

Horizon Healthcare Homes Limited

Ferndale Lodge

Inspection report

Hurst Knowle, Almondbury, Huddersfield, HD5 8TQ
Tel: 01484 435088
Website: www.horizoncareservices.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 21 and 23 September 2015 and was unannounced on both days. We previously inspected the service on 14 November 2013. The service was not in breach of health and social care regulations at that time.

Ferndale Lodge is registered to provide personal care for up to eight people with learning disabilities and other complex health needs. The home is a single storey, purpose-built building with a secure garden. There are private bedrooms with en suite facilities, a sensory/ cinema room and there is a communal bathroom, lounge and kitchen/diner.

The service had a registered manager in place. 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 indicated they felt safe living at Ferndale Lodge and visiting professionals also said they felt people were safe and well cared for. Staff had a thorough understanding of safeguarding procedures and staff knew what to do if they thought anyone was at risk of harm or abuse. Risks to people were thoroughly assessed and regularly reviewed and best practice guidance was followed in relation to keeping people safe.

Summary of findings

We found that staff were recruited safely and they received regular training and supervision to ensure they were effective in their roles. There were enough staff to meet people's needs and additional staff were deployed when required.

Medication was managed well and staff who were responsible for administering medication had been trained to do so in a safe way.

The home had achieved awards for good practice, for example in relation to healthy food and people received excellent care as a result of this. Staff and people had received training specific to diet and nutrition and people were encouraged to maintain a healthy lifestyle and healthy diet. People participated in a range of personalised activities, depending on their own interests.

People received care and support that was very effective and well coordinated. Staff and the registered manager went 'above and beyond' to ensure that people were supported effectively.

People's lives were positively enriched by the environment, layout and design and the facilities within the home.

Staff had developed excellent communication skills and used creative ways to positively communicate with people.

Staff were caring in their approach and there was a positive atmosphere in the home. Feedback from people and their families showed they felt staff were very caring. People's dignity and privacy were respected.

People's views were sought and they were encouraged to be involved in the running of the home and were empowered to be as independent as possible. Staff knew what was important to people and people received care that was individual to them, according to their needs and wishes.

People we spoke with felt the home was well led. We found there to be an open and transparent culture. Staff felt supported in their roles. Regular checks and audits took place to try to continually improve the home.

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 kept safe because staff were available and responded promptly to people's needs.

The registered manager followed best practice guidelines in order to keep people safe.

Robust recruitment practices were followed to ensure staff were suitable to work in the home.

Medication was managed well and was administered in a safe way by staff that had been trained to do so.

Good



Is the service effective?

The service was very effective.

Staff knew the people who they were supporting well.

Staff were trained in, and had a thorough understanding of, the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff went above and beyond their duties to ensure people received excellent, effective care.

People were supported to be involved in their care and treatment using communication systems that were appropriate to their needs.

The registered manager and staff continually strived to improve the service.

The home provided outstanding nutritional and dietary support to people. The home had received an award, recognising their commitment to good food standards.

The home had been designed specifically to create a homely environment with features such as a multi sensory room, which stimulated the senses and encouraged people to explore various sensory experiences.

Outstanding



Is the service caring?

The service was caring.

Staff were kind, caring and attentive. People's privacy and dignity was maintained and people received excellent care.

There was a strong person centred culture within the home and staff were highly motivated to support people, and each other, to achieve their goals.

People's religious and cultural needs were considered and respected.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care plans were detailed and reflected people's preferences and choices and plans were tailored to each individual. The plans enabled excellent care to be provided by staff.

Staff were proactive in exploring innovative ways of supporting people with particular needs.

Staff worked in partnership with people and people were empowered to achieve their potential.

People were involved in a variety of activities according to their interests.

Is the service well-led?

The service was well led.

Staff told us they were supported by the registered manager and they felt the service was well led. Staff were able to share ideas of good practice.

The home had been accredited the Investors in People award, recognising its investment in staff.

Robust systems and audits were in place and the registered manager considered best practice in order to promote continual improvement.

There was a clear vision which was to provide responsive care to the needs and aspirations of people and to ensure people achieved their maximum potential. This vision was evident and shared by the registered manager and staff.

Good



Ferndale Lodge

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.

