Majesticare Fernhill Ltd

Fernhill House

Inspection report

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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

Fernhill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Fernhill House accommodates up to 66 people in one purpose built building, with many different areas for people to spend time together or more privately as they choose. Care and support is provided to people with dementia, nursing needs, and personal care needs. There were 35 people living at the home at the time of our inspection.

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.

This is the provider's first inspection since they registered the service with the CQC.

Overall, people received their medicines safely and as prescribed. However, the provider needed to ensure safe medicines management was consistently followed by all staff to mitigate risks to people's safety and welfare.

People were supported to stay as safe as possible by staff who understood what actions to take to reduce risks to their well-being. This included reducing risks to people's physical health and mental well-being. People, their relatives and staff were confident if they had any concerns for people's safety the management team would put plans in place to help them. There was enough staff to meet people's care needs.

People benefited from living in a home where there were systems in place to reduce the risk of infections and staff knew what action to take to care for people if they experienced any infections. Checks on the environment were undertaken and systems for identifying if there was any learning after safety incidents were in place.

Staff considered people's care needs and involved people who knew them well before people came to live at the home, so they could be sure they could meet people's needs. Staff had received the training they required so people would be supported by staff with the skills needed to provide care and support.

People were supported to choose what they wanted to eat and to obtain care from health and social care professionals so they would remain well. 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 had developed caring relationships with the staff who provided support and showed us they liked the staff who cared for them. Staff communicated with people in the ways they preferred and encouraged

them to make their own day to day decisions about their care. People received care from staff who acted to promote their dignity and independence.

People's care had been planned by taking their individual wishes, histories and needs into account. People's care plans incorporated advice provided by other health and social care professionals, so they would receive the care they needed in the ways they preferred. Systems were in place to respond to any concerns or complaints and to incorporate any learning into care subsequently provided.

The registered manager and provider checked people received the care they wanted, so they would be assured people enjoyed a good quality of life and risks to their safety were reduced. The registered manager listened to the views of people, their relatives and staff when developing people's care and the home further. The management and staff team planned further work and their ambition was to be outstanding so people would benefit from living at a home where staff continued to develop their caring skills and experience.

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?

Requires Improvement

The service was not consistently safe.

Overall people received their medicines safely and as prescribed. However, medicines management was not consistently as strong as it could be to ensure risks were always mitigated.

Staffing levels were monitored to ensure there were enough staff to meet people's individual needs who had been recruited safely.

Staff understood their responsibilities to protect people from the risk of abuse and people's safety from avoidable harm was mitigated.

Is the service effective?

Good

The service was effective.

Staff received on-going training and support with an aim of providing effective care.

People were supported with providing their consent and where they required assistance this was gained so decisions remained in people's best interests.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet of their choice.

Is the service caring?

Good

The service was caring.

People were supported by staff in a caring and compassionate way.

People were involved in making decisions about their care and how it was to be provided.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their care and staff understood people's needs and how to support people's own wishes at the end of their lives.

People were supported to follow their interests and a range of pastimes were on offer which provided enjoyment.

People and their relatives knew how to access the provider's complaints process if they felt they had the need to.

Is the service well-led?

Good

The service was well led.

People felt the home was well-run and the management team were approachable and inclusive.

Regular meetings were held and ensured that people could be involved in decision making regarding the service provided.

The provider and registered manager had effective systems in place to assess the quality of service provided with an ambition to achieve outstanding outcomes for people.

Fernhill House

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, unannounced inspection took place on 9 and 15 August 2018 and was unannounced. On the first day our team consisted of an inspector, specialist advisor who is a nurse with knowledge and experience of dementia 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. On the second day our inspector returned alone to complete the inspection.

As part of the inspection we looked at the information we held about the service and looked at the notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We requested information about the service from the Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who used the service and monitoring its safety and quality.

The provider had sent us a Provider Information Return before the inspection. 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.

During our inspection we spent time with people in the communal areas of the home and saw how staff supported the people they cared for. We spoke with nine people who lived at the home. We also spoke with six people's relatives and two friends as part of the inspection to gain their views on the care provided to their family members and friends. Additionally, two family members wrote to us with their views.

We talked with the registered manager, deputy manager and clinical lead and the provider's representative, the nominated individual. We spoke with a nurse, five care staff members, facilities manager, head chef and head of memory and lifestyle care, clinical and governance lead-operational manager. Additionally, we

talked with a regular visiting healthcare professional.

