Avvsim Care Limited

Fernleigh 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?	Good

Summary of findings

Overall summary

We carried out our inspection visit on 8 June 2016. The inspection was unannounced.

The service provides accommodation and personal care for up to 27 older people living with dementia and similar health conditions. At the time of our inspection there were 25 people using the service.

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.

People felt safe living at Fernleigh Care Home. They felt safe because they trusted staff's ability to care for them. Staff knew their responsibility to keep people safe from harm and abuse. They followed the provider's guidelines to support people and to report any concerns they had about people's safety and wellbeing. The provider had good practice guidance for staff to follow in the safe handling and reporting of medication.

Staff had the relevant skills they required to meet people's needs. The provider completed relevant checks which ensured that staff had the right skills, experience and were safe to support people. Staff were provided with adequate training that they required to carry out their role effectively. The managers ensured that there was enough staff on duty to meet people's needs.

People were supported in accordance with the Mental Capacity Act (MCA) 2005. Staff sought their consent to their care and treatment.

At the time of our inspection, the provider was in the process of refurbishing the home to give people access to an environment that met their needs and promoted their independence.

People were supported with their nutritional and health needs. They had access to a variety of healthy meals that they told us they enjoyed. They also had prompt access to healthcare services when they needed them.

Staff were kind and compassionate to people. They were knowledgeable about the needs of the people they supported and treated them with dignity and respect. They provided the support that people needed to be involved in decisions about their care.

People's care plans did not always reflect the support that they received. The registered manager and deputy manager told us that they would address this. At the time of our inspection we found this to have minimal impact on the care people received as they were supported by staff who were knowledgeable about their needs and met them.

The provider listened to feedback from people using the service and their relatives. People told us that staff acted promptly on their feedback.

The provider had effective procedures for monitoring and assessing the service in a way that promoted continuous improvement. People and their relatives were satisfied with the service they received. Staff felt supported to contribute to the development of the service. They felt supported in their role which enabled them to deliver a good standard of care to people.

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.

People told us they felt safe because they trusted staff's ability to care for them.

Staff knew what constituted abuse. They knew how to report any concerns they had about people's safety. They assessed any risks associated with people's care and provided appropriate support.

People received the support they required to take their medicines.

Is the service effective?

Good

The service was effective.

Staff felt supported through training and regular supervision meetings with their manager.

Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had prompt access to healthcare services.

People were supported with their nutritional and hydration needs.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

Staff actively involved people in decisions about their care and support. They made people feel like they mattered.

Staff respected and promoted people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People's care plans did not always reflected their current needs or the support that they received. However, this did not impact on the quality care that people received.

People were supported to take part in a choice of activities.

The managers provided opportunities for people to give feedback about the service and responded to any concerns raised.

Is the service well-led?

Good

The service was well-led.

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager and deputy manager to meet those standards.

The provider had procedures for monitoring and assessing the quality of the service.

The managers were visible and accessible to staff, relatives and people using the service.

Fernleigh 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 checked 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.

We carried out our inspection visit on 8 June 2016. The inspection was unannounced. The inspection team consisted of an inspector, a nurse specialist advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service, relatives of three people who used the service, two members of care staff, the registered manager and the deputy manager. We looked at the care records of seven people who used the service, medication records of twenty one people, staff training records, two staff recruitment files and the provider's quality assurance documentation. We observed staff and people's interactions, and how staff supported people. From our observations we could determine how staff interacted with people who use the service, and how people responded to the interactions. This was so that we could understand people's experience of care.

Good

Is the service safe?

Our findings

People who used the service were protected from abuse and avoidable harm. They told us that they felt safe at the home because they trusted the staff to keep them safe. A person who used the service said, "I feel really safe here. The staff look after us so well." Relatives also felt that their loved ones were safe at the home. A relative told us, "In all honesty, my mother is safer here than she was at home. I can't look after her full time and she was starting to wander off regularly, so this place is a blessing for me and she has settled well." Another relative said, "I have absolutely no qualms about leaving my wife here. She is in good hands and her every need is catered for."