The inspection took place on 21 and 23 September 2015 and was unannounced on both dates.

The inspection was carried out by an adult social care inspector. Before the inspection, we reviewed the information we held about the home and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us to understand the experiences of people who lived at the home. We communicated with three people who lived at the home, two relatives, the registered manager, three care staff and two visiting professionals.

We looked at three people's care records and three staff files, as well as maintenance records and other records relating to the management of the service. We looked around the building and saw people's bedrooms, communal areas and bathrooms. We also looked at the outside space and gardens.

Is the service safe?

Our findings

When we asked one of the people living at the home whether they felt safe, they gave us a 'thumbs up.' We spoke with a visiting professional who told us they felt people were safe and well cared for.

All of the staff who we spoke with, and the registered manager, said they had received safeguarding training and were able to demonstrate a good understanding of different types of abuse. Appropriate referrals were made to the local safeguarding authority where appropriate. Staff were able to explain what they would do if they had any concerns about the way people were treated. All of the staff we spoke with told us they knew people well and could identify by a person's body language and facial expression if something was wrong. Staff were aware of the importance of this when supporting people with complex needs.

Staff were aware of the whistleblowing policy and, although no staff we spoke with had felt the need to raise any issues, they felt they could do so through the whistleblowing policy if they felt it was necessary to protect people who used the service. Although we saw there was a whistleblowing policy, we noted this was not on display but was kept in a file in the office. On the second day of our inspection, the registered manager had ensured the policy was available in the reception area and accessible to all. People were protected from abuse and improper treatment because the registered provider had robust procedures and processes to make sure people were protected.

Risk assessments were completed, both in relation to individual risks such as risk of falls and night-time sleeping arrangements as well as environmental risks such as the external grounds, using the kitchen and laundry for example. We found these risk assessments were regularly reviewed and were up to date. People were also empowered to take risks and develop life skills such as assisting with laundry, cleaning and cooking. The staff we spoke with were aware of the risk assessments and told us they signed to show that they had read them. We saw evidence that staff were alert to the risks and potential hazards. For example, we saw that one person had a thickener added to their drink. This was in accordance with the risks and needs associated with choking, which were

outlined in the person's care plan. Having risk assessments in place ensured that people could be encouraged to be as independent as possible whilst ensuring any associated risks were minimised.

The registered manager had subscribed to the principles of the Herbert Protocol. The Herbert Protocol is a national scheme which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing. The Herbert Protocol puts systems in place to allow for early intervention when vulnerable people go missing. This demonstrated that the registered manager sought best practice for ways of keeping people safe and this further helped to reduce risks to people.

Fire exits were clearly marked and there were signs in order to assist people to safely evacuate, in the event of a fire. Fire extinguishers and fire blankets were available throughout the home. Everyone had a personal emergency evacuation plan in place, in case of an emergency. This helped to ensure people's safety in the home, in the event of an emergency evacuation.

We saw that, in all the bedrooms, everyone had access to a call bell, to ensure that assistance could be called if required. This helped to keep people safe.

We found that cleaning equipment was clearly labelled. Colour coded chopping boards were used in the kitchen. Different coloured mops were used for cleaning different floors. We found the home to be clean and tidy. Soap, paper towels and personal protective equipment were available and we observed staff make use of these. This meant that people were protected by the prevention and control of infection.

We looked at maintenance files and found that equipment testing and safety checks had been undertaken, such as electrical safety, gas safety and fire safety. This meant steps had been taken to ensure the premises, and any equipment, were safe.

The registered manager told us staffing levels were dependent on what people were doing each day and people's individual needs. We looked at staffing rotas for four weeks and saw these focussed on the needs of the people who lived at the home. We saw evidence that, where additional staff resources were required, such as when a party was taking place for example, additional staff were deployed. Furthermore, we were told that when a

Is the service safe?

new person moved into the home, they initially received one to one care, in order to help keep them safe. There were two members of staff who were awake overnight. Additional resources, such as a driver and maintenance person, were also employed. The staff we spoke with told us they felt there were enough staff.