We checked a range of documents and written records. These included sampling five people's care records, details of actions staff took to help to monitor and promote people's safety and documents showing us how people's medicines were managed. We saw records which showed us how people's rights were promoted, how the staff responded to any complaints made and how staff were encouraged to raise any concerns they had for people's well-being. Staff training records, minutes of staff meetings and surveys and five staff recruitment files were also checked.

We also looked at information about how the provider and registered manager monitored the quality of the care provided and the actions they took to develop the service further. This included checks on the home environment people lived in, if people's care needs were met and minutes of meetings held with people who lived at the home and their relatives.

Requires Improvement

Is the service safe?

Our findings

We found medicine records were not consistently completed in line with good practice and national guidance and could increase the risk to people's safety. There was no facility in the controlled drugs register for staff to complete the times and dates when they were assisting people to take these types of medicines. For example, one person's time specific pain management medicine did not consistently show both the dates and specific times of when they received their medicine. Because of this it was difficult to confirm whether the person had always received their medicine within the prescribed time periods. This is important as without staff completing reliable information there could be a risk of the person receiving too much or not enough medicine.

Additionally, the medicine administration records for two people's medicine did not match the amount which was recorded as should be left and two signatures were not always in place where staff had handwritten medicine records. In these cases, it is good practice for two staff to sign the handwritten entry to show the medicine dosage and identity the details had been thoroughly checked. We found this had not happened and the person's medicine record entries had not been checked by a second staff member to ensure they were accurate. There was no evidence people had been harmed by these discrepancies. However, the management team told us immediate action would be taken. This was to make sure they were confident their staff team who administered medicines followed good practices when managing people's medicines to ensure they are strong in supporting people's safety.

The staff and management team advised us a new electronic medicine system was due to commence and staff were receiving training on this during the first day of our inspection. On the second day of our inspection this had been implemented. One staff member told us it was a 'Good system' and would be supportive to their practices in helping these to be consistently safe.

People held positive views of how their medicine was available when they required this and how they were supported to take their medicines. One person told us they had received their, "Medication on time" and if they needed pain relief they received these. Another person said, "Trust nurse implicitly with medication."

People were provided with the time to take their medicines. Where people required different levels of support we saw staff had knowledge about each person's preferences and needs to do this in a safe way. Staff checked the medicine records for each person before administering people's medicines, so the risks of people not receiving the right medicines was reduced. One person's record showed staff had positively rotated their medicine patch so this was not applied to the same area of skin within a certain time frame in line with the manufacturers guidance. Staff also worked with external healthcare professionals to make sure people had medicines available when they required these. For example, we heard about the medicines which were in place should a person require these at the end of their life to ensure any pain they felt was eased so they were comfortable.

People we spoke with told us they felt safe with the care and support staff provided. One person described how staff were knowledgeable about the support they required when walking with their aid as they were at

risk from falling. Another person told us, "We are safe here as there are careful checks made on the people here, the home has it under control." Relatives were equally positive about how their family member's safety was supported by staff. They commented, "I have confidence at walking away from the home as I know she is safe." Staff consistently applied their training and used safe techniques to reduce risks to people from avoidable harm and ensuring their comfort. For example, staff supported people when they required some direction in walking safely and gave encouragement to drink so people remained well.

Staff had completed training in how to keep people safe and staff said they had also been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this so people felt safe. For example, staff said they would observe changes in people's behaviour or signs of emotional distress which could indicate people were at risk of harm. Staff knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Staff were confident people were treated with kindness and said they would immediately report any concerns to the management team. This happened on the first day of our inspection as one staff members conduct was reported to the leadership team. Action was taken to support people's safety from poor staff practices by the leadership team were reflected they were knowledgeable about their role and responsibilities in supporting people to receive good care.

In addition, there was an equality and diversity policy in place and staff received training in this area. Staff showed they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

People's safety was also protected through regular checks on the facilities and equipment used at the home. This included weekly and monthly maintenance and kitchen checks which supported the registered manager and senior management to monitor all areas of health and safety within the home. Meetings to discuss the findings from the regular checks were discussed with staff which included any issues found or near misses. These arrangements' supported staff to meet people's needs and reduce the organisational risk should people and or staff experience avoidable harm due to equipment being faulty and or not regularly serviced. In addition, people had individual personal evacuation plans in place which provided information about how to support people's needs in the event of a fire. Regular fire procedural checks were in place which included testing fire alarms.

