

Central Bedfordshire Council

Ferndale Residential 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 ●

Summary of findings

Overall summary

Ferndale Residential Home provides accommodation for persons who require personal care. They are registered for up to 30 people and care for older people who may also be living with dementia. On the day of our visit there were 22 people living at the service.

At the last inspection the service was rated good, however; they were in breach of one legal regulation. The systems in place for the administration of people's medicines were not always safe. During this inspection we found that the provider had carried out improvements in this area and the service was no longer in breach. At this inspection we found the service remained Good.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A new manager had been appointed and they were being supported by an experienced manager. We found that statutory notifications were not always sent to the CQC straight away, however; the management team at the service took immediate action to rectify this during the inspection.

People felt safe living at the service and staff were aware of the action they should take to safeguard people from abuse. Risk assessments were in place to ensure people's safety and staffing levels were sufficient to meet people's needs. Staff had been robustly recruited to ensure they were of good character and suitable for their roles.

Staff members had the training and support they needed to ensure that people's needs were being met. People's consent to their care, treatment and support was sought and, where necessary, the principles of the Mental Capacity Act 2005 (MCA) were applied. 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 enjoyed the food and drink provided at the service and staff worked with people to ensure their nutritional needs were being met. In addition, we saw that appointments with healthcare professionals were supported and changes made to care plans based on their advice.

There were positive relationships between people and members of staff. Staff were kind and compassionate and worked to ensure that people and their relatives were involved in making decisions about their care. People's privacy was maintained at all times and staff treated people with dignity and respect.

People received person-centred care. Pre-admission assessments were carried out and care plans were written and regularly updated to ensure they were reflective of people's needs. Activities took place to ensure that people were active and stimulated and further improvements were planned. Feedback,

including complaints, was welcomed by the service and used to help drive improvements.

There was a positive and open culture at the service. Staff were motivated to perform their roles and felt well supported by the new management team at the service. Quality assurance systems were in place at the service and used to develop action plans and improve the quality of care provided by the service.

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.

There were improvements to the systems and procedures in place for the administration of people's medicines. Medicines were now given, stored and recorded appropriately.

People felt safe at the service. Systems were in place to report and record incidents and to safeguard people from abuse.

Risk assessments were in place to keep people safe. Safety procedures and equipment were regularly checked to ensure they were ready for use when required.

Staffing levels were sufficient to meet people's needs. Staff members were robustly recruited with appropriate background checks being carried out.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Statutory notifications were not always sent to the CQC, however; the service was working on improvements in this area.

The management team at the service were known to people, relatives and staff. They were approachable and supportive.

The service had a positive and open culture.

Quality assurance systems were in place to help drive

improvements.

Ferndale Residential 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 20 July 2017 and was unannounced. It was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has a personal experience of using or caring for someone who uses this type of service. The expert used for this inspection had family members who had used this type of service.

During the inspection we spoke with seven people living at the service and four of their family members. We also spoke with two healthcare professionals who were visiting the service on the day. In addition, we spoke with two members of care staff, two team leaders, the chef manager and the maintenance person; as well as an administrator, the deputy manager, the new manager and the temporary manager who was supporting them.

Throughout the inspection we observed interactions between members of staff and the people they were supporting. We reviewed the care records for six people, including risk assessments and medication records.

We reviewed staff recruitment records for four staff members and training records for all staff. We also looked at records relating to the management of the service, including the way complaints were handled and the quality assurance procedures in place.

Is the service safe?

Our findings

During our previous inspection on 16 February 2016 we found that people were not given their medicines in a safe way. We saw that medicines were left with people by staff who did not observe them take them and therefore could not be assured that they had been taken. There were also some deficiencies in the way medicines records were completed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we found that improvements had been made in this area. Staff members were diligent in their administration of people's medicines and made sure that Medication Administration Record (MAR) charts were completed in full.

People told us that they were supported to take their medicines. One person said, "Staff members watch me take the tablets." We observed staff providing people with their medicines. They knew how each person liked to take them and gave people the time they needed.

Staff members told us they received training before they were able to give people their medicines. They explained that this included a competency assessment where they were closely observed to ensure they could give people's medicines safely.

Records were in place which demonstrated that people's medicines were given correctly. MAR charts were signed when each medicine was given and there was clear guidance for staff regarding how each person liked their medicines to be given. People were provided with 'as required' (PRN) medicines such as pain killers and staff signed to say when these were given. There were systems in place to make sure medicines were stored safely and medication audits and checks were carried out to help monitor the administration of people's medicines.

