

Dolphin Property Company Limited

Ferndene Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

This inspection took place on 27 July 2015 and was unannounced. Ferndene provides care for older people who have mental and physical health needs including people living with dementia. The service is divided into two units on two floors. It provides accommodation for up to 48 people who require personal and nursing care. At the time of our inspection there were 44 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

On the day of our inspection we found that staff interacted well with people and people were cared for safely. People told us that they felt safe and well cared for. Staff were able to tell us about how to keep people safe. The provider had systems and processes in place to keep people safe.

Summary of findings

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a dietician and GP and were supported to eat enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes and where people had special dietary requirements we saw that these were provided for.

Staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered.

Staff had a good understanding of people's needs and were provided with training on a variety of subjects to

ensure that they had the skills to meet people's needs. The provider had a training plan in place and was in the process of introducing a new system which included supervision.

We saw that staff obtained people's consent before providing care to them and knew what to do if people refused care. People had access to activities on a daily basis and there were links with community groups.

Staff felt able to raise concerns and issues with management. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. The complaints process was on display but was only provided in a written format and therefore not everyone was able to access this.

Regular audits were carried out and action plans put in place to address any issues which the audits identified. Audits were in place for a range of areas such as falls, medicines and infection.

Accidents and incidents were recorded. The provider had informed us of incidents as required by law however, the provider had not notified us of the agreement of a DoLS. Notifications are events which have happened in the service that the provider is required to tell us about.

Summary of findings

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 safe.

People felt safe living at the home. Staff were aware of how to keep people safe. The provider had policies and procedures in place to keep people safe.

Risk assessments were in place to ensure people received appropriate care and treatment.

Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective.

Staff received regular training and arrangements were being put in place to provide formal supervision arrangements.

People had their nutritional needs met.

The provider acted in accordance with the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People had had access to a range of activities and some access to individual leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their care plans. Car plans were regularly updated.

Good



Is the service well-led?

The service was not consistently well led.

The provider had not notified us of an event which they are required by law to inform us of.

Requires Improvement



Summary of findings

There were effective systems and processes consistently in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

Ferndene 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 inspection took place on 27 July 2015 and was unannounced. The inspection was completed by two inspectors and an expert by experience. Experts by experience are people who have had experience of types of service for example dementia care.

Before our inspection we reviewed information which we held about the home and looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager and seven members of care staff, six relatives and eight people who used the service. We spoke with a visiting medical professional. We also looked at six people's care plans and records of staff training, audits and medicines

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, “Yes I feel very safe, it couldn’t be more like home. There are no restrictions on you and I think the staff are well trained.” Another person said, “If I need help I press the buzzer and the girls respond very quickly, unless they are busy of course.”

Relatives told us that they felt their family member was safe. A relative told us, “I feel I am kept very well informed regarding [my relative]. I can go home from visiting her knowing she is safe, and I have complete peace of mind. “Another said, “My [relative] thinks she’s in a hotel. The staff are magnificent here and one of the best things is they have a laugh with [my relative] and us when we visit.”

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed for people who used the home and for people who received care in their own home. Where there were specific risks such as the use of equipment, for example, bed rails, assessments were in place and reviews carried out on a regular basis. Staff were familiar with the risks and able to tell us how they managed the risks. Individual plans were in place to support people in the event of an emergency such as a fire.

Accidents and incidents were recorded and investigated to prevent reoccurrence. Records included details about the time of the event, place and any action taken. We saw that following incidents staff were informed of any learning that came out of it.

People and staff told us that there were usually enough staff to provide safe care to people. We observed that people received their care in a timely manner and call bells were responded to. We saw that staff were always available to support people in the communal areas. The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

We saw that medicines were administered and handled safely. Staff ensured that people were aware of their medicines and observed that they had taken them. People were asked if they required their PRN medicines. (PRN medicines are medicines which are not required on a regular basis). Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. When we looked at the medication administration records we saw that these had been fully completed according to the provider’s policy and guidance. Staff had received appropriate and regular training regarding medicines and had their practice observed to ensure that they were delivering medicines safely.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person told us, “Staff know what they are doing.” The registered manager told us that they were in the process of introducing a new system of learning that included access to a range of learning resources and support and supervision. We saw from the records that supervisions had not been carried out on a regular basis and only 50% of staff had received a recent supervision. However, we saw that the new system would address this issue by providing an alert to detail when people’s supervisions were due. Supervision is important because it allows staff to review their training and performance on a regular basis to ensure that people receive appropriate care.