People who lived at the home did not have any concerns about the availability of staff to maintain their safety. One person told us, "They [staff] assist me so I feel safe." Another person showed us their call alarm and how they would use this if they required staff urgently. Relatives also told us people's safety was not compromised due to a lack of sufficient staff on duty.

Staff we spoke with told us they believed there were sufficient numbers of staff to meet people's needs and the registered manager always ensured shifts were covered. For example, agency staff were supplied to cover shortfalls if permanent staff were unable to do this. We saw staff supported people so their safety was not compromised. For example, when people required staff to assist them this was provided so risks were reduced to their welfare. In addition, staff did not rush people when providing care and support which suggested the staffing arrangements had a positive impact on people's safety and welfare.

During discussions with the registered manager we established staffing levels were based on assessing people's individual needs to make sure these were safely met. This included continually reviewing staffing arrangements so there were sufficient numbers of staff with the right skills and experience deployed to cover

days and nights. On the second day of our inspection the registered manager told us how they had successfully recruited to nurse positions.

Staff were recruited safely because the provider had arrangements in place to check staff were of good character before they started working at the home. One staff member described how a Disclosure and Barring Service (DBS) check had been completed alongside references which formed part of the provider's recruitment processes. Staff records we looked at confirmed this was the case.

The management and staff team worked together to ensure the risks to people of infections was reduced. For example, staff knew what actions to take to reduce the risk of possible infection. This included when they needed to wear disposable gloves, aprons and using good hand hygiene techniques. The registered manager conducted checks to make sure staff were taking appropriate action to reduce the risk of the spread of infection. In addition, staff who had cleaning responsibilities were seen taking pride in their work. The housekeeping team had their own set programmes to make sure all cleaning duties were regularly undertaken to aid in the prevention of infections.

The registered manager had developed an ethos amongst their staff team in learning lessons to improve people's care and safety. The registered manager undertook regular checks on accidents and incidents which had occurred. This was to establish what had happened on each occasion so that action could be taken to help prevent them from happening again. The registered manager shared learning and the actions points from accidents and incidents with staff in various ways, such as staff meetings.

Good

Is the service effective?

Our findings

People's individual needs and choices had been assessed and plans were in place so that care was provided to achieve effective outcomes. For example, one person required support to walk and their care plan described the equipment the person required. Additional examples showed staff had sought advice from healthcare professionals to meet people's needs in the right way for them, such as when people required advice and support to aid their nutrition. The registered manager confirmed in the PIR, 'Technology is used extensively through the home with a robust call bell system, acoustic monitoring in all residents [people who lived at the home] rooms, electronic care planning, electronic medication are all used to ensure care is delivered effectively.' We heard from staff the acoustic monitoring had positive impacts on supporting people's needs in the most effective way. For instance, supporting people to sleep without any unnecessary disturbances from staff checking their wellbeing through the night. We heard an example of how this had a positive impact on one person who could sleep more soundly.

People were confident the staff knew what they were doing and had their best interests at heart. One person told us, "The staff are pretty good, trained well and come when you need them." Another person said, "First class help with washing and dressing but felt there could be more staff at weekends." Relatives were equally positive about how with staff support their family member's needs were effectively met. One relative commented, "It's totally dementia friendly, it's the warmth of the staff, not superficial here, the care is second to none! It meets mom's needs up and beyond."

New staff worked with experienced colleagues during their induction period, to make sure they understood people's individual needs and preferred routines. New staff were introduced to the care certificate, which included training in the fundamental standards of care for all staff that work in the health and social care sector. Staff told us they were provided with the training they needed to be confident in their practice. Records showed staff had training in subjects relevant to people's needs. For example, supporting people with their physical needs and how to safely manage situations when people required assistance with their mental health and or emotional needs. In addition, the registered manager told us the organisation was members of the Centre for Creativity and Innovation. The registered commented told us through their membership leadership training had been provided for managers and activity coordinators.

