

# Miss Dawn Charlesworth and Mrs Cheryl Ince

## The Ferns

### Inspection report

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19 September 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Ferns is a residential care home set within a local community. The home is registered to provide support for up to six people with a learning disability and associated mental health needs.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

### People's experience of using this service

People told us they felt safe and had the capacity to make decisions about their day to day lives and what they did with their time.

We saw that the property was clean, comfortable and homely. However, the home remains tired in parts. People told us that they enjoyed the food provided and choose what they wanted to eat.

People said they were treated with respect and felt well cared for. They spoke positively about the staff who supported them, who knew them, and their support needs well.

The atmosphere was relaxed and friendly and people who lived at The Ferns told us that in the main they got on well together as a group. People had active lifestyles. They accessed a range of community facilities, used public transport and their independence was promoted wherever possible.

People and staff told us that the registered providers were approachable and supportive, and they were confident that they would act on any concerns they raised. We found there were adequate systems in place to monitor the quality of the service provided to people.

Rating at last inspection: The last rating for the service was Good (report published in March 2017).

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor the service through information we receive and future inspections.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# The Ferns

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Ferns is registered as a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There were two registered managers for the home who shared the role, one of whom was the provider.

#### Notice of inspection

This inspection was unannounced. The inspection started on 28 August 2019. We returned on 19 September 2019 to speak with two people who used the service.

#### What we did

Before the inspection we reviewed information, we held about the service including notifications the service was required to send us about things happening in the home. In addition, the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted the local authority commissioning and safeguarding teams. They raised no concerns with us about the service.

During the inspection we spoke with six people living in the home as well as a registered provider and the registered manager. We observed interactions between staff and people living in the home and looked around parts of the building. In addition, we looked at a range of records relating to how the service was managed; these included, care and medication records of two people, maintenance documents for the building and audit systems.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question had remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at The Ferns. They said, "We do feel safe. We have a great friendship, but we don't like to go out in the dark." The support worker told us they felt safe and comfortable working alone.
- Managers understood their responsibilities to keep people safe and to protect them from harm. When safeguarding concerns were identified, the provider informed the relevant agencies. The support worker was confident that the registered manager would take action if they raised any concerns.
- No concerns were raised with us by the local authority safeguarding team.

Staffing and recruitment

- We were told that there had been no new staff recruited since our last inspection. At that inspection we found staff had been safely recruited. Checks with the Disclosure and Barring Service (DBS) were undertaken. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- People were supported by a small staff team who knew them and their support needs.
- Agency staff were not used by the service. Staff from the providers sister home 'The Elms' would provide support if needed.
- There was always a member of staff at the home. If people required support to attend appointments or activities in the community additional staff would be assist them.

Assessing risk, safety monitoring and management

- Risk assessments had been developed with people and contained measures to guide staff on how to safely manage risks to keep people safe.
- Fire records and premises checks, and servicing were seen to be up-to-date.
- People confirmed there were regular drills. They said, "We know that if there is a fire we get out and stay out."
- We carried out a partial tour of the building. We saw that two fire doors needed adjustments made to ensure they closed fully to the rebate. The provider told us they would take immediate action

Using medicines safely

- Systems were in place to administer medicines safely. Staff had undertaken medication training.
- We saw that were a person was diabetic. The support worker told us they had received training from a diabetic nurse on how to do this.
- A nurse specialising in diabetes commented in the quality assurance survey, "[Service user] is a diabetic on insulin. The management of this by staff has been excellent. Staff are aware to check blood sugars, give insulin correctly, and managing diet'

- The support worker also confirmed that they had received training relating to supporting a person with epilepsy.
- One person said, "I get my medication in the morning and they make sure I have special soap and shampoo for my skin."

#### Preventing and controlling infection

- We saw that the home was clean and tidy throughout. People took some responsibility keeping the house and their rooms clean and tidy. One person said, "I clean my room and make sure it looks nice."
- Paper towels and hand wash were available in communal areas.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated good. At this inspection this key question had remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience spacing consistency.

- All staff held nationally recognised health and social care qualifications. They also received mandatory training and supervision from the senior support worker.
- As mandatory training was up to date the team had decided to work through the Care Certificate together which was not in place when many of the staff came to work at the home. This was to help ensure they kept up to date with current practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- No-one was subject to a DoLS at the time of our inspection. The provider was aware that if this changed they would contact the local Deprivation of Liberty Safeguard Team and Community Learning Disability Team (CLDT) to request a best interest meeting and assessment took place.
- People were asked for their consent before personal care was provided and we saw records giving consent.
- Two people had their money and cigarettes managed by support workers. They told us that they had agreed to this to ensure they did not run out.

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

- People lived in an ordinary house which is on a main road with regular access to public transport, the town centre and community-based facilities.
- People told us they were happy with their rooms and the house.
- One person showed us their bedroom. They said "[Senior support worker] is helping me decorate my room. I picked the colour."



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

- People told us that they were happy with the food provided. They said, "The food is alright, but I eat anything. I like the food especially chicken korma and homemade cheese and onion pie and a chippy takeaway. Tonight, we are having fishcakes, jacket potatoes, broccoli and broad beans."
- We saw that people had access to food and drink in the kitchen and were also involved in menu planning and shopping for food.

