Seagry Care Limited

# Ferndale Residential Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 2 and 7 August 2018 and was unannounced.

Ferndale Residential 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 home is registered to provide accommodation and personal care for up to 17 people and there were 15 people living at the home at the time of the inspection. The people living at the home had a range of needs including those who were living with dementia.

Ferndale Residential Care Home is a detached property in Southborne. The home is near local shops, railway station and a church. It is an older residential property which has been extended and adapted to be suitable as a residential care home. There was a passenger lift so people could access the first floor. All bedrooms were single and four had an en-suite toilet. There is a communal lounge and dining room. A conservatory was used by people as a dining area or for activities. People also had access to a garden and at the time of the inspection people were using this to eat outside in the warm weather.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Since the last last inspection we received information of concerns which were investigated by the local authority safeguarding team and the provider. We looked at how the provider looked into two safeguarding concerns raised in the last 12 months. We also checked specific areas where concerns were raised with us recently which were being investigated by the provider and the local authority safeguarding team. These are referred to in the relevant sections of the report. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People and their relatives said they were satisfied with the standard of care provided. For example, one person told us, "I could not ask for a better place – they are all angels."

Staff were training in safeguarding people and knew what to do if they were concernd about a person's welfare or well-being.

Assessments of people's needs and care plans were recorded on a recently introduced computer system which staff accessed via specialist smartphones. The system gave staff quick acces to care plans and prompted them to deliver the agreed care to people. The premises and equipment were safely maintained. Sufficient numbers of care staff were deployed to meet people's needs. Checks were made to ensure staff were suitable to work in a care setting and appropriate action was taken where staff performance was a concern. Medicines were safely managed. The home was clean and hygienic with no offensive odours. Incidents or accidents were reviewed and action taken to reduce the likelihood of any reoccurrence.

The staff had a good links with health care professsionals and specialist services regarding the correct procedures to support people. Staff were well trained and supervised. The staff felt supported and valued.

People's nutritional needs were assessed and people were supported to eat and drink. Health care needs were monitored and referals made to other services to ensure there was a coordinated approach to people's care. 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 were treated with kindness, dignity and in a way which promoted their rights to a good standard of care. People's privacy was respected.

People received personalised care which was responsive to their needs. The provider identified and met people's communication needs. The service provided a good range of activities and was particularly good in supporting people to access the community. This incuded the provision of an annual holiday, which people enjoyed.

The provider had an effective complaints policy. Peolpe told us there concerns were listened to and acted on. The provider had links with hospice services and the local NHS services regarding the provision of end of life care. A health care professional said the staff were skilled in providing end of life care to people.

The provider sought the views of people, their relatives and professionals regarding the quality of the service provided. Staff demonstrated there was a culture of person centred care. checks and audits were also carried out on a regular basis to ensure care was safely provided.

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.

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

# Ferndale Residential 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 was 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 2 and 7 August and was unannounced. The inspection was carried out by one 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 service.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with twelve people and two relatives of people who lived at the home. We spoke with three care staff, the chef, the registered manager and the provider. We also spoke to a community nurse from the NHS admissions avoidance team, a GP, a triage practitioner from a local GP practice, a team leader from a NHS Living with Dementia team and a member of the local authority safeguarding team. These professionals gave us permission for their views to be included in this report.

We spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, staff supervision records, records of accidents and incidents, records of medicines administered to people and complaints. We looked at the provider's records of investigations regarding incidents which were raised with the local authority safeguarding team.

Good

# Is the service safe?

## Our findings

People and their relatives said the staff provided a good standard of care. for example, one person said, "I am delighted with the care I receive here, I think the staff here (all of them) are marvellous, the staff look after us very well. I get my medication when I need it, and someone comes to my room when I press the call bell." Staff were trained in safeguarding procedures and had a good awareness of the principles of protecting people.

We looked at three safeguarding concerns which were also investigated by the local authority safeguarding team. One of these was still being investigated by the provider and local authority. Clear and comprehensive records were made of the provider's investigations into the concerns and prompt action was taken regarding any disciplinary actions with staff. Appropriate documentation had been completed and returned to the local authority safeguarding team. The provider had an action plan to update staff training where this was needed.