We looked at recruitment records for three members of staff and saw that safe recruitment practices were followed. For example, the registered manager ensured that an application form was completed, including employment history. Further checks were carried out, including pre-employment references and a Disclosure and Barring Service check (DBS). The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. The registered manager told us that when staff were recruited, people who lived at Ferndale Lodge had the opportunity to meet potential candidates. This gave the registered manager the opportunity to observe interactions between potential new members of staff and people living at the home.

Some people living at the home were supported to take their medication. Changes had recently been introduced to the way that medication was managed. Staff who were

responsible for administering medication had been trained to do this safely by an external training provider. The registered manager had selected the training provider based on the level and quality of training they offered. This demonstrated that the registered manager was following best practice guidelines and seeking to continually improve safe practice in relation to administering medication.

We observed the staff member who was administering medication was wearing an apron, to clearly identify they should not be disturbed. This helped to ensure medicines could be administered safely. Medicines were received, stored and administered safely and unused medication was returned appropriately. We looked at the medication administration records (MAR) and found these were accurately recorded. We saw that, whilst one member of staff was administering medication, another member of staff was shadowing and observing in order to reduce the risk of any errors being made. Some people were prescribed PRN medication (to be taken as and when required). We saw staff made use of a pictorial communication book to assist people who did not verbally communicate to indicate how they were feeling. This meant that staff could identify whether people required medication. This helped to ensure that medicines were administered in a safe and consistent manner.



Is the service effective?

Our findings

From our observations we saw staff members knew people well and staff were therefore able to engage and interact with people in a positive way. Although some people had specific communication needs, which meant they could not communicate verbally with us, we could see by the facial expressions of people that the interactions with staff were positive and well received. One person displayed a 'thumbs up' sign when we talked to them about the support they received from staff.

We spoke with a family member, who was visiting their relative at the time of our inspection and they told us that the home could not be better, in their opinion.

We spoke to a visiting professional, who was visiting the service whilst we were inspecting. We were told that the service was, "Very good indeed," in their opinion. We were told that they had developed a very positive relationship with the home and that the registered manager and staff sought appropriate advice when necessary.

During March 2015, the home was involved with the local authority in promoting the National Nutrition and Hydration Week. The home hosted a smoothie tasting and inventing session and this was advertised in the local media. People who lived at the home were involved in making a variety of different smoothies and this prompted learning and understanding about the benefit of healthy foods. This demonstrated that the registered manager used innovative ways to develop links with other organisations.

During June 2015 the local authority and food initiative and nutrition education (FINE) project had jointly awarded the service a 'Gold Healthy Choice Award' for being committed to 'good standards of food hygiene and healthy food options'. All staff had received diet and nutrition training. In order to achieve the award, the home demonstrated they had developed menus in line with best practice, for example by considering the correct balance of fibre, protein and carbohydrates, as well as taking into account people's choices, to maintain a healthy diet. The contents of the food cupboards and fridges at the home had been inspected by the FINE project to ensure they contained the right balance of healthy foods. This showed the home was continually striving to improve and was recognised for its best practice.

Following the Healthy Choice Award, a staff member had shown a personal interest in nutrition, hydration and healthy living. This interest was harnessed and the staff member was supported to train to National Vocational Qualification level 2 in diet and nutrition. The staff member became diet and nutrition champion for the home. In addition to this, a person who lived at the home had likewise shown an interest and they also undertook training and became a diet and nutrition champion. This impacted positively on the health and wellbeing of people living at the home because staff and people had the knowledge and skills to plan and consider healthy menus, taking into account specific dietary needs of people, for example low fat, low sugar or high protein diets. Furthermore, the registered manager told us that learning was shared with others in team meetings and residents' meetings so that everyone who lived and worked in the home could benefit from this.

Menu planning involved people who lived at the home and menus were displayed, including pictures. Staff told us the menus were more of a guide and people could choose what they wanted to eat each day. We saw people changing their mind and being offered different foods, according to their preference, and healthy snacks were readily available, such as a variety of fruit for example.

We saw that people were encouraged to maintain a healthy lifestyle, for example through healthy eating and activities such as daily walks, weather permitting, swimming and horse-riding.

We observed the lunchtime experience in the kitchen/dining room. The atmosphere was positive and happy. There were warm interactions between staff and people who lived at the home. Fresh food was being prepared, such as home-made soup for example. This further ensured that people were supported to maintain a healthy diet that promoted healthy eating.