Staff understood their responsibilities to keep people safe from avoidable harm and abuse. Staff we spoke with had a good knowledge of what constituted abuse, and how to recognise and report any concerns they had about people's safety and welfare. They told us that they would report any concerns to the registered manager. They were confident that the registered manager took any concerns raised seriously and acted promptly to remove or minimize any risk to people. A member of staff told us, "I've not seen anything of concern, if I do I will not back down about it until something is done. I am confident that manager takes concerns seriously." Staff were also aware of other external agencies to report any concerns to. These included the local authority safeguarding team and the Care Quality Commission (CQC).

The provider had systems for reporting and investigating accidents and incidents. Records showed that when accidents or incidents occurred, staff took appropriate actions to develop people's support in a way that minimised the risks of a reoccurrence of the accident or incident. The registered manager and deputy manager investigated. Staff assessed risks to people's care and put appropriate measures in place to minimise risks such as falls, pressure care and managing people's mobility needs.

The provider had arrangements to respond to and manage emergencies. People using the service had an emergency evacuation plan. We reviewed people's care records which showed that their emergency evacuation plans reflected their mobility needs.

People were supported by suitable staff. The provider completed relevant pre-employment checks before staff commenced their employment. This included references from previous employment and a Disclosure and Barring clearance which assured the provider that new staff were safe to support people. We reviewed the staff rotas which showed that the home had a high level of adhoc sickness during recent months. The rotas indicated that where there were absences, these were covered by other staff within the home. The registered manager and deputy manager 'worked on the floor' at busy times or when shifts could not be covered. The registered manager told us that they had a robust system for monitoring staff attendance using a points system which triggered different levels of sanctions for unauthorised absences and that some staff were currently subject to some verbal warnings. They told us that staff readily covered their colleagues absences. We observed that during the staff handover that the registered manager commended staff who covered for a carer that could not attend their shift due to sickness. Staff we spoke with told us that staff sickness was adequately managed and that staffing levels were sufficient to allow them meet the needs of people using the service. A member of staff told us, "I think there's enough staff. I have done all three shifts

and feel staffing is adequate to meet people's needs." We reviewed information in the provider's training records and the staff rotas which showed that the service had a good mix of skills to meet people's needs.

Medicines were stored securely including controlled drugs. Medicines which were required to be stored at cooler temperatures were stored in the same fridge as food in a secure locked container. The registered manager told us that they would consider further improvements to their medicines storage as part of their refurbishment plans. We observed people being offered their medicines and found that staff followed safe protocols when they administered people's medicines. We saw that only when staff were satisfied that people had taken their medicines did they prepare medicines for the next person. Only staff who had received relevant training administered people's medicines. They told us that the managers regularly assessed their competency with this task. We reviewed people's medication administration records (MAR) charts. We saw that each person's MAR chart had their photograph and details of any allergies. This reduced the risk of unsafe medicines being given to a person or being given to the wrong person. Where medicines were prescribed on an 'as required' [PRN] basis there was a clear protocol for when it should be used and the frequency of use.

The provider had good practice guidance for staff to follow in the safe handling and reporting of medication. We saw that most records were completed correctly. However, we found minor gaps in the recording of medicines. We brought this to the attention of the registered manager and deputy manager who worked with people's GP to address some of the issues identified. Following our inspection, they sent us evidence of how they had addressed this. The registered manager and deputy manager completed monthly audits of medicines storage and administration. We reviewed records of their audits from January to May 2016 which showed the action they took to address any issues they identified.

Good

Is the service effective?

Our findings

Staff had the relevant skills and experience that they required to carry out their role effectively. People using the service told us that the staff had sufficient skills and experience to meet their needs. They said that staff understood their needs and met their needs well. People's comments included, "The staff just do it. They know what to do. It's their job.", "I have never been looked after so well. Every mortal thing is good. This place gives me hope.", and "They know their job and just get on with it." A relative commented, "I have never seen anyone being badly treated or shouted at. They (staff) never raise their voices and just calmly go about their work. Obviously some carers are better than others and mum is chattier with some than others, but the job gets done and I certainly don't think I could do it."

Staff had the skills to communicate and provide support that met people's needs effectively including people with dementia and similar conditions. They were patient, measured in their approach and applied various communication methods when they supported people. We observed staff support a person who appeared agitated. They spoke to them gently and encouragingly which helped to calm the person.