Prior to the inspection we received concerns regarding the safe moving and handling of people. There had also been a separate issue of staff not following the correct moving and handling procedures which was looked into by the safeguarding team. Appropriate action was taken in the form of disciplinary action and reporting this to the relevant authorities. Staff were trained in moving and handling which was reviewed and updated at regular intervals. We observed people were supported by staff to move safely. A health care professional said the staff followed correct procedures for the moving and handling of people which included the instructions of an NHS occupational therapist. A GP also said they were satisfied with the moving and handling of people as well as the standard of care. Since that time additional training has been provided and records showed staff training in moving and handling was up to date. One staff member took a lead responsibility for moving and handling and was trained to instruct other staff in this. This staff member had a good knowledge of moving and handling procedures and the equipment needed to move people safely. Staff received practical and theoretical training in moving and handling and the staff were monitored to ensure they followed the correct procedures. Moving and handling assessments were completed with guidance on how staff supported people to mobilise safely. Details of the equipment to be used was recorded.

Each person had care records which included risk assessments and care plans to mitigate these risks. These included the risks of falls to people and details of any equipment to alert staff when people may be at risk of falling. Care records showed risks regarding pressure damage to people was assessed in conjunction with the local community nursing team. Appropriate specialist equipment was provided when relevant Care plans included guidance for staff to follow and as advised by community nurses. Records showed staff followed this advice.

Checks were made by suitably qualified persons of equipment such as the fire safety equipment, fire alarms, electrical appliances, hoists and passenger lift. Hot water was controlled by specialist mixer valves so people were not at risk of being scalded by hot water and the water temperature was checked. First floor windows had restrictors so people could not fall or jump out. Each person had a personal evacuation plan so staff

knew how to support people to evacuate the premises in the event of an emergency. The staff were trained in fire safety and the alarms and emergency lighting were tested as required. There were contingency plans in place in the event of a fire or need to evacuate the premises. The provider used a contractor to check the water system for Legionella. In addition to this there each person had individual risk assessments regarding risks when using equipment or for their living space.

Sufficient numbers of staff were provided to meet people's needs. We based this judgement on our observations and what people and their relatives told us. Staff also said there were enough staff to meet people's needs. The staff rota showed at least four care staff on duty between 7am and 8pm plus the registered manager, cook and maintenance staff. Night time staffing consisted of two staff who had access to an 'on call' manager if needed. The registered manager and provider said staffing levels could be adjusted to meet people's changing needs and gave an example of this.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Medicines were safely managed. Records and medicines stocks showed people were supported to take their medicines as prescribed. Medicines were safely stored and the temperature of the medicines storage room and fridge monitored. A health care professional said medicines were managed well including the use of 'as required' medicines.

The home was clean and hygienic. There were no offensive odours. Staff wore protective aprons and gloves to reduce the risk of infection.

Good

# Is the service effective?

## Our findings

People and their relatives said the staff were skilled at providing care. For example, one relative said "The staff are certainly well trained, and we know they are often on training courses." One of the people who lived at the home said, "The girls are excellent – they are always pleasant and helpful. They are a fantastic team who look after anyone that stays here."

The provider had introduced a system of assessing and recording people's care on an information technology system. This included staff having a smartphone which gave them access to people's care records which included prompts so staff knew when to complete a care task; staff completed a record when the task was completed. Staff said the system worked well in ensuring people got the right care. The provider had close and effective working links with local health services regarding people's care. Health care professionals said they were contacted appropriately and that staff followed their advice and instructions. The provider was involved in a scheme whereby three people's health care indicators such as blood pressure and respiration were monitored by the home and data entered on a system which was accessed by health care professionals so appropriate health care intervention could take place. Care records showed health care needs were assessed and monitored.

Staff were supported with a range of training. A training spreadsheet was maintained by the registered manager so that training considered mandatory to their role could be monitored and updated. Nine of the 16 staff had a National Vocational Qualification (NVQ) or Diploma in Health and Social Care at levels 2 and above. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Two staff were studying level 5 Diploma in Health and Social Care in management and leadership and the registered manager had this qualification.

Newly appointed staff completed an induction when they started work. A staff member confirmed they received an induction which involved a period of 'shadowing' more experienced staff as well as an observation of their competency to work unsupervised. Staff also said they felt supported and had regular supervision. Records showed staff were observed and assessed when working with people and that they received regular supervision and appraisal of their work. Staff were trained in equality and diversity, staff said they treated people as individuals irrespective of their age, disability or race.

