Information about raising complaints and concerns was displayed and positioned so people would see it.
- Records showed when complaints were received, investigations were carried out and steps were taken to resolve the complaint and prevent repeat events.
- The registered manager did not maintain a record of concerns or informal complaints but said they would commence one to help ensure these were monitored.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Feedback was consistently good. People told us the service provided good care. One person said, "I really enjoy living here and I wouldn't want to live anywhere else."
- People who used the service and visitors told us they would recommend the service to others.
- The service had received thank you cards and letters complimenting the care provided to people.
- Staff told us they would be happy for a loved one to be cared for and would recommend it as a good place to work.
- People who used the service, visitors and staff were complimentary about the registered manager. They were visible and accessible. A visiting relative said, ""The staff and leadership here is very effective. [Name of registered manager] always keeps me well informed, she responds promptly to any questions." A visiting health professional described the registered manager as very approachable. They said, "You can go to her with anything really."
- Regular audits were completed by the provider and registered manager to make sure they were managing risk and meeting regulatory requirements.
- Quality assurance arrangements helped drive improvement; actions were identified and monitored to make sure progress was made.
- The provider appropriately notified CQC about certain changes, events and incidents that affected their service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People who used the service and staff were encouraged to share their views and put forward ideas through individual and group meetings.
- Meeting discussions were recorded in detail and actions for follow-up were recorded and where possible, completed.
- The registered manager used team meetings to discuss service improvements and learning from accidents and incidents.
- Some information was not readily accessible. The registered manager said information had been

incorrectly archived and they would ensure current records were kept in active files.

- People, significant others, professionals and employees had completed surveys where they had shared their views about their experience of the service; these were mostly positive. Some recent surveys were waiting to be analysed.
- The registered manager was responsive throughout the inspection. Where appropriate, shortfalls identified by the inspection team were addressed promptly.

Working in partnership with others

- The management and staff team worked positively with key organisations to benefit people using the service and improve service development.