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

- People had detailed health action plan, which gave staff information about what healthcare support people needed. 'Traffic Light Passports' were used to give information to hospital staff should the person be admitted to hospital.
- People told us they had access to healthcare professionals such as doctors, psychiatrists, opticians and dentists.
- A doctor commented in a recent quality assurance survey, 'We have a number of patients registered with us... I am always impressed by the level of care compassion they receive from [registered manager] and the team. They go 'above and beyond'.'
- One person told us that they needed to lose weight and they had been referred by their doctor to 'BEATS' an exercise group held at the local leisure centre to help them. Another person told us they used the homes 'cross trainer' every evening for exercise.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved in partners in their care.

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

- People told us that they had lived at the home or in one of the providers' sister homes for many years. They told us that they got on well as a group.
- The atmosphere at the home was relaxed and friendly. People were respected as individuals with different strengths and interests.
- People said, "The staff are alright they make me laugh" and "Staff are alright they sort out any concerns."
- Two people told us, "We go Church every Sunday and have lunch at the luncheon club after and can go to the Ladies Circle."
- A community nurse commented in a returned quality assurance survey, "Fantastic service, people living at The Ferns and The Elms seem very settled most of the time and happy. The staff are very caring and person-centred. Low turnover of staff which is very important for people with learning disabilities. Staff advocate very well for the people they support."

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

- We saw people openly expressing their views throughout our inspection.
- We saw people were freely coming and going from the home to take part in activities that they had chosen to do, such as meeting friends, going shopping, out on a bus ride and attending a sporting activity at the leisure centre.

Respecting and promoting people's privacy, dignity and independence. spacing

- Most people had their own bedrooms, which was respected as their personal space.
- We saw that personal information about people who lived at The Ferns was stored securely which meant that they could be sure that information about them was kept confidential.
- People told us that their independence was promoted for example, helping to shop, prepare meals cook and clean. One person told us, "I don't use the cooker because it's hot, but I can use the microwave."
- Some people showed us their rooms and told us they took some responsibility for keeping them clean and tidy. The bedrooms we saw were highly personalised with family pictures, books, music players and televisions.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question had remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- At our last inspection we saw that significant improvements had been made to care plans and people told us that they had been involved in the process. This remained the case at our inspection.
- People told us that staff talked to them about what was in their files and they signed them.
- We looked at one person's file with them to check if the information they had shared with us matched their support plan which it did. The second file we reviewed gave detailed information about the person.

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

- People told us, and we saw for ourselves that they had busy lifestyles. When we arrived at the home one person was out shopping, another was out for a walk and a third person was out at an outreach centre.
- People said, "We have got a computer game console and I like to play [racing game] on it", "We spend time together in our rooms listening to music. I like Neil Diamond's Sweet Caroline" and I enjoy colouring and writing books. I am writing a horror story about a basement."
- Two people had arrangements in place to return to college September to attend computer and cookery courses.
- Arrangements were in place for people to go as a group to see Blackpool Illuminations, a pantomime was booked as was the Christmas meal at a local restaurant, which people told us they were looking forward to.
- Some people regularly visited their friends and family, and this was supported by the home.

Meeting people's communication needs

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with staff and relatives, where those needs related to a disability, impairment or sensory loss.

- Staff were aware of people's communication needs.
- We saw that easy to read symbols had been used on the quality assurance satisfaction survey to help people make a decision about the questions asked.

Improving care quality in response to complaints or concerns

- The provider continued to have a procedure in place for managing complaints. We were told that there had been no complaints received by the service.

#### End of life care and support

- The service did not routinely provide support for people at the end of their lives. However, they would support a person to remain at the home as they neared the end of their life if it was safe to do so.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated good. At this inspection this key question had remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People told us that they could approach the managers and staff if they had any concerns and were confident action would be taken to address the problem.
- One of the registered provider/managers held a post graduate 'Applied Psychology of Intellectual Disabilities' degree.
- The providers had supported a senior carer to undertake a nationally recognised qualification in leadership and management.
- An auditing system was in place to help ensure that tasks were completed by the providers and staff at the home.
- There was an on-call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately, with the support of managers. A support worker said, "It does not matter what time of the day or night it is [registered manager] would come."
- The rating for our last inspection was appropriately displayed, as is required by law.
- Services registered with the Care Quality Commission are required to notify us of any incidents that happen, for example, safeguarding and serious injury. We checked our records and saw that the registered managers for this service had done this appropriately when required.

Planning and promoting person-centred, high-quality care and support with openness; Working in partnership with others

- The service worked with local healthcare professionals, including social workers and the Community Learning Disability Team (CLDT) to ensure people received the support they need.
- The service had recently carried out a quality assurance survey of people, relatives and stakeholders which overall came back positive.
- Relatives commented, "All the staff do a great job", "[Relative] is more than happy at The Ferns. All the staff are amazing with both [relative] and me. I really couldn't ask for more. Thank you", "My [relative] is cared for to a high standard. [Relative] is helped to look after themselves and is able to attend college courses which they love. [Relative] is always eager to learn and gets on well with all the staff" and "Can find no fault whatsoever. Very pleased with care and attention given."