Staff were encouraged and supported to further develop their knowledge and skills in different subject areas and share their learning with their colleagues to continually promote high quality care. For instance, two staff members were champions in infection prevention and control and another staff member took on the role as the lead in dementia care. The management team had also implemented support mechanisms to aid staff's wellbeing and enable staff to further develop and strive to continually improve their practices. For example, development days for staff to support them in gaining confidence within their roles and two-day team building events involving all the provider's homes. In addition, the registered manager told us about a scheme called 'Perkbox' which was used as a method of rewarding staff as part of the employee of the month programme, 'Magician of the Month.' This scheme enabled people who lived at the home, their relatives and friends, and staff to show their appreciation and say, 'thank you.' The registered manager told us, '……..the effect on morale is immeasurable and raises confidence and team spirit and a feeling of

belonging to something special.' We consistently heard from staff they were proud of the care they provided with one staff member stating, "Really proud of how well we care for people here." Another staff member described how supportive senior staff and the management team were in providing them with feedback about their work and in discussing training.

We saw examples of staff putting their training into practice when supporting people with their individual needs which had a positive impact on each person. One example was when a person required some guidance on the way to their room and to have a drink. The staff member provided care which the person responded to. The person showed by their facial expressions and body language the care had enhanced the person's wellbeing as they smiled in appreciation as they became less anxious.

Staff told us they felt well prepared, because they had time to get to know people well, before they worked with them independently. Staff shared information about how people were and any changes in their needs by keeping daily records of how they had supported the person and how each person had responded.

However, for one-person staff had not fully worked together in an effective way when the person moved to another area of the home. For example, two staff members and the person's care records were unclear about their current health diagnosis. The head of memory and lifestyle care had noticed through checking the person's records they were unclear in relation to the person's current health needs. However, staff absences from work had meant communication and records were not followed through. The head of memory and lifestyle care told us, "We hold our hands up that we did not follow things through for this [person] but will put it right now'.

This lapse in staff actively sharing current information had not impacted on the person's needs. Staff and the person's visitors told us the person's wellbeing had been improved since they had moved. The person's visitors echoed this in their conversation with us by stating, "[Person] is so much better now [person] has moved upstairs, much more alert and chatting to us. I have known [person] for 40 years." Additionally, we spoke with the registered manager who would take action to ensure staff practices were strengthened when sharing information about people's current health diagnosis' and needs. This was especially important when people moved to another area of the home to promote effective care being provided.

People told us they enjoyed the food and drink on offer. One person told us, "The meals are fantastic, all down to the good chef here." Another person said the dining tables were always, "So nicely laid" and "It is always a pleasure to dine in quality surroundings." One relative wrote, "[Person] eats well and really enjoys her meals: standards of cuisine are high. I enjoy joining her for lunch on occasion too."

We saw mealtimes were flexible and unhurried occasions, during which people had opportunities of choosing where they wanted to eat their meals and what meal they liked. Staff knew people's food preferences well. For example, staff provided two people with a particular chutney they liked and another person had their own brand of sauce. Another example was the opportunity provided to people of having fish and chips from a local supplier wrapped in the traditional way in paper. This choice of food had been requested at a meeting held with people and 'Fish and Chip Fridays' are now a regular event. We consistently heard from the head chef and staff they worked as a team to ensure people's dietary needs were supported including acting to change people's food to match their individual needs. The head chef had received specific training, such as in the different ways of producing textured food and had recently been a finalist in the National Association of Care Catering [NACC] competition for national chef of the year. The head chef was passionate about maintaining a high standard of food for everyone regardless of their health needs. An example of this was the head chef knew how to prepare modified diets and present these so they were appetising to look at. A further example was of how the head chef reflected a very

individualised approach to food by checking with a person daily so they could support them to balance their fibre intake to meet their health needs.
People's care records included information about their dietary needs, and any cultural or religious preferences for food and drinks. One staff member told us they always encouraged people to eat a healthy, balanced diet, but people made their own decisions about the meals they ate. If people were at risk of poor nutrition, staff monitored their appetites and weight and obtained advice from people's GPs, dieticians and the speech and language team. People's care plans included the advice from healthcare professionals for how to support people with their specific dietary needs.

People were complementary about how staff supported them to remain healthy and well with one person commenting, "They're first class in requesting a GP visit if I am unwell." Staff and management played a positive role in ensuring people's day-to-day health needs were met, through liaising with a range of community healthcare professionals. A healthcare professional who regularly visited people confirmed they received appropriate, timely referrals for people living at the home, and had confidence in staff and management's ability to follow through on their recommendations. In the event of any significant change or deterioration in people's health, staff helped them to seek professional medical advice and treatment as required. One relative whose family member had explained, "The staff really get to know them [people who live at the home], it's appropriate and they know when the residents [people who lived at the home] are off colour."