People felt safe living at the service. One person told us, "Yes I feel safe." Another person told us, "If I press the beeper staff come and help." They told us that this gave them peace of mind and helped them to feel safe whilst at the service.

Staff members received training in terms of abuse and the action they should take if they suspected abuse. One staff member told us, "I wouldn't hesitate to report any concerns I had." They explained that there were incident forms in place which they completed for all accidents and incidents.

The manager told us that all safeguarding concerns were shared with the local authority safeguarding team and appropriate action taken to ensure people were safe. We saw that there were systems in place to record and report all accidents and incidents at the service and that appropriate action was taken in response. This included involving the local authority safeguarding team and the Care Quality Commission (CQC).

People told us there were enough staff at the service to meet their needs. One person said, "There are plenty of staff around." A relative told us, "There always seems to be enough staff."

Risk assessments were carried out to help provide staff with guidance in keeping people safe. One staff member told us, "There are risk assessments in people's care plans, which are reviewed regularly." We saw that there were risk assessments in key areas such as falls, mobility, malnutrition and pressure ulcers. These identified the levels of risk to individuals and provided staff with guidance in the steps they should take to manage and reduce these risks. They were reviewed on a regular basis and updated when there were changes to people's needs.

There were also general risk assessments in place, to help keep everybody at the service, including visitors safe. These were specific to the service and included regular servicing and maintenance of key systems and equipment. For example, fire alarms and fire fighting equipment were regularly checked and serviced. Detailed evacuation plans, including specific Personal Emergency Evacuation Plans (PEEPS), and procedures were in place and practiced regularly. The provider also had a continuity plan in place, which would be implemented in the case of any emergency situation at the service.

During the inspection we saw that people were not left waiting for members of staff to provide them with support. Staff were attentive and able to meet people's needs and to spend time engaging and interacting with them. The staffing rota showed that the levels we observed were consistent and the manager informed us that they were sourcing a dependency tool to implement at the service to support their staffing allocation.

Staff members told us that the service had relied on agency staff to ensure shifts were covered. The manager told us they used the same members of agency staff to ensure there was continuity at the service. The manager also showed us that there had been extensive recruitment at the service, with six new staff members due to start in the coming weeks. Once fully integrated into the service, these staff members would reduce the need for agency staff.

We reviewed staffing records and saw that staff members were appointed following robust recruitment procedures. We found that previous employment reference checks were carried out, as well as Disclosure and Barring Service (DBS) criminal record checks. This helped to ensure that staff members were of good character and suitable for their roles.

Is the service effective?

Our findings

Staff members received the training and support they required to meet people's needs. A relative told us, "They seem well trained and know what they are doing." Staff members told us that they had regular training. Records confirmed that staff members completed training and refresher courses in areas such as safeguarding, moving and handling and health and safety. We also saw that staff had regular supervisions and staff employed for over a year had received annual appraisals.

People's consent to their care and support arrangements was sought by staff members. A person said, "Yes, they ask me if it's okay before they do anything." 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). We found that there were systems in place to ensure the principles of the MCA and DoLS were being followed at the service.

People enjoyed the food and drink provided by the service. One person told us, "The food is lovely and the menu gives us choice." We saw that meal times were a positive and social experience for people and that food was well presented and appeared appetising. People's specific dietary and cultural requirements were known by the service and meals were adapted to meet their individual tastes and needs. Where necessary, referrals were made to specialists, such as dietitians, to help support people's nutritional intake.

Healthcare professionals were involved in people's care and felt the service worked well in managing their health needs. One professional told us, "They are good here, the staff are proactive and they listen to what we say." People's records showed that healthcare professionals were contacted when staff had concerns and that the advice and recommendations given by professionals was followed.

Is the service caring?

Our findings

There were positive relationships between people and members of staff. Staff members worked hard to ensure people were treated with kindness and compassion. One person told us, "I like it here, I like the staff." A relative said, "They are always kind and caring."

People were involved in making decisions about their care and support. Records showed that people were involved in making decisions about their care and were provided with information about the service and what they could expect. There were notice boards in the service with useful information, such as the service's complaints procedure and updates about the service and provider.

There were regular meetings held with people and their relatives to keep them informed of developments at the service and to make sure that they were involved in the way the service was run. We saw that minutes were taken at these meetings and were made available, so that anybody could read them and contribute in future meetings.

