Mr Islamuddeen Duymun

Fernhaven

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
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 was conducted on 19 November 2015 and was unannounced. Fernhaven was last inspected on 3 September 2013 and was judged to be fully compliant in the areas we looked at.

Fernhaven Care Home provides residential accommodation for up to six people diagnosed with a mental illness. The registered manager and the support coordinator both have extensive experience of supporting people with a mental illness. Emphasis is placed on providing rehabilitation in order for people to maintain and extend independent living skills. Accommodation is comfortable and well maintained. A designated smoking room is available on the first floor of the

Home.

There was a registered manager at the service at the time of our inspection who was also the homeowner and had been the registered manager for a number of years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.'

Recruitment checks were in place however we found improvements needed to be made to make these processes more robust. We have made a recommendation about this.

We saw that people looked comfortable and at ease in the company of staff. We observed staff talking to people in a patient and respectful manner and it was apparent that staff knew the people they were caring for.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns.

We viewed the Medication Administration Records (MARs) for two of the people who used the service and found them to be satisfactorily completed with no omissions. The registered manager had implemented an effective audit schedule and medication audits took place. This helped ensure any potential errors could be quickly identified and addressed.

Staff confirmed they had access to a structured training and development programme. This ensured people in their care were supported by a skilled and competent staff team.

We saw that people received an induction prior to working at the home and were supported by experienced staff during the first few weeks of their employment although the recording of people's induction consisted of a checklist only. We discussed with the registered manager the need to record inductions more thoroughly to evidence what guidance, training and support new staff received.

People were involved in choosing and preparing their own meals and we saw evidence of this on the day of the inspection, via people's care plans and from talking with people and staff.

We observed staff treating people with respect and any assistance or interactions with people was done in a kind, patient and caring manner. People were at ease with staff and it was evident that staff knew the people well they were supporting. The atmosphere in the service was very relaxed because of the relationships that had been formed between people and staff providing support.

The home had an end of life policy and processes in place including advanced statement procedures in case of deteriorating health, wills, lasting power of attorney and funeral arrangements.

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed although not one person we spoke with had made a formal complaint.

People's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to demonstrate that people had been involved in making decisions about the way care and support was delivered.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service. This included medication audits, care plan audits and infection control.

We observed the registered manager speaking with people in a respectful and courteous manner. He addressed each person by name throughout the day and from conversations he held with them it was clear that he understood their needs and knew all about them. The staff team were all very co-operative during the inspection. We found them to be passionate, very enthusiastic and dedicated to their work.

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?

Requires improvement

The service was not always safe.

Recruitment checks were in place however we found improvements needed to be made to make these processes more robust.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns.

All the people we spoke with felt their medicines were managed safely and told us they always received them on time and when they needed them.

Is the service effective?

Good

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The menu offered people a choice of meals and their nutritional requirements were met. People were involved in the planning and preparation of their own meals.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and depriving people's liberty where this was in their best interests. We spoke with staff to check their understanding of MCA and whilst staff had a basic understanding of MCA it was agreed with the registered manager further training would be sought.

Is the service caring?

Good

The service was caring.

People were supported to express their views and wishes about how their care was delivered

People were respected; their privacy and dignity were consistently promoted by staff that were knowledgeable and compassionate to people's individual needs.

Is the service responsive?

Good

The service was responsive.

People we spoke with told us they knew how to raise issues or make complaints.

We saw that care plans were regularly reviewed and contained information pertinent to each individual.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines.

Comments from the staff we spoke with were very positive in relation to how the home was run.

Fernhaven

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 19 November 2015 and was unannounced.

The inspection was carried out by the lead adult social care inspector for the service and an 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.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at other information we held about the service, such as notifications informing us about significant events and safeguarding concerns.

We spoke with a range of people about the service; this included all six of the people living at Fernhaven and four members of staff including the registered manager and care coordinator. We contacted the Local Authority commissioning team to gain their views on the service.

We spent time looking at records, which included four people's care records, four staff files, training records and records relating to the management of the home which included audits for the service.

Requires improvement

Is the service safe?