The accommodation was designed, decorated and maintained to a high standard. One person told us, "My room is beautiful, you could not wish for a more beautiful home." There were many different areas for people to sit alone, be in a group and or spend private time with their relatives and friends. One relative's comments read, 'The décor is tasteful, it is spacious and kept spotless and sweet- smelling.' There were specific areas of the home environment where attention to detail met the needs and expectations of people. This included having specific areas to meet the needs of people with dementia, such as a room with a table which was interactive with moving objects such as fish swimming, a nursery with a cot to stimulate people's memories and a potting shed for people to use. The registered manager kept track of all the maintenance needed in the home and the facilities manager was passionate about their role in ensuring everything was completed to a high standard. For example, water temperatures were checked, legionella tests were conducted and equipment had been serviced to ensure the safety of people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff told us they had received MCA and DoLS training and understood people's preferred communication styles and how information should be presented to assist people in having maximum control in their lives and were able to give their consent. People told us staff sought their consent before providing care and we saw this happened during our inspection.

Where people could make decisions for themselves their choices were respected. People's abilities to make choices had been recorded in their care plans. Where people may not have been able to make decisions for themselves assessments had been completed on their ability to make individual decisions. If they were unable to make a decision one was made in their best interest taking the views of family, staff and healthcare professionals into account.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised. The authorisation 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 on authorisations to deprive a person of their liberty were being met. The management team had processes in place to ensure DoLS applications were submitted where required, were reviewed and any conditions were complied with.

Good

Is the service caring?

Our findings

People who lived at the home and their relatives were positive about the care they received. One person told us, "I get on well with the carers [staff], they give me a hug." Another person said, "Certain staff members go out of their way to help. They are so thoughtful." One relative wrote, 'Staff are, without exception, kind and caring, affectionate and good-humoured. [Person] loves them all.' Another relative's comments read, 'We have felt thankful and relieved to be able to pass our mother over to the caring hands of all at Fernhill House and not worry about her in the way we were when she was in her own home.'

Staff spoke warmly about people and knew people's individual ways, preferences and needs. Staff told us they got to know people by chatting to them and their relatives, so they could find out what was important to them. One staff member told us how important it was to get to know people who lived at the home, and talked about their role as a keyworker for some people. The staff member said they tried really hard to get to know people, such as what they enjoyed doing and what made them happy. Another staff member told us about how information about people's life histories were developed with people who lived at the home and relatives which provided talking points with people. In addition, the registered manager told us the life history project based on a well-known model for people living with dementia had been successful. For example, in improving communication and developing life histories with people and their relatives who had enjoyed taking part in this.

In the PIR the registered manager told us, 'Relatives and Friends are able to attend and participate in activities in the home and also dine with their loved one at breakfast, lunch and dinner, at no extra cost. We endeavour to make the relatives and friends part of our community and want to encourage them to visit as often as possible.' We found this was the case as people were supported to maintain relationships which were important to them. Throughout our inspection staff provided a warm welcome to people's visitors. One person's relatives said the home, "Was very person centred and the staff put their all into the activities." The relatives added, "We are sitting in an extended family home." Another relative appreciated the caring and inclusive nature of the staff in assisting their family member to celebrate their birthday. The relative's comments read, 'Her recent 95th birthday was a wonderful occasion, organised by the activities coordinator and supported by several willing staff. Whatever I asked for, I got for Mum in good measure. She was delighted and the friends who joined us were impressed by chef's afternoon tea and lovely birthday cake, not to mention the prosecco provided too!'

People were treated with kindness and were given emotional support when needed. For example, staff used quiet tones when speaking to people and made eye contact. People told us staff were considerate. Where people required specific support to prevent them from becoming anxious or distressed this was detailed in their care records and guidance was in place to support staff. One person did not act kindly to another person and staff intervened so the person was supported with their needs.

Staff took time to chat with people throughout our inspection. Staff also talked with people about things they enjoyed doing, so they did not become isolated. For example, one staff member encouraged one person into the lounge area by offering a drink. The staff member said, "I'll stay with you, shall I? Do you

want me to put your favourite film on? You really like Norman Wisdom, don't you?" The person responded by smiling and nodding. Additionally, staff took time explain to people how they were going to care for them, and frequently checked if people needed help. For example, staff checked to see if people wanted a drink or needed any other assistance. We saw staff in a gentle and caring way assisted one person with their drink, talking with the person all the time and acknowledging this was the person's "Favourite drink."