Staff members made sure that people's privacy, dignity and respect were maintained at all times. One person told us, "If I need a shave and I am not ready staff will come back in a few minutes to give me time to finish dressing."

Throughout our inspection we saw that staff were sensitive to people's privacy and took steps, such as speaking quietly and confidentially to people and knocking on their bedroom doors before entering. People were encouraged to be as independent as possible. For example, we saw there was a small kitchenette area where people could prepare their own drinks if they were able to. Visits from family and friends were encouraged and there were a number of lounges or communal areas, as well as the person's bedroom, where they could receive their visitors.

Is the service responsive?

Our findings

People received person-centred care from the service. Pre-admission assessments were completed to ensure that people's individual needs and preferences could be met by the service. These assessments were used to develop initial care plans for people which were then reviewed and updated on a regular basis, to ensure that they were reflective of people's needs and any changes in their circumstances. We saw that individual preferences were recorded in the care plans and staff were able to use these to ensure they provided people with the correct care and support.

People were provided with activities and stimulation to help keep them busy and alert at the service. One relative told us, "There are lots of activities." We saw that there was an activities programme in place and that the service had recruited two members of activities staff. In addition, we saw that staff members engaged with people on a one-to-one basis throughout the day. The manager told us that they were working with people and members of staff to see how they could further develop and improve the activities offering at the service.

Feedback, including concerns and complaints, was welcomed by the service. People felt they were able to express their views about the service. One person said, "If I had problems I would speak to the head person." They went on to tell us, "I'd feel confident that it would get sorted."

We found that there was a system in place to receive and act on feedback. Compliments, concerns and complaints were recorded and used to help improve the service being provided. Annual surveys were also used to collect people's feedback and used it to develop the service.

Is the service well-led?

Our findings

The service did not have a registered manager, although the provider had taken steps to appoint a new manager. This person had been re-deployed within the provider organisation and so an additional manager had been appointed on a short term basis to help with the transition. We found that this had resulted in some teething issues at the service, however; the management and staff team was working to overcome these issues.

We found that the provider had not always sent us notifications of certain incidents or events which took place at the service. For example, we saw that 6 people had DoLS authorisations which came into effect in June 2017. The service was required to notify the Care Quality Commission (CQC) of these authorisations however; these had not been sent. We raised this with the management on the day of the inspection and they took immediate action to rectify this concern. They also assured us that systems would be implemented to ensure that this issue was not repeated in the future. We found that other statutory notifications, such as informing CQC of a person's death or safeguarding incident at the service, had been sent in a timely fashion.

People and their relatives told us that the changes in management at the service had been well handled. One person said, "Yes the home is well managed. There is a newly appointed manager and deputy, all very helpful." They explained that there had not been a notable impact on the delivery of care at the service and that the new management team, supported by well established staff, had been a positive addition to the service. We noted that the service had a deputy manager who had been in post for a number of years and that the new manager and deputy the family member referred to were the new service manager and the support manager appointed by the provider.

Staff members told us that both the new managers were friendly and approachable and were confident in their abilities. One staff member told us, "Both the managers are good, they are here and available." We saw that there was an open door policy in terms of seeking support from the managers and they had made phone numbers available to staff so that they could get in touch out of hours if needed. The provider also had an on-call system in place, which meant that staff could contact a member of the wider management team if they were in need of help or guidance.

The service had a positive and open culture. Staff were highly motivated to perform their roles and were keen to ensure that people were well cared for. One staff member said, "I really love my job, I like being able to make people's lives a bit better and enjoy getting to know them."

Throughout the inspection staff and management were very open and honest in their discussions with us. Staff were also prepared to ensure the provider's whistleblowing procedures were being followed if they had any concerns. All the staff we spoke with told us that they would not hesitate to raise any concerns and knew that they could go higher up in the provider organisation or contact external organisations, such as the local authority or CQC, if they did have concerns.

The service had quality assurance systems in place to help assess, monitor and improve the quality of care at the service. The new managers showed us that a number of different checks and audits, such as medication, infection control and care plans, were carried out on a regular basis. These audits were used to develop a robust central action plan, which the managers used to help identify and prioritise areas for improvement. We saw that where improvement had taken place, the action plan was signed off and it was reviewed regularly to ensure all feedback from different checks and audits was reflected on the plan.