The staff we spoke with told us they felt they received appropriate training to enable them to support people. We saw from staff files that staff had received regular training in areas such as safeguarding, health and safety, first aid, safe administration of medication, safe moving and handling, equality and diversity and diet and nutrition for example. One member of staff we spoke with told us they had assisted someone who had a percutaneous endoscopic gastrostomy (PEG) fitted with food intake for the first time



Is the service effective?

on the first day of our inspection, following training. The staff member was being observed and felt supported. We saw evidence they had received training in order to assist in this way.

We spoke with a member of staff who had recently completed their induction. The staff member told us they felt supported and had completed training in areas such as safeguarding, health and safety and medication training. We were shown evidence that staff knowledge was tested after the training, to ensure that they understood. Additionally, another member of staff told us they had undertaken experiential learning. For example, they had experienced what it was like to be assisted to move with the use of a hoist and had experienced what food and drink tasted like, once it had been thickened. This offered staff a better understanding of the needs of people they were supporting.

The registered manager told us that staff supervision took place every eight weeks. We saw this was scheduled and recorded on a planner, which also included details of appraisals and of staff who were subject to a probationary period. Staff told us they received regular supervision and they felt supported. We saw evidence supervision took place regularly, in line with policy, and staff also received annual appraisals. This meant that staff development and support was well organised and consistent.

We saw that people's consent was sought, for example in relation to care and treatment and also in relation to sharing information with other people and having photographs taken.

Different ways of communicating and sharing information with people and their families had been explored so that information could be appropriately shared. For example, the registered manager showed us a communications book that had been devised for a particular family that was completed by the family and staff in order to share any relevant information. A pictorial book was used to support some people to communicate. One person used a particular application on their computer to assist with communication and staff were able to communicate with the person effectively because they understood the application. This demonstrated that people were enabled to be involved in their care and support because the registered manager used creative ways of engaging with people and their families.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

All of the staff we spoke with confirmed they had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Additionally, staff were required to complete an assessment, following their training, to show they had understood their training. Staff were able to give some examples of their understanding of both MCA and DoLS. The registered manager had a thorough understanding of MCA and DoLS. This helped to ensure that people's rights were protected because the service had taken steps to train their staff in MCA and DoLS.

Some people living at Ferndale Lodge were deprived of their liberty, as external doors were locked and coded. The registered manager showed us evidence that they had made applications to the local authority, in order to ensure this was lawful and to ensure people were protected. In each person's file we looked at we saw that decision specific mental capacity assessments had been completed, for example, in relation to managing money. We saw evidence that, where people lacked capacity, decisions were made in the person's best interest, in consultation with the person, their family where appropriate and other professionals.

We saw people were supported to access health care. For example, we saw evidence of appointments with chiropodists, opticians, dentists, annual health checks and diabetes checks. We saw that people were weighed regularly. Details of the health professionals involved in a person's care were clearly recorded in their care file. There was evidence that, when a person was admitted to hospital, staff were proactive in ensuring they maintained contact with the hospital staff to ensure that appropriate care was given. Furthermore, staff visited the person in hospital. The registered manager told us the reason staff visited the person in hospital was in order to alleviate the person's fears and to assist with personal care because they knew the person would be more comfortable with staff they knew. This demonstrated that staff and the registered manager were prepared to 'go the extra mile' in order to ensure excellent, effective care was provided.



Is the service effective?

We looked at the layout and design of the home. Considerable attention had been given to ensure the home was accessible and to enhancing people's lives. The facilities and equipment, such as a Jacuzzi bath and multi sensory room meant that people's living and social experiences and therapy and leisure needs were enriched. All rooms were furnished to a high standard and decorated according to people's individual preferences. There were photographs and people's achievements on display. Areas inside the home were light and airy and were kept clean and tidy. The gardens and outside space were well maintained. Ferndale Lodge had a real sense of homeliness.

There was a complaints and compliments book in the reception area. We noted that consistently positive comments had been made such as, '[name] telephoned to say how nice the atmosphere and environment was when [name] visited.' Other comments included, 'Ferndale looked amazing as always.' Staff had also recorded that a recent visiting professional had commented 'What a fantastic job we [Ferndale Lodge] are doing.'

Is the service caring?