People told us they were involved in decisions about their daily care, and were encouraged to express their opinions and say what care they wanted. For example, people chose what time they wanted to get up, and what they wanted to do each day. When we asked one person about the food choices they made, they told us, "I can have anything I want." Another person chose not to have the meals on offer and we saw the person was provided with an alternative. One staff member said, "We offer people choices all the time whether it is what they want to do or what they need help with." Another staff member told us, "We [staff] do offer choices at mealtime by showing visual choices, such as two plates of meals for them [people who lived at the home] to choose from." We asked the staff member how they would support a person's sexual preferences, such as transgender. The staff member explained they would assist the person to main the same way as they would assist anyone in choosing their clothes. The staff member commented, "It is their [persons] choice, and if they [person] need help with that then that is okay, we [staff] can help."

The management and staff team had access to local lay advocacy resources. Lay advocates 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. One person explained how they had left the social event they had attended because they needed to contact a family member as they were going out with them. Staff respected the person's decision and the person had their mobile telephone in readiness for their call. Another person told us staff were usually respectful when assisting with their personal care and they had never felt undignified or embarrassed. One relative wrote, "[Person's] dignity is preserved at all times despite her need for the full hoist and two staff to attend her." Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, staff asked people discreetly if they required any assistance with their care needs.

We found arrangements were maintained to make sure private information was kept confidential. Computer records were password protected so they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People told us they mostly received the care they needed in the way they wanted. One person told us staff supported them with the cream they required on their legs which they appreciated. The person also said they appreciated how staff supported them in ways they preferred. Another person said, "I feel safe at night because I can call somebody." Relatives also shared their views about the responsiveness of staff with one relative describing how the chef made spicier meals for their family member because they knew they enjoyed these. Another relative comment read that their family member, "Is showered daily, washed at every change and various treatments and creams administered for her greater comfort."

Prior to going to live at the home, the registered manager told us people and their relatives were provided with information about the home. In addition, the registered manager confirmed in the PIR, 'The pre-admission assessment enables us to identify which part of the home would be applicable for the person to reside in depending upon their care needs. Residents [people who lived at the home] needs, likes, dislikes, wishes are all discussed at a pre-admission assessment with the potential resident [person who lived at the home] themselves and/or someone close to them.' We saw electronic care plans had been developed to provide information about people's individual needs and how staff should respond to these. Staff we spoke with told us the care plans were informative and showed how people had been involved in their care. One staff member told us, "Care plans are built around their [people who lived at the home] needs." One relative also confirmed this was the case as staff had used the information they had gained to respond to their family member's needs. Additionally, advice had been obtained from healthcare professionals, such as speech and language therapists so people's individual needs were responded to. One example was how training had been sought to support staff in meeting the communication needs of one person to ensure they were as responsive as possible.

Staff understood people's individual needs and preferences and reflected this in their practice. For example, talking about some of the people they supported, one staff member said, "[Person's name] likes a hug" and would be upset if they did not have one and another person likes a certain snack. We saw staff responding to people's needs which had a positive impact on their wellbeing. For example, one staff member talked with one person who lived at the home about cricket which they enjoyed and another staff member showed in their response to a person they knew what their favourite drink was.

People received care which was flexible and responsive to their individual needs and preferences because many arrangements were in place to monitor people's care. One example was how the registered manager utilised daily meetings with heads of departments and 'resident of the day' arrangements as a further way of monitoring the care and support people received. This was to see if it was meeting people's expectations. Relationships were also forged with different community professionals to ensure any issue were followed promptly which included any changes to people's needs. During our inspection staff spoke with the healthcare professional who visited people regularly about one person's health need so this could be responded to in the best possible way and in a prompt manner.

People told us they follow their own interests and pastimes. One person told us how they had joined in the

singing session and found this, "Very enjoyable, music is good for the soul." Another person said they liked to be in their room but would join in with planned events as they chose. A further person enjoyed going on the trips to places of interest. The registered manager also told us another person had completed specific training and was supported to lead on exercise groups with other people who lived at the home taking part and relatives. The registered manager told us the person gained, '...A sense of purpose' through supporting others with exercises. Another person enjoyed writing poetry and has been supported to form a poetry club which the registered manager told us was proving to be popular.

