

Four Seasons (Bamford) Limited







Fernwood Court 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	

Overall summary

This inspection took place on 18 and 19 February 2015 and was unannounced. We last inspected this home on 4 September 2014 there was one breach of legal requirements at that inspection. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we found that the provider had taken steps to comply with the regulations.

Fernwood Court Care Home is a residential home providing accommodation and personal care for up to 59

people. The home is split across three floors with the ground and first floor providing care for older people who may have dementia. The other floors provide support to people who may have mental health needs.

The service had a registered manager, as required by the terms of its registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 were systems and processes in place to protect people from harm. People and relatives told us they felt the home was safe. Staff were able to demonstrate a good understanding of procedures in connection with the prevention of abuse.

There were sufficient numbers of staff on duty to meet people's physical and social needs. Staff received training and support that ensured people's needs were met effectively.

People's medicines were managed, stored and administered safely.

The manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff offered people a choice of meals. People were appropriately supported and had sufficient food and drink to maintain a healthy diet. Staff understood the importance of offering meals that were suitable for people's individual dietary needs.

People were supported to access healthcare services to maintain and promote their health and well-being. The home worked closely with healthcare professionals to make sure there was a joined up approach to meeting health needs.

People told us staff were kind and caring. Staff understood people's needs and preferences and respected their dignity and privacy when supporting them.

People were supported in a wide range of interests and hobbies which suited their needs.

People and relatives told us they found the management team approachable and felt comfortable to raise any complaint or concern should they need to.

There were management systems in place to monitor the quality of the home. The provider's quality monitoring systems included regular checks of people's care plans, medicines, accident, incidents, falls and complaints. Information was regularly monitored to identify trends and actions were taken to minimise the risk of a re-occurrence.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe because staff understood their responsibilities to protect people from the risk of abuse and how to report it. People were supported by sufficient numbers of staff that were skilled to meet their needs and to maximise their independence.

Good



Is the service effective?

The service was effective.

People received the care and support they needed because staff had the relevant training, skills and guidance. People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's nutritional needs. People had access to healthcare professionals as required to meet their needs.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect and staff understood how to provide care in a manner that respected people's right to privacy. People were treated with kindness and compassion. People felt involved in their own care.

Good



Is the service responsive?

The service was responsive.

People and their relatives were listened to. People's complaints were handled sensitively, and actions were taken to address issues. Staff supported people to be involved in activities and maintain relationships.

Good



Is the service well-led?

The service was well-led.

People and relatives were enabled to share their experiences of the service. Relatives and staff were complimentary of the registered manager and told us the home was well managed. There were systems in place to monitor the quality of the service and where issues were identified there were actions taken to address these. All staff understood their roles and responsibilities.

Good



Fernwood Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 19 February 2015 and was unannounced. At the time of the inspection there were 49 people living at the home.

The inspection team consisted of two inspectors and one 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 care service. The expert by experience had experience of mental health and dementia care services.

As part of our inspection we reviewed information we held about the home including information of concerns. We looked at statutory notifications sent by the provider. A statutory notification is information of events which the provider has to notify us about by law. We spoke with other agencies to gain their views about the quality of the service provided. This included the local authority. We used this information to help us plan our inspection of the home.

We spoke with six people who lived at the home and three relatives. We spoke with 11 care staff and two managers. We looked at three records relating to people's care, medicine records and records relating to the management of the home. We also looked at staff recruitment files and training documents.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the last inspection on 4 September 2014, we had found that the provider did not have sufficient numbers of suitably qualified, skilled and experienced staff to meet people's needs.

We found that the provider was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan outlining how they would make improvements. When we inspected the home again in January 2015 we found these concerns had been addressed.

Two people told us, "I think there is enough staff on duty." One relative told us, "Most of the time there is enough staff on duty." People we spoke with confirmed staff responded quickly to their care needs and call alarms were answered "Pretty quickly." Our observations throughout the inspection confirmed that there was sufficient staffing to support the needs of people. Staff rotas confirmed that staffing was kept at a constant level across all the floors of the home. One staff member told us "We're a lot better for staff now. There's only two on the ground and when we do a double up there's no one watching the lounge. We keep our own staff on the floor unless there's a problem." We asked the manager how staffing levels were determined at the home. The manager told us that there were systems in place that evaluated the needs of people who lived in the home. We saw that this was used to determine the staffing levels required and was reviewed monthly. The number of staff working was in line with the provider's staffing rationale.