Our findings

Some people living at Ferndale Lodge had particular communication needs. We saw some feedback questionnaires that people had been assisted to complete. When asked, 'Are staff friendly and helpful?' one person's response was, 'I love them.' When answering the question, 'Do staff treat you with respect?' another person's response was, 'They are nice to me.'

A member of staff we spoke with told us they, "love working here." All of the staff we spoke with told us they felt it was rewarding.

We saw staff questionnaires that asked staff what they liked about their jobs. One member of staff had responded stating, 'everything.' Another stated, 'Looking after people and making them happy.'

A relative we spoke with told us they felt the staff at Ferndale Lodge were, "Marvellous." Another person said the service was, "Tip top and couldn't be better."

The service had a strong person-centred culture and this was evident from people's care planning and the way that staff listened and engaged with people. We saw that care plans were detailed and personalised to each individual and they reflected people's own choices and likes and dislikes. We observed the way that staff supported people to be in line with the preferences within care plans. For example, staff were aware of what foods a person liked and what music a person preferred to listen to.

We found staff were motivated to provide excellent care and this was evident in positive staff attitudes. We observed the people living at Ferndale Lodge to be treated with kindness and compassion. Staff and the registered manager clearly knew people well. Staff had an excellent understanding of the specific communication needs of different people at the home. A member of staff explained they had spent time learning the particular individual signs that one person living at the home preferred to use to communicate. It was evident that, as a result, the staff member was able to communicate well with this person.

We observed that staff took time to understand people's needs. Staff had received training in relation to communication during their induction. We saw that some staff indicated to a newer member of staff what a person

was communicating, when the newer staff member was finding it difficult to understand. Staff ensured this was done in a discreet, caring way that consistently maintained the person's dignity.

We spent time in the dining area during lunchtime. We observed a member of staff assisting a person to eat their lunch. We found the staff member was fully focussed on the person. The staff member took their time, being guided by the person's pace, talking and reassuring the person throughout. The atmosphere was relaxed and happy.

A member of staff identified that another person had not eaten much of their lunch. The person was asked if they would like something different. The staff member encouraged the person to choose an alternative and the person was encouraged to be involved in the preparation of their chosen alternative. This demonstrated that staff enabled people to make their own choices and develop their skills and independence.

Staff had an understanding of the personal histories of people they were supporting. This enabled staff to engage with people in a way that people felt they mattered. For example, staff struck up conversations with people about their friends and families or about their interests or events that had happened in the past. People and staff spontaneously laughed and sang songs and did actions together. Staff clearly had an understanding of what motivated different people and what made them happy.

We were told by staff and the registered manager that people's independence was promoted and people were empowered to be as independent as possible and this had a positive impact on people's self-esteem. We saw examples of this such as different people being designated as a cooking assistant on the menu and people being supported with daily living skills. Additionally, staff told us that some people assisted with the running of the home such as helping with laundry.

Staff had a good understanding of dignity and respect and they were able to give us examples of how people's dignity was respected. Staff communicated well with each other to ensure that people had the space and privacy they needed. Staff told us they protected people's privacy and dignity, for example by knocking on doors before entering rooms and we observed this. One member of staff told us, "people have different personalities and you have to support them in the way they want to be supported."

Is the service caring?

Some of the staff we spoke with became visibly emotional when they talked about particular achievements of some people living at the home. It was clear that staff were passionate about empowering people to achieve their aims. An example of this was that some people living at the home were supported to raise money for charity and play an active part in the wider community by completing the 'race for life.' A record of this achievement was displayed in the reception area. This showed that staff were highly motivated and inspired to enable people to achieve their goals and to ensure people had a sense of self-worth.

The manager showed us a video clip of a summer carnival that had taken place in the gardens of the home during July 2015. Staff and everyone living at the home dressed up for the theme of the carnival. Families and friends were invited. The video clip clearly showed everyone enjoying themselves in a happy atmosphere and people appeared fulfilled and confident to join in.

Is the service responsive?

Our findings

A family member told us, “We have lots of contact with staff here.”