There was a broad range of social activities for people to participate in as they chose. These were displayed on each of the separate areas for a month. During the days of our inspection people chose to join in with different events, such as the singing, the 'Piano and Cocktails' where people regularly listened to classical piano music whilst drinking cocktails and some people enjoyed dancing to the music.

People's individual needs had been considered when arranging things for people to do for fun and interest. For example, people with dementia showed they were having fun through their facial expressions and body language whilst participating in the gentle exercise session. We saw good hearted banter between one person and the person who was leading the session which enhanced the person's feelings of wellbeing. Another example, reflected how through the commitment of staff people were enabled to play bridge. One relative comments read, 'A little bridge 'club' has started and two members of staff learned to play for this purpose but also using the skills of one resident [person who lived at the home].' We also heard examples of how staff chose to come into work on their days off to join people in the different social activities with one staff member commenting it was because people who lived at the home, "Were worth it."

People maintained positive links with their local community that enhanced and benefitted their lives. One example was the recent club, 'Reminiscence Rendezvous' which had been formed to invite people living with dementia and people who supported them, to meet people who lived at the home and their relatives. This event is held twice each month and the registered manager told us the numbers of people attending to participate in activities and share a buffet lunch was slowly growing since it was implemented. Another example were the links which had been developed with local schools with children visiting weekly from one of the schools and a mother and toddler group who shared a 'Teddy Bears Picnic' with people who lived at the home which the registered manager hoped would be a regular feature on their programme of activities. The registered manager described to us how the links with a local school had been successful for both people who lived at the home and children. The registered manager comments read, 'Our residents [people who lived at the home] have made good friendships with some of the children and it is wonderful to see.'.

The registered manager was aware of the national Accessible Information Standard (AIS) which provides best practice guidance in communicating with people in ways that meet their individual needs and preferences. Staff had received training in communication skills and told us how they reflected this in the way they conversed with people who lived at the home. For example, one member of staff told us, "[Even if people] can't talk [verbally] they can talk in different ways. With their eyes, squeezing your hand … [to] tell you what they like." Throughout our inspection utilising different methods of communicating people, such as kneeling beside people to talk to them, making it easier for people to establish eye contact.

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. One relative said, "No complaints but able to raise them if necessary." There was a complaints procedure available to people who lived at the home and their relatives although there had been no formal complaints in the previous 12 months. The complaints procedures could be made available in different formats to suit people's individual needs, such as using larger fonts to make it easier for people to read.

People told us the registered manager was regularly visible within the home supporting staff and encouraged people to talk to him directly about any worries or problems. This was important as some people would need support to raise complaints due to their mental health needs. This was recognised by the registered manager and staff who shared an awareness of how changes in people could be a sign of them being unhappy about an aspect of their care. We saw the provider and registered manager used different methods of gaining people's feedback as an opportunity to learn and make improvements. For example, through people's feedback they noticed staff needed to be reminded to make sure people had napkins at every meal time to meet people's needs.

There was a strong commitment within the management and staff team to provide responsive and supportive care to people and their families before, during end of life care and death. Commenting on the provider's approach to end of life care, one staff member told us, "We keep them comfortable, as happy as possible and pain free. [If they haven't got family] staff sit with them and keep them company." One family member had written to the registered manager to say, 'Your support for our entire family has been our strength over the last year and we are left with happy memories of the time we spent with [person] at Fernhill House. We know [person] felt safe and loved in your care, and we could not have asked for more.'

Good

Is the service well-led?

Our findings

This inspection was the provider's first one since they registered Fernhill House with the Care Quality Commission. 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.

People who lived at the home and their relatives told us that they considered the service to be well run. One person told us, "This home is better than the others, because it's freedom to do what I want to do, plenty of space and staff." Relatives of one person who lived at the home were impressed by the management and staff and this was echoed in our conversations as, "Everyone is so lovely, so refreshing!".