People were supported to eat and drink. Concerns were raised with us prior to the inspection that people were not always supported to drink enough. We looked at this in detail. Drinks were available for people in communal areas and in people's rooms. Care records showed people had sufficient fluids. A heath care professional said people were supported to have sufficient amounts of drinks.

People said they liked the food. For example, one person said, "The food is very good. We get a choice for breakfast and main course each day, we can also have something different if we like." People said they could have drinks or food when they liked When we asked someone if they were able have drinks or food when they liked, one person told us, "Yes I only have to ask – it is like a hotel with medical support". There

was a menu plan showing varied and nutritious meals. The meals were home cooked and looked appetising. The chef knew people's likes and disliked for food. Diets were amended to suit people's needs such as soft food where people had difficulty chewing or swallowing or needed to be supplemented with high calorie foods such as cream where people were at risk of losing weight. People's nutrition and hydration were assessed and care plans showed how people were supported with food and drink. Where needed charts were maintained of the food and fluid intake of people, as well as their weight.

The design and adaptations to the premises meant the home was suitable for people, including those who were living with dementia. Signs and sensory equipment were provided to meet the needs of people living with dementia. These included specialist equipment which people could interact with such as specifically designed dolls and wall displays which encouraged people to handle them. Signage and notice boards were provided which helped people orientate themselves. Each person had a front door veneer on their bedroom door to personalise it. Communal areas were adapted to encourage people to interact with each other such as a dementia friendly fireplace.  People were observed using all communal areas of the home, including the garden.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people did not have capacity to consent to their care and treatment this was assessed. Applications for DoLS were made to the local authority. A health care professional said the staff had a good understanding of the MCA. There were records of multi-disciplinary meetings where decisions were made on behalf of people who lacked capacity and involved a restriction of their liberty.

Good

# Is the service caring?

## Our findings

People said the staff treated them kindly and consulted them about their care. Relatives were also complementary about the attitude and approach of staff; one relative said, "The staff are genuinely caring and always kind to her – they are a fantastic team, they are proactive and keep me fully informed without the need for me to prompt them – I give them a plus plus plus rating". Another relative said, "The staff here are unfailingly kind, and I am impressed with them, there is an atmosphere of good humour combined with politeness."

A health care professional said the staff and registered manager treated people with love. Another health care professional said the registered manager valued people highly, adding, "She is passionate about these people and will fight tooth and nail for them."

We observed staff treated people with kindness and had gentle manner when supporting people who were living with dementia. Staff were skilled in using distraction and reassurance with people. Two health care professionals said staff were skilled in dealing with emotional distress and behaviour needs. Care plans were individualised and included details about emotional needs and how to support people such as when behaviour might be challenging. Staff were trained in person centred care and in dealing with mental health needs such as dementia.

Staff demonstrated they had a value base which promoted people's rights to privacy, independence and dignity. For example, one staff member said, "It doesn't matter what they want or when they want it. They have it." Another staff member described the importance of treating people as individuals and for ensuring their independence was maintained as far as possible. Staff confirmed they received training in treating people with dignity and described how they ensured people's privacy was upheld. The staff were positive about their work with people and said how rewarding they found it. For example, one staff member described how they paid attention to detail by spending time talking to people, talking to people about their life and ensuring people were treated in a person-centred way. People were supported to maintain their religious and spiritual beliefs.

The service had equipment to aid communication with people who lived with dementia. We observed staff took time to listen to people and treated them with patience and understanding. Staff told us of the importance of good communication with people to make people feel they mattered.

Good

# Is the service responsive?

## Our findings

People received personalised care which took account of their preferences and changing needs. People and their relatives were involved in decisions about their care. For example, one person said, "They always communicate with me without fail, I can-not praise them enough. I speak to all the staff every day - nothing is too much trouble, I have confidence in the staff, I know I am safe and being properly looked after." Records showed relatives who had lasting power of attorney were involved in devising their relative's care plan, or, in one case had actually written it. The registered manager said the recently introduced computerised care records system was being developed to incorporate details to clearly show people and their relatives were involved in their care.