A visiting therapist told us the service was responsive to people’s needs and that activities and plans were changed according to what people wanted to do. We asked the therapist whether they thought staff knew people well. We were told, “Very much so. It’s the best place I visit.” The therapist was holding a music therapy session on the day of our inspection and they told us staff always ensured that people were supported to join in with activities and that people were supported if they changed their mind. We were told that staff were aware and respectful of people’s preferences and whether they would prefer to watch from a distance before joining in or whether they would prefer to be in the centre of activities.

We found that activity planning was carried out on an individual basis and activities were based on people’s interests that were recorded in their care plan. People attended a local day centre, went horse riding, swimming and walking for example. One person was attending a musical concert on the second day of our inspection and they were clearly very much looking forward to this. We saw that, during a key worker catch up, another person had indicated an interest in attending a popular national music event. Staff had supported the person to research the event and consider accessibility. This demonstrated that staff had worked in partnership with the person and empowered them to undertake their own research, with the support of staff. The person then attended the event.

We saw evidence that people’s individual needs were considered and that staff found innovative ways of supporting people with particular needs. A person living at Ferndale Lodge had particular needs that meant they would benefit from someone visiting them regularly at home. Therefore, the person had been supported to access a buddy from a local buddying scheme, who visited the home regularly. Another person had their care needs met in a very specific way that staff had identified would be more appropriate and less stressful for the person, due to the person’s particular circumstances. This showed that staff and the registered manager had outstanding skills in

relation to ensuring people’s individual needs were met, by working in partnership with people and exploring different options. The home was flexible and responsive to people’s individual needs.

Care plans were personalised to each individual. They contained a section with information such as ‘things about me’, ‘what’s important to me’ and ‘what you need to know to support me’. We saw these plans were thoroughly completed and also included information on the person’s likes and dislikes. Step-by-step guides were included on how best to support people. For example, one stated, ‘Knock on my bedroom door and come into my room, wake me up gently by tapping me on the shoulder and calling my name’. These guides were completed for daily tasks such as washing, tooth brushing and supporting in the community for example. Staff told us they had the opportunity to read care plans and they signed once they had done so. Staff we spoke with had a clear understanding of person centred care and they knew people well, in order to provide support to people in a way that was personalised to them.

The registered manager told us that people were involved in reviewing their care plan every month with their key worker. We saw evidence of this, as well as evidence of needs being reviewed annually. We saw that care plans were updated as a result of the reviews and any changes were shared appropriately with staff. This demonstrated that people’s care and support was planned, proactively, in partnership with them.

With permission we looked in people’s bedrooms and could see they were personalised to the individual, reflecting their own interests and colour choices. People’s awards and achievements were displayed. In one room we saw there was a pictorial activity board displaying the activities the person had chosen to participate in that week.

Consideration was given to people’s identity and people were given the care and support they needed in terms of their culture, race and religion. Two people had been supported to attend a place of worship. Another person, who required a particular food type, had their own drawer in the freezer, to ensure that specific food was available, in accordance with their religious needs.

We looked at the communal bathroom. This had been adapted so that it was accessible to all. There was a large

Is the service responsive?

Jacuzzi bath and this had a slot where people could insert a memory card, in order to play their own choice of music. This meant that people could personalise their experience according to their own tastes.

People living at Ferndale Lodge were encouraged and supported to maintain relationships with people who were important to them. Some people had been assisted by staff to visit family and friends and we saw that family visited the home during the inspection. The family members we spoke with told us they felt they could visit Ferndale Lodge anytime.

Information was displayed in the reception area on how to make a complaint. Additionally, there was an easy to read

version in the lounge area, accessible to people living at the home. Although no complaints had been received, the registered manager was able to explain how these would be dealt with and how they would be recorded and actioned.

We saw there was a clear system in place to ensure that information was handed over between staff working on different shifts. This included information relating to individual people, as well as health and safety issues. We also found that, when someone was admitted to hospital, staff had been proactive in communicating with hospital staff to ensure continuity of care.

Is the service well-led?

Our findings

The home had a registered manager in post, who had been registered with the Care Quality Commission to manage the home since April 2014.

Staff we spoke with felt the service was well led and felt the culture of the service was supportive. One member of staff told us the registered manager was, “always here to listen.”

Staff and the registered manager told us that regular team meetings were held every six to eight weeks. The registered manager told us that, in each team meeting, every person’s needs were discussed and we saw evidence of this. Staff told us this was a useful way of sharing information.