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. They told us that they had received training on areas specific to people’s needs such as dementia care. The nurses we spoke with told us that they would like more clinically focussed training. The registered manager told us that they had arrangements in place for additional clinical skills training such as training around syringe drivers and taking blood samples. A training plan was in place to reflect what training had taken place and what training was required. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people’s needs.

Care records included consent documents in relation to areas such as the provision of care and photography. We observed that people were asked for their consent before care was provided. Staff were able to tell us what they would do if people refused care. One person was recorded as ‘persistently refusing personal care’ and staff were able to tell us how they would support them and what they would do. They said that they would repeat their offer of support throughout the day in order to try and provide the care.

Where people were unable to consent, best interest assessments had been carried out and plans put in place to support people with these decisions. For example, a person regularly refused their medicines and arrangements were in place to provide this in their food. Discussions had

taken place with other professionals involved in the person’s care and a best interest assessment was in place. The service had a policy in place for giving medicines in this way however, the policy stated that a GP and a pharmacist should advise regarding this and on this occasion there was only evidence of the GP being involved. The provider had not followed their own policy.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was one person who was subject to DoLS. We saw that the appropriate paperwork had been completed however; the CQC had not been notified of this.

People who used the service told us that they enjoyed the food at the home. One person said, “The food is fine really. Nothing too special but is there if you want it. They would always get you something else if you wanted it I suppose. We have our main meal in the evening which is good because we have a big breakfast and it’s too early at 12.30 to have another big meal.” Another person said, “Food is ok, you can ask for something different.”

Choices were available for people and staff told us if people didn’t want the offered meals they were able to provide alternatives. We observed staff asking people what they would like the following day for their meal. We saw that menus were available in a pictorial format however, on the day of our inspection the menus did not reflect the meals that were being provided which was confusing for people. We spoke with the registered manager about this who told us that this was due to an unplanned change in the menus because of an ordering error.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. Where people required supplements due to a risk of unintentional weight loss this was recorded and we observed people had received the supplements as required. We observed that all the staff were aware of people’s nutritional needs, for example, a person was at risk of choking and when they requested a biscuit the member of staff serving drinks was aware that they could not have a biscuit but offered an alternative.

Is the service effective?

Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs. Records of food and fluid intake were maintained appropriately.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. For example, where people had specific health needs such as being prone to frequent infections these were detailed and plans in place to provide appropriate care to them. One person said, "Oh yes, I get to see my GP quite regularly, There's never a problem there."

One person told us about an occasion when they were taken ill in the middle of the night and they told us that despite sleeping with their door locked staff responded appropriately and noticed that they were unwell when carrying out a check during the night.

Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. Records showed that when people were ill staff had acted in a timely manner and obtained advice and support from other professionals such as the GP and district nurse. We spoke with a visiting professional during our inspection and they told us, "This is a good home." They said, "The staff know what they are doing."

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person said, "It's good here, they look after you." A relative said, "They know about [my relative's] likes and dislikes and the things they can and cannot have, under medical orders, and they keep records of what [my relative] has to eat and that. They weigh everyone regularly and keep an eye on their weight I know."

We observed that all the staff were aware of respecting people's needs and wishes. People were involved in deciding how their care was provided. For example, the main meal had been changed from lunchtime to the evening as people had said that it was too close to their breakfast. One person preferred to have their door locked at night and this was detailed in their care plan. The record said, "My bedroom door shut and locked. I do not object to checks at night."

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, a person wanted to know what time lunch was and they called a member of staff to explain. Staff responded and took the time to make sure that they understood the response.

When providing support to people staff sat with them at their own level and communicated with them. Care records detailed how to communicate effectively with people. A care plan said, "Staff to ensure that they are facing [person] on their level and maintain contact."

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were alright and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them. For example we heard a member of staff say, "Are you alright? Just take your time."

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We saw that when staff provided support with personal care this was carried out discreetly. For example, a person required a change of clothing and staff gently supported the person to leave the communal area and go to their room, although they were reluctant to do so initially. Staff continually reassured the person and explained what they were doing.

We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. Staff understood what privacy and dignity meant in relation to supporting people with personal care both in the home.

Is the service responsive?