Care records showed people's needs were assessed. These were reviewed and changes made in order to meet people's changing needs. This was often done in conjunction with health and social services, such as when medicines were changed or staffing levels needed to be increased. The care records were person centred and included details about social needs and people's life history. A health care professional told us, "Ferndale is great. They manage and support patients and relatives in a person-centred way." Details of preferred routines were recorded and showed people were able to make choices in their daily lives.

People and their relatives said staff were responsive when people used the call point in their bedroom. For example, one relative said, "She knows how to use the call button so she never feels isolated, also, I think they go out of their way to encourage her to feel independent." People also said they enjoyed the company of staff and the activities. For instance, one person said,
"Oh yes, there is always things to do or someone to talk to – the staff are proactive and always cheerful, and happy go lucky. I always enjoy the activities, and am always kept occupied."

There was a good range of activities for people and the provider was particularly imaginative in ensuring people had a holiday which people enjoyed; one person told us, "The staff will take me out to the shops for a walk if I want them to, also the manager organises a holiday caravan for us in the summer – we can go and stay overnight, it is really enjoyable and I look forward to it." There was notice board in the entrance area with the day and date along with details of the activities for each day. These included chair exercise, poetry, storytelling, arts and craft and quizzes. Records showed each person was supported with activities including those who did not leave their rooms. The provider has introduced an activity called 'Namaste,' aimed at stimulating people's senses such as by music and massage. People were supported to celebrate special occasions such as birthdays and Valentine's day. One person was able to bring their dog to the home. The home also had pet rabbits. Staff supported people to access community facilities such as a local church, shops, coffee houses and voluntary work for people. Two staff were trained in the provision of activities for people.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included

details about people's communication needs. Equipment was available in the home to assist staff in communicating with people. The provider confirmed information was available to people in a variety of formats to help communication with people.

The complaints procedure was displayed in the home and was provided to each person in an information pack. People said they knew what to do if they had a concern. One person told us of a complaint they raised, "I spoke to the manager about the matter concerned, it was in connection with another resident, action was taken without any delay – no problems. If you raise a complaint here I guarantee action will be taken." One complaint had been received in the 12 months preceding the inspection. There was a record to show this was looked into and responded to.

People were supported at the end of their life to have a comfortable and dignified death. The provider was part of a local NHS foundation trust forum called ECHO: end of life care for coastal West Sussex, which aims to improve care for those at the end of their life. The service was also validated with a local hospice to provide end of life care based on a recognised approach called the six steps to palliative care. The service had a staff member who had a lead role in end of life care who worked closely with a local hospice regarding end of life care. There were no people in receipt of end of life care at the time of the inspection. Advanced care plans were completed regarding people's wishes at the end of their life. A health and social care professional said of the care provided to one person who had passed away at the home, "The care, time and attention to detail was top. I'd say ten out ten."

Good

# Is the service well-led?

## Our findings

Service providers are required by the regulations to notify CQC of specific incidents. The provider notified us of any incidents to people such as falls or injuries. We discussed one injury to a person who lived at the home. The injury did not fall within the definition which meant it needed to be notified to CQC. The safeguarding team were of the view the injury should have been reported to them. The registered manager recognised that the injury should have at least been discussed with the local authority safeguarding team and said this would be considered more closely in the future.

The service had an open culture where the views of people and their relatives were actively sought. This was done using surveys which showed people and their relatives were satisfied with the standard of care. The provider also highlighted the score of 9.5 out 0f 10 the service achieved from feedback on a care home website. The views of professionals were also sought and the feedback was positive. For example, one professional commented, "Patient care at Ferndale provided by Kathy and her team is always excellent." Another professional commented, "A well run home with skilled and compassionate staff." Staff demonstrated values of promoting people's rights to be treated as individuals, where their privacy and dignity are upheld.

The service had a registered manager. 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. There was a management structure of senior staff who took lead responsibilities during shifts when the registered manger was not present. Staff were supported to complete management qualifications and to have lead roles in specific areas such as moving and handling and end of life care.

There were a number of audits and checks regarding the quality and safety of care. These included monthly audits of medicines, any falls to people and nutritional assessments. Daily checks were carried out regarding the premises and equipment.

Records were well maintained and secure. The provider was aware of the need to protect information on both staff and people and of the requirements of the General Data Protection Regulation (GDPR), which was effective from 25 May 2018.

The provider worked well with other agencies such as local health services to ensure people received a coordinated approach to their care. There were also good links with a local hospice so end of life care was of a good standard.