Staff told us they had the skills required to fulfil their roles and responsibilities because they were supported through training and supervision. At supervision meetings staff and their manager could discuss the staff member's on-going performance, development and support needs, and any concerns. We observed that staff appeared aware of what was expected of them. One member of staff said, "Training is good. I get offered training at least every other week. If [registered manager] sees staff ready to try something new, she'll encourage staff to try further training." Staff told us that the training they had completed included safeguarding of vulnerable adults, moving and handling and the Mental Capacity Act (MCA). We saw evidence that staff completed these training courses when we reviewed the provider's training records. Staff told us that they had access to regular supervision every six weeks which a staff member told us comprised of, "some sort of assessment, meeting or competency check."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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.

Staff that we spoke with demonstrated a good understanding of the MCA and DoLS. The provider had made applications to the local authority for DoLS authorisation for most people that required this. On the day of our inspection visit, the registered manager told us that they had not submitted some applications to the

local authority due to the backlog of authorising applications by the local authority. We advised that they submit the applications to the local authority. After our visit, the registered manager informed us that they had submitted the outstanding applications to the local authority. This meant that for all the people who required this, their liberty was only deprived when it was in their best interest and that it is done in a safe and correct way.

The service had CCTV (closed circuit television) recording devices in corridors and communal areas. Records showed that people or their relatives had consented to the use of the recording devices.

We reviewed people's records, some of which included Do Not Attempt Resuscitation (DNAR)orders. We saw that these had been correctly documented following current guidance and that health professionals and where required, people's relatives had been involved in making the decisions. The National guidance (Joint guidance from the British Medical Association - resuscitation committee and the Royal College of Nursing 2014) on DNAR states: 'Full and clear documentation of decisions about CPR, the reasons for them and the discussions that informed the decisions is an essential part of high quality care. Records of decisions about CPR should be accurate and up to date.' We found that records complied with the guidance.

People were provided with a choice of healthy balanced meals. People told us that they liked their meals and enjoyed the variety offered. One person told us, "I was thin when I came here. Now I'm not!" Another person said, "I look forward to mealtimes." Relatives gave positive comments about the food. A relative said, "The food here is good home cooked food. Mum loves it and gets more than enough. If mealtimes weren't enough they get cake and biscuits too and supper if they are really hungry!" Another relative said, "They (staff) are always coming round with something nice for them (people that used the service). Cake, biscuits, tea, coffee, juice and we are always asked if we would like something. They couldn't be friendlier." The cook told us, "There is no limit on what I order. [Registered manager] orders what's needed, service of kitchen equipment; anything requested is done."

Staff provided support that met people's specific dietary needs and preferences. For example, people who required a soft diet were provided this. The cook used a mould to present pureed diets so that they had the original shape of the ingredients used in order to make the food look more appetising for people who required a pureed diet. We observed that the nutritional support people received correspondence with the records in their care plans. During our observation, we saw the television was switched off and there was music playing in the background which people appeared to enjoy. People were offered extra helpings of food if they requested it. We observed that for people who required additional support to have their meals, staff supported them in a reassuring manner and ensured that they were not rushed when they provided this support.

Staff promptly referred people to health care services when required. People told us that staff supported them to see their doctor when they needed to. One person said, "The doctor comes regularly. I haven't had to ask." We observed a member of staff go to arrange a doctor's visit after a person who used the service informed them that they were not feeling well. We reviewed records which showed that staff contacted health professionals promptly when this was required. Records showed that the service was responsive to fluctuations in people's health needs. One person's record showed that staff consistently sought health support for them until the person's health was satisfactory.

People did not have access to appropriate spaces that met their needs and promoted their independence. The building was older in some parts than others and some of the features required to be updated or replaced. The environment was not dementia friendly and there was a lack of directional signage to communal areas and the stairs, lift or bedrooms. Clear sign posting is important to promote orientation and

independence. People did not have any personalisation on the doors to aid orientation to their personal space. The National Institute for Health and Care Excellence (NICE) guidance states that care managers should ensure environments are enabling and aid orientation and include attention to lighting, colour schemes, floor coverings, signage, garden design and access to and safe external environments.