All staff spoken with said all the recruitment checks required were undertaken before they started working. Records looked at confirmed this. Appropriate pre-employment checks had been obtained before employment commenced. This included references from previous employers, proof of registration with the Nursing and Midwifery Council (NMC) for registered nurses, and Disclosure and Barring Service (DBS) reports for all staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being recruited.

People told us they felt safe and that they would speak with the care staff or manager if they had any concerns about

their safety. One person told us, "I feel safe here the facilities are secure and the staff are very reassuring." Another person told us, "I feel safe here." One relative told us, "I'm very confident that my [person's name] is safe here." All the staff we spoke with were able to tell us how they kept people safe. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received relevant training and understood their responsibility to report any concerns and who to report these to. Staff told us they had confidence in the manager that they would listen and act on any concern raised. Staff were also aware how they could whistle blow which meant they could take any concerns to appropriate agencies outside the home.

Staff we spoke with understood how to protect people where there was a risk such as with their mobility, skin care and food and fluid intake. People had risk assessments in place these gave guidance to staff on how risks could be minimised. We saw people were involved in decisions about taking risks. One person told us, "Staff have a conversation with me about my care." We saw two members of staff supporting a person with their mobility. We looked at the risk assessment and saw that support was being provided as directed in the care plan.

We saw that staff recorded incidents, accidents and falls appropriately. We saw information had been analysed for people who had fallen within the home and prompt action had been taken to refer to the falls team.

One person told us, "They make sure I get my tablets." A relative told us, "Medicines are always on time." We looked at the management of medicines in the home. Medicines were stored in accordance with good practice. We saw staff safely administer and support people to take their medicine. Staff told us and records confirmed that staff who gave medicines had received appropriate training to ensure they were competent to do so. We saw that medicines were audited regularly and no issues had been identified. Some people took their medicine 'as required', such as paracetamol. We saw that clear information was available for staff to follow such as when people may need them, which helped them to administer these medicines correctly.

Is the service effective?

Our findings

One person told us, "Staff have the correct skills to care for me." One relative told us, "Staff are very knowledgeable about [person's name] needs and I believe they have the correct skills." People spoken with said they thought the staff were trained and had the skills to support people who live at the home. We saw that staff supported people appropriately with their social and physical needs. We saw staff use equipment safely to assist one person move from one room to another. We saw staff explained each step of the process to the person and encouraged the person to communicate during the process which demonstrated that people were involved in how they were cared for and supported.

Staff spoken with told us they had received training and felt that they had received the necessary training to do their job. One staff member told us, "I had lots of e-learning I have also done manual- handling, falls and safeguarding training." A new member of staff told us they had completed an induction programme which included shadowing experienced staff and getting to know people who lived at the home. This staff member told us, "shadowing lasted a week it was good as I was able to get to know the residents." Staff told us they received regular one-to-one meetings and were encouraged to develop their skills. One member of staff from the maintenance team told us they had taken on extra responsibilities in relation to care. The staff member told us they had received appropriate training and was supported by staff and the manager. The staff member told us, "I enjoy coming to work here." and "I wanted to be able to respond to people's needs if required."

People told us that staff sought their consent before providing care and support. Staff spoken with understood the requirements of the Mental Capacity Act 2005. Staff told us how they sought consent from people and gave us examples where people had refused to give their consent such as refusing medicines. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) are required when this includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. We observed staff

asking people how they wanted to be supported with their care. One person told us, "Staff take time to talk with me; they listen and ask if I am happy with my care." Staff told us that people who may lack capacity to take particular decision have had mental capacity assessments completed. We looked at records and saw that mental capacity assessments had been completed and were reviewed regularly, which ensured staff were aware of any changes in their responsibilities to support people. The registered manager told us there was no one living at the home that was currently subject to a DoLS arrangement.

We observed that people were supported to have sufficient food and drink. One person told us, "I like the food and I get plenty of choice on the menu and loads to drink during the day." Another person told us, "The food is good and I get plenty to drink during the day." A relative told us, "The food is good, its hot when served and [person's name] enjoys it." At meal time we saw people were offered a choice of meals. People we spoke with told us they would be offered an alternative choice if they did not like the meal offered. Staff knew which people needed to be encouraged or assisted to eat and drink. We observed one staff member transfer a person's food to a smaller plate to encourage the person to eat. We saw the staff member sit with the person and encourage the person to eat their meal. We saw staff use appropriate feeding aids such as plate guards to support people's independence while eating their meal.