Team meetings included discussions of health and safety issues and infection prevention and control. We saw that the registered manager raised any issues during team meetings that may have arisen from audits. For example, staff were reminded to record people’s weight because the registered manager had discovered, through auditing, that this was not always being recorded. Additionally, key workers were reminded to complete monthly reviews with people and advised to let the registered manager know if they were unable to do this. This ensured standards of practice were consistently maintained and acted upon if staff were not meeting the standards.

The registered manager told us people who lived at Ferndale Lodge were invited to attend regular resident meetings. We saw minutes of regular meetings. People were asked for their input in relation to menu and activity planning, for example and people were asked what colour they would like their rooms to be decorated. This meant that people were able to express their views and were involved in making decisions about their care and treatment.

We observed that the registered manager knew staff and people well. There was an open door policy and we found there to be an open culture. We saw the registered manager had received cards, from staff as well as families, thanking them for being supportive. Staff told us they felt able to share ideas of good practice. They had regular supervision and felt genuinely supported by the registered manager. This further demonstrated an open culture and showed that the registered manager was open to new ideas and keen to drive improvement.

Staff were invested in and this was evidenced through the investors in people (IIP) accreditation, which had been awarded in 2014 and was valid until 2017. The IIP is a quality standard that focuses on delivering continuous improvement in service delivery, through the development of employees within an organisation.

The service had an ‘employee of the month’ award. People who lived at Ferndale Lodge were invited to nominate staff anonymously. The staff member with the most nominations would receive a token award.

We saw the registered manager had due regard for the duty of candour, which meant they acted in an open and transparent way. The most recent inspection ratings and report were displayed and shared on the noticeboard for anyone who wished to see it.

Everyone living at the home received a service user guide, which included information on people’s rights, what they could do if they were unhappy, what facilities were available, how they would be supported, for example to practice their chosen faith, how many staff would be available throughout the night and how their needs would be reviewed. This demonstrated that the registered provider was open and transparent about the service it provided and what could be expected.

The registered manager ensured that regular tasks, such as checking food temperatures, fridge temperatures, cleaning, infection control checks for example were undertaken regularly, by including a daily checklist in the staff handover. This ensured staff were clear about their roles and duties and that appropriate checks were completed.

Additionally, we found that regular audits took place, for example in relation to medication, money, care plans, cleaning and infection control. We could see that action was taken and procedures were amended as appropriate, as a result of the audits. It is important that registered providers have systems in place for regular audits so they can monitor and improve the safety and quality of service.

The registered manager was able to provide a file which contained policies and procedures relating to Ferndale Lodge. This included policies such as safeguarding, whistleblowing, complaints, infection prevention and control and fire safety for example. Emergency plans were in place so that people could be evacuated in the event of an emergency.

Is the service well-led?

Accidents and incidents were recorded and appropriately analysed. Referrals were made to external agencies where necessary. An example of this was that, due to previous medication errors being made, the registered manager had considered risks and the medication system for the home had been overhauled and staff had been retrained.

There was evidence that the views of people living at Ferndale Lodge were sought. We saw that monthly discussions and reviews took place. These were in addition to annual questionnaires that were sent to people who lived at the home and their families. We saw that action resulted from these and the registered manager showed us how the information gathered from the questionnaires was used to inform the business plan for the home.

Some comments made by family members in the feedback questionnaires included, 'We feel we have gained a family rather than lost [name].'

Additionally, the views of visiting professionals was sought. They were asked questions such as whether they thought

the home was clean and tidy, felt welcoming, whether staff were friendly and whether there was a good atmosphere. The feedback received from professionals was consistently good.

There was a clear vision at the home, which was to provide responsive care to the needs and aspirations of people and to ensure people achieved their maximum potential in social skills and everyday living skills so they could live as independent a life as possible. The registered manager told us, "We always try and go that extra mile." It was evident from our inspection that this vision and ethos was shared by the staff team. We found a genuine culture of striving for continuous improvement and there were many examples of this in the way that audits took place, how changes were implemented and how people's views were sought. The registered manager worked in partnership with other organisations to promote and achieve best practice, for example by working towards and achieving Investors in People status and the Healthy Choice Award. The team were highly motivated and a cohesive and supportive culture was evident.