The registered manager was supported by a deputy manager and heads of departments. In the Provider Information Request [PIR] the registered manager told us, 'We have a thorough audit programme which assists in monitoring and reviewing of how the home is performing.' We found the registered manager was supported by the provider's management teams in undertaking quality checks which included mock inspections. The registered manager told us the outcomes from provider's unannounced visits formed a development plan. This was to assist, amongst other things, in driving through continual improvements. In addition, the provider had organisational leads who gave their expertise in different subjects to support staff in developing their practices and bringing in initiatives. This was so the provider' s leadership teams across the organisation could assist the registered manager in ensuring people were receiving the best care possible. For example, the head of memory and lifestyle care for the provider had the license to deliver an extensive training programme in dementia care. This was one method to embed best practice in the staff team and further improve the care for people living with dementia. The head of memory and lifestyle care told us they were, "Proud of Fernhill" and one ambition was described as, "People need to feel at home, that they can sit down and put their feet up."

Staff from the various departments within the home worked together in a well-coordinated and mutually supportive way. For example, there were daily heads of department meetings which assisted in communication being provided to relevant staff teams. The management and staff team consistently told us this practice helped to ensure the delivery of effective care to people. Describing the approach of the registered manager and how staff worked together, one staff member said, "It's a really supportive team. We rally round whenever it's needed and there is a good culture here." Another staff member described the culture as, "It is friendly; [the home environment] is clean; beautiful; we work as a team."

The management and staff team worked well with other agencies. Staff and a regular visiting healthcare professional gave positive feedback about how well they worked together for the benefit of people who lived at the home. The registered manager had also shown they had acted to meet the recommendations made following the 'Infection Prevention and Control Care Home Review' by a lead nurse in the subject area following their visit in July 2018. Furthermore, the registered manager was responsive to the areas we had identified during our inspection which required improvement, such as acting to strengthen medicine

management.

Staff we spoke with told us they were encouraged to raise any concerns if they felt people were at risk from poor practices. Reflecting upon this one staff member commented, "I would speak to the manager, he is very good, you can approach him." Another staff member told us, "If I had concerns about another carer [staff], the manager would deal with it." However, staff were also aware of organisations they could contact if they felt the registered manager and or provider did not act. In addition, staff told us they felt able to raise suggestions and were listened to by the registered manager.

The registered manager told us they were continually striving for a person led environment and supporting people to live their lives as they chose. This was shared by the management and staff team. We spoke with the facilities manager who told us, "Proud of what I do" and "Treat people [who lived at the home] as if they were my mom or dad." The facilities manager talked about the various ideas to further meet the needs of people with dementia. For example, to make the different rooms on the first floor, such as the 'potting shed' more accessible to people. Another example was how the staff team had been provided with the leadership necessary to assist people who lived at the home to benefit from staff acting upon good practice guidance and research. One example was the joint working with the local hospice to promote and raise the level of end of life care to make sure people's needs were effectively responded to thus helping people to live well until they die. The management and staff team were continually developing their knowledge in end of life care and were working to achieve the Gold Standard Framework in end of life care.

The registered manager described how they had a clear vision for continuing to drive through improvements, as they were passionate about people receiving high quality care. This was shared by the management and staff team. For example, we heard about 'Project Outstanding' which was launched to support the management and staff team in aiming for an outstanding inspection rating. Committee members of the project were people who lived at the home, relatives and staff. There was a display of materials about the management and staff teams aims with a philosophy which stated, 'Aiming to create outstanding places where people love to live and work. Heart, trust, happiness, family and creativity.' The leadership meetings held with staff reflected areas for continued improvement and the guidance staff were provided by the registered manager. The provider also checked to ensure improvements were made and good practice was celebrated.

In the PIR the registered manager told us, 'We obtain regular feedback from our residents, their family and friends and our teams via surveys held over a 12 month period and discussions are held at monthly meetings and family meetings.' We found this was the case as people who lived at the home and their relatives were supported through a variety of ways to share their views about their care and suggest improvements to their home. For example, people who lived at the home and their relatives were able to access their care plans electronically through their phones. The registered manager told us it assisted people to be kept updated with the care provided. Another example was how people were supported to share their views in regular meetings, everyday conversations with the registered manager and his staff team and within surveys. The results of the recent survey completed by people who lived at the home and relatives reflected a high satisfaction with the quality of care provided. Comments included, 'There is a great variety and marvellous standard of food. Individual likes and dislikes are catered for.' The home is cleaned immaculately - I am extremely impressed. Fernhill have the very best laundry staff.' The registered manager told us they reviewed all the comments received and if there were any changes and/or improvements needed to be made these would be focused upon to ensure people experienced high quality care.