We saw a soft meal was prepared for one person who was at risk of choking. The cook told us they knew people's individual dietary needs and preferences. Records we looked at included people's food preference, needs and allergies. We saw that food was cooked fresh on site and that overnight a 'snack box' was left for people that contained crisps, fruit, biscuits and chocolates if people wanted them. We saw that there was adequate fresh and frozen food in the kitchen to ensure people had a good choice of food that met their preferences and needs. On the second floor we observed one person being supported to prepare their own meal. We saw other people being encouraged to serve their own meals and wash their own plates when they finished their meal.

A relative told us, "I am always informed of [person's name] health needs and told when the GP is visiting." Two people we spoke with confirmed that staff contacted healthcare professionals when required. We looked at people's health records and saw that the home worked with other

Is the service effective?

healthcare professionals to make sure people's health needs were met such as speech and language teams (SALT) and dieticians. We saw that one person's weight was being monitored and the home had sought involvement from a

healthcare professional. We saw that staff kept a record of other professional's visits and the advice given which demonstrated people were supported to maintain their health.

Is the service caring?

Our findings

All the people and their relatives spoken with said that they thought the staff were caring. One person told us, “The staff are very kind to me; they always have time for a chat.”

Another person told us, “The staff are very friendly and will do anything for you.” We saw that interactions between staff and people were caring and people were positive about how staff interacted with them. One person told us, “They care for me very well, we can have a laugh and they are all very friendly.” We saw that staff communicated well with people. Staff used different ways of enhancing their communication with people, such as ensuring they were at eye level with those people who were seated. We observed one person who had become agitated at the dining table being supported by a staff member. The staff member reassured the person and asked if they would prefer to eat their meal in a quieter area. We saw the staff member assist the person to another room and sit with them while they ate their meal.

All people we spoke with felt they were listened to and had a say in how their care was provided. Relatives we spoke with told us that staff kept them up to date in relation to their relatives care needs. One staff member told us, “When people talk, we listen, staff do care.” We observed staff respected and supported people’s choices. We saw one person choosing where they wanted to eat their meal and another person being supported with their choice of

clothing. People we spoke with told us they were involved in the development of their care plans and that their choices, preferences and wishes had been considered in the planning of their care and treatment.

People told us and we saw that people’s dignity, privacy and independence were promoted and respected by staff. One person told us, “Staff treat me with respect and observe my dignity by giving me privacy.” Another person told us, “Staff always knock on my door before entering and are polite to me.” We observed one person being hoisted the person was wearing a dress which was above their knees. We saw the staff member cover the person’s knees to protect their dignity. Staff we spoke with had good understanding of how to promote people’s dignity and respect their choices and why this is important. We observed one staff member ask a person discreetly if they would like to wear a clothes protector during their meal. We observed another staff member talk discreetly and appropriately to people about their medicines.

People told us and records confirmed that people were supported to maintain their independence as much as possible and were involved in making decisions about their care and support. For example, we saw at mealtimes people had appropriate cutlery and aids to help promote their independence. Some people who lived on the second and third floors of the home were encouraged to carry out small tasks throughout the day such as helping to look after the pet rabbits or tidying the smoking area in the garden. This helped people to retain their independence and self-esteem.

Is the service responsive?

Our findings

People we spoke with were positive about the care and support they received. One person told us, “Staff often approach me simply to ask if I’m comfortable and whether they can get me anything.” Another person told us, “They let me lie in if I want one.”

We saw that people’s needs had been assessed and care plans were in place to ensure people’s needs were appropriately supported. Relatives we spoke with were happy with the level of information they received from staff which kept them informed of any issues. One relative told us, “Staff respond immediately and will telephone to keep you informed of everything.” One relative told us and records confirmed that they had been involved in the planning and review of their relatives care needs. Staff told us information about a person life history was collected and recorded. Staff told us this helped them to understand a person’s reactions and also enabled staff to engage with a person to help them overcome fear or frustration when they were unable to express what they needed.