Our findings

One relative said, “Yes I come and go at all times of the day and evening and I must say I have only heard and seen good things from all the staff here. They are marvellous in every way, shape and form.” Another relative told us, “I’ll know that if there are any problems staff will contact me and keep me informed.”

People’s care records included information about their past life in order to help inform staff about people’s interests. We observed books, music and pictures available in the lounge which were aimed at encouraging discussion about people’s past experiences. For example, there were a variety of picture books about the fifties and sixties.

Activities were provided on a daily basis. We observed that where possible a range of individual activities and group activities were provided. When we arrived the activities co-ordinator was visiting people who were in their bedrooms to discuss what they wanted to do that day. During the morning a small group of people played scrabble in the morning supported by a member of staff and in the afternoon a member of staff supported a person to play dominoes. The person told us that they liked dominoes because they used to play dominoes prior to coming to the home. Another person told us that they had a newspaper on a regular basis just as they had at home.

Although the home did not have access to their own transport they used the local mobility bus and taxis to access community facilities. They also had visits from local

community groups such as the local school and students from the college. The home had access to outside garden areas where people were encouraged to sit and take a walk during the day. The area was pleasant and safe.

Relatives and people who used the service told us that they were aware of their care plan and told us that they were updated regularly. Staff told us how they supported people to update their care plans to ensure that they reflected the needs of people.

Care plans had been reviewed and updated with people who used the service. We looked at care records for six people who lived at the home and two people who received care in their own home. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care.

A complaints policy and procedure was in place and on display. Relatives were aware of how to make a complaint if they needed to. At the time of our inspection there was one complaint which was in the process of being addressed. We observed that previous complaints had been resolved and actions put in place to limit the risk of issues reoccurring. Staff had also been informed of the issues to prevent similar events recurring.

The complaints procedure was only available in a written format which meant not everyone may be able to access it. However, people told us that they would know how to complain if they needed to. The provider also had a system in place which allowed people and their relative’s to feedback their experiences by using comment cards which were available in communal areas.

Is the service well-led?

Our findings

Systems and processes were in place to ensure the delivery of a quality service within the home. The provider had not notified us of agreement of a DoLS which they are required to do. Notifications are events which have happened in the service that the provider is required to tell us about. When we spoke with the manager they told us that they were unaware of the need to notify us of this event.

The registered manager told us that they were in the process of changing the computer systems so that staff and people who lived at the home had access to Wi-Fi. They said that they had already installed a computerised timesheet arrangement which meant that records of staff's working hours could be linked with payroll and created a more accurate record of staff's working hours. They said it also was more efficient to run allowing the registered manager to concentrate on other issues relating to people's care.

External and internal audits had been carried out on areas such as medicines, records and falls. Audits included action plans and identification of trends. For example, the record of accidents and incidents included the times of events and actions taken. We saw from our previous inspection an action plan had been developed and issues had been resolved. National guidance such as health and safety advice for bed rails was available to staff and included in people's care records to ensure that the care was being provided according to best practice.

We observed that there were a number of bathroom areas which were being used as storage and were unavailable for people to use which limited the choice of bathing areas. The registered manager told us that they were in the process of disposing of a number of the items and had a skip currently in the grounds to facilitate this.

Staff were aware of their roles and who they were accountable to. However, although we observed that staff

had their own roles to work to we observed that all the staff interacted with people and responded in a positive manner to people. All the staff we spoke with told us that this was people's home and they wanted to make it a happy place for them. A staff member whose relative lived at the home told us that it was a 'Home from Home'. Another staff member said, "This is one of the best homes I've worked in."

Arrangements were in place to link the home with community groups such as the local supermarket who were discussing the possibility of running a café at the home on a regular basis and the local football club to provide support with various activities. The registered manager told us that they wanted to build on their community links to offer opportunities to people.

They told us that staff meetings were held on a regular basis and if there were specific issues which needed discussing additional meetings would be arranged.

Relatives' meetings were held and relatives told us that they would be happy to raise any concerns they had. A relative said that they would go to the registered manager and were confident that they would sort it out quickly. People told us that the registered manager was always available. We saw a poster on display which told people to feel free to speak with the registered manager or email or telephone him about issues.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

We observed that the registered manager had a good knowledge of the people who used the service and the staff. People who lived at the home all knew the registered manager and spoke with him as he passed through the home.