The registered manager told us in their PIR and on our visit that they had plans in place to make improvements to the building and adapt the layout of the building to the needs of people that used the service. We saw that the initial stages of this work had begun. A relative commented, "This may not be the most modern or up to date home but the residents love it here and to be honest it is what most of them are used to, so posh places would probably make them feel uncomfortable." Another relative told us, "I am glad about the refurbishment. It was rather overdue. Some days the home smells rather stuffy and less than fresh." A member of staff responded that the plans for the refurbishment included different flooring to alleviate this problem.

Good

Is the service caring?

Our findings

People using the service were supported in a kind and compassionate manner. They complimented the caring attitudes of staff. One person told us, "Staff are so kind and sooooo patient!" Another person said, "I really love the staff here and they really do care." We observed that people felt relaxed in their environment. People told us that staff made them feel good about themselves. One person said, "I get spoken to like I am a princess." Another person told us, "They are just so good to us all. They make us laugh, and let's face it, there is not much to laugh about sometimes."

Staff demonstrated an interest in people's wellbeing and supported them promptly when required. Throughout our visit we observed caring interactions from staff to people who used the service. Staff were friendly and considerate to people's needs. They promptly provided assistance to people as soon as they noticed that they required support. A member of staff told us, "I worked in a care home some years ago and didn't like the money, so I went to a big hotel instead. I hated it and ended up here. I have been here eight years now and love it. They are like family." Another member of staff told us, "Staff are caring. I would put my grandma in this home." A person who used the service told us, "I think they (staff) all deserve medals for what they put up with." Another person said, "I used to like baths more than showers, but now I have both which is nice."

People were encouraged to be as independent as possible. They told us that staff respected their choices and supported them to remain as independent as they wanted to be. A person gave us an example of how staff practice this. They said, "I can get up whenever I like. Sometimes I like a lay-in. I didn't get up until 11o'clock the other day. They don't mind." They went on to tell us that staff would bring them their breakfast when they woke up. A relative told us, "I know they [people] are encouraged to do as much as they can themselves, but if they [staff] see them struggling they always step in."

We observed a staff handover session that occurred between shifts. Staff shared information about people's care and welfare. We observed that staff were knowledgeable about the needs and preferences of the people using the service. Staff discussed people needs in a person centred manner. For example, they discussed the needs of a person who had joined the service the previous day. They discussed how they could support the person to settle into the home and to encourage their independence.

People, their relatives and other professionals contributed in planning their care. People's care plans included information which showed their involvement and agreement to their care plan. People also had access to advocacy services. The provider gave them information about independent advocacy services to people and their relatives should they require this.

People were treated with dignity and respect. When we asked people if their dignity was promoted, they agreed that staff did so. One person replied, "They would lose their jobs if they didn't." Staff we spoke with demonstrated that they understood the importance of supporting people in a respectful and dignified manner. They gave examples of how they applied this when they supported people with their personal care needs. This included ensuring that privacy was maintained and making sure they had everything they

needed for the task so that they did not have to leave a person undressed.

People's family and friends visited them without undue restrictions. We observed that relatives visited freely on the day of our visit. Staff also appeared to have positive relationships with relatives. One relative told us, "I can visit any time I like. They do prefer it if you don't come at mealtimes, which I understand, but if I have to, they really don't mind."

Good

Is the service responsive?

Our findings

People and their relatives were involved in decisions about their care. Relatives' comments about their involvement included, "I have a regular meeting with the managers to go over mum's care plan, especially if there are changes. I always know what is going on.", "They phone me immediately if there is any problem with mum and when I come to visit, if there are any questions they tell me when I stick my head round the office door. It works well and I can rest easy and "They [staff] always talk to me about what has been going on with Mum and especially if they are concerned about anything."

People's care plans did not always reflect the support they received. For example, a person's care plan stated that they were continent which contradicted the daily information staff recorded about this person. Another person's records did not reflect that they needed a dressing on their leg to protect their skin. This person had a dressing on their leg on the day of our visit. We brought this to the attention of the registered manager who told us that they would work with staff to improve their recording of people's needs to accurately reflect their needs. We found that this issue with care plans had minimal impact on the care people received as they were supported by staff who were knowledgeable about their needs and met them.