Staff told us that people’s wishes about maintaining their cultural identity had been supported. One person was taken out every month to enjoy Jamaican food and to go to a hairdresser of their choice. Another person had been supported to have certain ingredients available in the kitchen so that they could cook the food they wanted.

People living at the home, relatives and staff told us about social activities that took place at the home. We saw that people were encouraged to continue with their interests and each person living at the home had an individual activity plan in place. One person was supported to continue with their hobby of knitting and crochet and showed us the blankets and toys they had made. One staff member told us, “The activities are really good, there’s so

much, they make cakes and cards.” One person told us, I go to the local shops with someone, and into the garden. I watch the football matches on the television.” Another person told us, “I enjoy listening to the radio, watching dvds and celebrating birthday parties and sitting in the garden.” Staff showed us the area in the garden where small pets were kept and we saw people were supported to look after the animals and then bring them into the home to allow people to pet them. The garden was well presented with a ‘mock-up’ shop and café. Staff told us people enjoyed spending time in the garden. During our inspection we saw various activities happening throughout the day. These included skittles, throwing games and individual use of empathy dolls. We saw that there was a four week rolling programme of activities and the activity worker told us, “I make sure activities happen on every floor. The managers are supportive of my ideas.”

People were supported to maintain relationships. Relatives told us they were welcome and could visit throughout the day. One relative told us, “You can visit anytime.”

People told us they had not had any cause to complain. However, they said they were comfortable with raising any complaints with staff or the manager. Four people we spoke with said that they were not aware of the complaints procedure but felt confident if they raised any concern staff will respond appropriately. One person told us, “The manager has told me that their door is always open for me to discuss any concerns I might have.” Another person told us, “The manager will always sort out any problems.” We saw that the provider had a complaints policy. The providers’ complaints/complements guidance, offering advice to people on how to make a complaint, was available in the reception area of the home. We looked at the complaints log and saw that there had been three complaints raised since the last inspection and these were investigated and responded to appropriately.

Is the service well-led?

Our findings

People and relatives we spoke with were satisfied with the quality of the service. We saw that four people had written to the home since the last inspection complementing staff on the care given to people. A relative told us, "I wouldn't have [my relative] anywhere else."

People, relatives and staff told us they saw the manager often throughout the day and she asked for their suggestions for any improvements. The manager also held a weekly 'manager surgery' for people who lived at the home, relatives and staff to drop in to give suggestions, constructive criticism or congratulations. One person told us they had been appointed 'resident's representative' and confirmed that meetings took place with people who lived at the home weekly. People told us they felt involved in decisions about improving the quality of the home. One relative told us, "The manager is approachable and responds immediately to any issue." People and relative also confirmed monthly relatives meetings took place and we saw minutes were available in the reception area. Staff told us they felt involved in what was happening in the home. One staff member told us, "The manager is very supportive and approachable." Another staff member told us, "I think the managers are good, they deal with 'stuff' quickly. We only got to ask for something and its there straight away." This demonstrated that the manager listened to people's and staff views to improve the service.

The provider had a clear, stable management and leadership structure in place which all staff understood. The manager was clear about the standards of care and

service they wanted to provide to people and their families, as well as providing effective support and guidance to staff. The manager had worked with staff to identify training needs to enable staff to meet people's individual needs. The manager was implementing provider initiatives such as 'pearl' which is an accreditation programme specifically designed to enhance the lives of people living with dementia. The manager knew her responsibilities as a manager and her requirements to send us notification of events as required. The manager demonstrated good knowledge of all aspects of the home including the needs of the people who lived there. Staff received support from the management team to maintain a quality service. Staff understood their own responsibilities and accountabilities and knew what was expected of them.

We found that arrangements were in place to assess and monitor the quality of service provision. The manager completed a number of quality audit checks to ensure that the service provided to people living at the home was safe and effective. Information collected from these audits were collated and sent to the provider. The provider also conducted audits of the quality of the service and produced action plans to ensure appropriate actions are taken when issues are identified. We saw that checks were completed regularly on people's care records and medicines. We saw that the manager had recognised a concern with a person's health and referred to an appropriate healthcare professional. We saw incidents and accidents were reported and recorded appropriately. Information was analysed by the manager so any trends or specific issues with people could be identified and referred to appropriate external resources such as falls team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.