Our findings

We looked at four people's personnel files to check how the homes carried out their recruitment of staff. We spoke with staff to confirm that they had undergone a formal recruitment process, all the staff we spoke with told us that they had filled in an application form and attended a formal interview before starting their employment. All four files we checked had a completed application form on their file although one person had not entered their employment history on the form and there was no evidence to suggest this was questioned.

One person's files did not contain any interview notes and there was no proof of photographic identity checks for two people. One person did not have a record of a Disclosure and Barring (DBS) check on their file although evidence of this was sent to us following the inspection visit. There were references in place within all the staff files we looked at including one from their latest employer.

Two staff files we reviewed were for people who had been initially employed as domestic staff but had then gone into caring roles either in addition to their role as domestic members of staff or as full time care staff. There was no evidence on either file to show that a formal recruitment process had taken place for either member of staff and the job descriptions on file were for the domestic role. We discussed these issues with the registered manager and care co-ordinator who told us that they would ensure formal processes would be in place going forward. We have made a recommendation about these findings.

We spoke with all six people who lived at the home. Everyone told us that they felt safe when using the service and that staff were kind and caring towards them. All the comments we received from people were positive, one person told us, "Yes, I feel safe. This is the most stable I have been in years." Other comments from people when we asked them if they felt safe at the home included; "Always", "Yes, staff are good" and "Yes, I do, I feel alright".

When we visited the service we saw that people looked comfortable and at ease in the company of staff. We observed staff talking to people in a patient and respectful manner and it was apparent that staff knew the people they were caring for.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. There had been no safeguarding issues reported by the home since our last inspection. The Local Authority had no concerns regarding the service when we spoke with them. We saw that training was provided in relation to safeguarding, staff spoken to confirmed they had undertaken specific safeguarding training and that it was adequate for their role.

We looked at the systems for medicines management. Medication was securely stored, no-one in the home was assessed as needing controlled drugs. Medicines were well organised and not overstocked. There was a returns bin for disposal that was collected by the pharmacy and an auditable trail was in place to see what stock had been returned. We viewed the Medication Administration Records (MARs) for two of the people who used the service and found them to be satisfactorily completed with no omissions. The registered manager had implemented an effective audit schedule and medication audits took place. This helped ensure any potential errors could be quickly identified and addressed.

There had been no medication errors at the home since our previous inspection and staff we spoke with were knowledgeable about people at the home and the medicines they were prescribed. Some people were reminded to take their medicines and some people were given their medicines by staff. All six people we spoke with living at Fernhaven told us they were happy with how their medicines were handled, that they got them on time and knew what they were taking and why their medication was prescribed. One person told us, "Yes medications are given on time every day, morning, noon and night."

There was a medication file for the home which contained various policies, procedures and guidance as well as stock records, audits and medicines reviews. As well as a medication policy there was a homely remedies policy and self-administration policy. Staff we spoke with knew where the files was and what information was within it.

We saw that staffing levels were sufficient to meet the needs of the six people who lived at the home. We asked people if they felt there were enough staff at the home. We received positive feedback from everyone we spoke with.

Requires improvement

Is the service safe?

One person told us, “Yes, there are staff here 24/7 so there is always someone around.” Another person said, “There is plenty of staff around.” Staff we spoke with told us they felt there were enough staff to care for the people at the home.

We found the home to be clean and odour free throughout the day of the inspection. Staff we spoke with were knowledgeable about infection control practices and told us they were provided with the necessary protective equipment to carry out their role. We also saw that staff had attended infection control training. Formal infection control audits were also being completed to ensure staff were following safe practice.

Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner.

We recommend that recruitment practices are reviewed to ensure that all the necessary checks are in place prior to people starting their employment and that separate recruitment processes are held for each new role staff undertake.

Good

Is the service effective?

Our findings

People we spoke with were very complimentary about the staff team. One person told us, "Yes, staff go above and beyond to make us happy." Another person said, "I'm really happy with the staff and the service, they have treated me very well since being here." All the six people we spoke with said they found staff to be polite, competent and easy to speak to.

Staff confirmed they had access to a structured training and development programme. This ensured people in their care were supported by a skilled and competent staff team. One staff member told us, "I feel 100% supported, it's a great staff team with fantastic bosses. I couldn't fault any of them. We have all been here a while and it shows." Another member of staff said, "Support is fab, everyone has been really supportive."