The provider operated a keyworker system. This meant each person had a key member of staff who ensured that their needs were met and would report any change in the person's needs to a senior member of staff for follow up and further action. A member of staff told us that people's keyworkers would "go and spend some kind of quality time with them, document what's going on in their life and liaise with their family."

Staff supported people to follow their faith. People had access to a monthly church service held at the home.

The registered manager provided opportunities for people to give their feedback about the service. People and their relatives told us they were comfortable to make their views and any concerns known, and they were confident that they would be listened to. One person told us, "Sometimes my room gets really cold, but I tell them and they put it right." A relative said, "We did have some teething problems with mum when she first came here, but as long as you speak up they can put it right." Other relatives said, "If I had a complaint, I would speak to the office when I came to visit my wife.", and "I have never really had any concerns over mum's care since she has been here, but I would just pop into the office and chat with them if I did."

Other ways that the service sought feedback was through relatives meetings and surveys. A relative told us, "I have been to one relatives meeting and it went ok I think. I didn't really have any problems to talk about." Another relative said, "I have now filled out several feedback forms, but I must say I am not very comfortable when they fill it out for me. I would rather take it home and do it in my own time as it can feel a bit intimidating." We observed that the result of the previous year's survey was displayed which showed that 99% of respondents rated the service as good, very good or excellent. Their responses expressed concerns that the home did not always smell fresh. We saw that the provider had plans to address this in their refurbishment.

People were supported to engage in social activities and maintain relationships with other people so that they did not become socially isolated. We observed staff and people that used the service play games. We saw that this activity involved everyone in the room and there was much laughter and interaction among the whole group. The records we reviewed did not show how the service would support people who were cared for in their room or people who could not join in group activities to avoid social isolation. However, when we spoke to staff they told us how they offered people opportunities to engage in personal activities of their choice. One member of staff told us their activities included a weekly 'gossip afternoon' which they used "for reminiscing, they talk about the past for example, Woolworths. We use history to remind people what they did." They went on to tell us how they used this to engage people in other activities.

Good

Is the service well-led?

Our findings

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to promptly report events such as accidents and incidents to the CQC and they undertook this. The registered manager was supported in their role by a deputy manager. They carried out thorough investigations of incidents that staff reported, and worked with the local authority where required to investigate such incidents.

People, their relatives and staff that we spoke with agreed that there was an open culture within the service. They told us that they could approach the registered manager and deputy manager freely. A relative told us, "I know that if I need to chat to them (registered manager and deputy manager) about my wife their door is always open. It is very reassuring." During our visit we saw that the managers were accessible and responsive to staff who sought their advice or support.

Staff told us that they were encouraged to raise any issues or concern about poor practices with the managers, and they were confident that the managers took any concerns seriously. They told us that the managers were receptive to new ideas. They told us that the managers supported staff to meet the standards they expected of them. They did this through staff meetings and supervision. They spoke positively about working in the home and complimented the home's culture of team working. For example, they always had someone who came in to cover a shift where there were staff shortfalls due to last minute sickness. A member of staff told us, "Managers are fine. [Registered manager]'s passionate about this place. I don't know what we'll do when she eventually goes (retires). She's dedicated a lot to this place." Another staff said, "I used to be a carer and I only wish the home I had worked in had been as nice as Fernleigh."

The provider had quality assurance systems and procedures for assessing and monitoring that they provided a good quality service. These included quality assurance audits of people's care and support and the general maintenance of the building and equipment. The registered manager used the 'NHS safety cross' to monitor and collate data on a daily basis on new skin damage and the number of consecutive days the area has been ulcer free. Although this tool had not been consistently completed, it showed that on the day of our inspection that people had remained free from ulcers for 1018 days.
The service belonged to a regional association of care providers. The registered manager told us that they used this forum to discuss with other providers about any updates or good practices in care provision. This also provided access to a checklist which they used to self-appraise the standards of care they provided to people.

Another way the registered manager encouraged staff to provide a good quality service was by recognising staff who had performed well. Staff received bonuses for good attendance and also had other incentives such as an award for employee of the month. This member of staff is selected by their colleagues by a voting system.