Records and certificates of training showed that a wide range of training was provided for all staff. These included areas such as fire safety, medication, safeguarding, infection prevention control and health and safety.

Staff files we looked at showed that people received monthly supervision sessions and an annual appraisal of their performance. When speaking with staff they also told us that staff meetings and handover sessions at the beginning and end of each shift took place to ensure they were aware of how people had been and had the information they needed to provide care and support. Supervision notes confirmed that people had the opportunity to discuss their work performance, achievements, strengths, weaknesses and training needs. Staff we spoke with were happy with how supervision and appraisals were undertaken.

We saw that people received an induction prior to working at the home and were supported by experienced staff during the first few weeks of their employment although the recording of people's induction consisted of a checklist only. We discussed with the registered manager the need to record inductions more thoroughly to evidence what guidance, training and support new staff received. Staff confirmed that they had received an induction when first employed and received the necessary support needed when new to the role.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA. Staff we spoke with were aware of MCA and had received some training but had not undertaken direct training, i.e. MCA had been discussed within some safeguarding training and through the completion of NVQ training. At the time of our inspection no restrictions were in place and people were able to leave the home at any time unaccompanied, and we saw that people did this. There were also no other restrictive practices in use within the home. We discussed the need for specialist MCA training with the registered manager who agreed to source this.

We discussed consent issues with staff. All were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, assisting with medication and helping with day to day tasks. People who used the service cited no issues when we discussed consent issues with them.

During our inspection we toured the premises, viewing all communal areas of the home and people's private accommodation. The home was warm and comfortable. A friendly environment was evident. People had personalised their own accommodation to suit their own taste. People we spoke with were happy with the home and their own rooms.

People were involved in choosing and preparing their own meals and we saw evidence of this on the day of the inspection, via people's care plans and from talking with people and staff. Two of the six people living at Fernhaven

Good

Is the service effective?

had specialist diets, one was diabetic and one was vegetarian. We spoke with both who told us they had no concerns about the choices they had or the quality of the food. All the people we spoke with were happy with the food provided by the home and told us that it was of a good standard. We saw menus that had been planned in consultation with the people living at the home. The registered manager told us they tried to encourage healthy eating as much as possible but that this was balanced by giving as much choice as possible to people.

People's weight and blood pressure was monitored on a weekly basis and this was recorded in a separate file. Historical records were kept within people's care plans.

Good

Is the service caring?

Our findings

People we spoke with confirmed they were given the opportunity to make a range of decisions about the care and support they received. One person told us, "Yes, I sit down with (care co-ordinator) and talk about what is best for me." Another person said, "We are always asked what we want to do and look over and sign care plans."

Care plans we reviewed supported this information as did discussions with staff and other professionals such as social workers and commissioners of the service

All six people who lived at the home were largely independent and we saw that people left the home unaccompanied to access the local community. One person we spoke with told us they visited a local pub twice a week but kept to a limited amount of alcohol as they had previously had issues with alcohol. This was detailed within the persons care plan and risk assessed appropriately and the person we spoke with understood the reasons and consequences of keeping to such an agreement.

We observed staff treating people with respect and any assistance or interactions with people was done in a kind, patient and caring manner. People were at ease with staff and it was evident that staff knew the people well they were supporting. The atmosphere in the service was very relaxed because of the relationships that had been formed between people and staff providing support.

Information was made available to staff which included areas such as dignity and respect, confidentiality and equality and diversity. Policies were in place to support all of these areas. We spoke with staff and asked them how they ensured that people's dignity and respect were maintained at all times. Staff spoke well in this area and told us that a common sense approach was used given that the six people at Fernhaven were independent in maintaining their own personal hygiene. Staff were seen to knock on people's doors before entering rooms and approached people in a respectful manner.

We looked at care plans for five people. The information was well organised, contained good detail and was easy to follow. People told us they were involved in putting their care plans together and reviewing the information within them on a regular basis. We saw evidence to corroborate this.

The home operated an open, unrestricted policy to visiting times although people were encouraged to phone ahead to avoid coinciding with medication as some people suffered from mild side effects such as lethargy. Preference regarding visiting times was discussed with people who lived at the home and then passed on to relatives and other visitors.

Comments from people who worked at the home included: "It's a great place to work, the longer I have worked here the more interesting I have found it and the success stories are here for everyone to see"; "It's a great care team here, everyone has the guys best interests at heart" and "I love working here, the atmosphere is brilliant and everyone gets on."

The home had an end of life policy and processes in place including advanced statement procedures in case of deteriorating health, wills, lasting power of attorney and funeral arrangements.

Good

Is the service responsive?

Our findings

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed although not one person we spoke with had made a formal complaint. One person we spoke with said, "Yes, I know how to complain. I've never had to make one though." Another person said, "I am very happy to be here, there has been the odd disagreement over the years but nothing major and they have always been resolved the same day."

We saw that the home had a complaints policy in place and that this was displayed within the home and given to people when they first arrived. There was a complaints file in place; no complaints had been received at or into the home within the past 12 months. Staff we spoke with knew the complaints procedure and how to assist people if they needed to raise any concerns.

We examined the care files of all six people, who lived at Fernhaven. We saw that people had been involved in the development of their care and thorough needs assessments had been conducted before a placement was arranged at the home. There was a note on one person's files explaining that they had issues regarding authority and completing formal paperwork, this meant that getting them to sign forms or paperwork was difficult due to their paranoia. We spoke to the person during our visit and whilst they were reluctant to sign paperwork they were aware of their care plan and told us that they were involved in the design and development of their care.

Care plans included people's likes and dislikes and this helped to ensure the staff team were confident they could provide the care and support people required. People's life histories had been recorded, which helped the staff team to familiarise themselves with what people liked and disliked and also what their hobbies and interests were. Care staff confirmed that they had read the care plans for those they supported, to ensure they knew what support each individual required. Care plans were kept securely, however staff could access them easily if required.

We found care plans to be very person centred, which outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met. We saw within people's care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing. One person's care plan contained a crisis contingency and relapse prevention plan. The person had experienced issues with drugs and alcohol in the past and this part of their care plan was in place so staff could recognise signs of relapse at an early stage. There were also indicators for mid and late stages of relapse and all three sections had clear actions to take once relapse had been identified.

People were encouraged to maintain their own interests and undertake activities both within the home and externally. We were given several examples by people living at the home, one person told us, "I'm quite independent, I like to stick to my own regime, I go out to the local pub in town and look around some of the shops". Another person told us, "I'm quite busy, I go to art club twice a week, church every Sunday, church on a Wednesday for coffee, craft group the same day and confidence building class on a Thursday."

Good

Is the service well-led?

Our findings

We spoke with all six people who lived at Fernhaven about the management of the home. They were all very complimentary about how the home was being managed and told us that by living at Fernhaven this had made a positive contribution to their lives. One person told us, "The manager and staff are great, the service is great, it has done wonders for my confidence." Another person said, "The service is fantastic. I've never felt more content anywhere else, it's an excellent place to live." Another person we spoke with told us, "This is a great service, I feel content being here. I have never been this stable anywhere else. The manager and all the staff are brilliant."

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We found the service had clear lines of responsibility and accountability.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service. This included medication audits, care plan audits and infection control.

We observed the registered manager speaking with people in a respectful and courteous manner. He addressed each person by name throughout the day and from conversations he held with them it was clear that he understood their needs and knew all about them. The staff team were all very co-operative during the inspection. We found them to be passionate, very enthusiastic and dedicated to their work.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

The organisation had a whistle blowing policy in place which meant staff who felt unable to raise issues with their immediate manager were able to confidentially raise issues via that method and remain protected.

Service contracts were in place, which meant the building and equipment was maintained and was a safe place for people living at the home, staff and visitors. We saw service files in place to evidence this, which were well organised and up-to-date.

Comments from the staff we spoke with were very positive in relation to how the home was run. We saw good examples of how staff were supported including one member of staff being allowed to work around their studies. All the staff we spoke with said they were supported well and that the home was run efficiently with the welfare of the people living at the home always coming first.

The registered manager told us they were seeking external accreditation via Investors In People (IIP). IIP provides a best practice people management standard, offering accreditation to organisations that adhere to the IIP framework and is supported by the Department for Business, Innovation and Skills.