

# Miss Dawn Charlesworth and Mrs Cheryl Ince

## The Ferns

### Inspection report

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Date of inspection visit:  
31 January 2017  
13 February 2017

Date of publication:  
20 March 2017

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 31st January and 13th February 2017. This was done to enable us to speak with people who used the service. The Ferns is one of three small homes owned by the same provider.

At our last inspection on 29 October 2014 we found that The Ferns was not meeting the regulatory requirement to ensure that effective systems were in place to monitor and assess the quality of the home. We returned to the home on 15 October 2015 and found that improvements had been made and the regulatory requirement had been met.

The Ferns is registered to provide accommodation for up to 6 people who have a learning disability and mental health needs who require support with personal care. There were five people living at the home when we completed this inspection.

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 a 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 two registered managers for the home who share this role, one of whom was a registered provider.

People and staff said that they felt safe at The Ferns. Staff we spoke with knew what action to take if they were concerned about a person who used the service being at risk of harm or the practices of a colleague. They were confident that if they raised concerns with the providers they would be listened to and action would be taken to address the issue.

Recruitment and selection procedures were in place to help protect vulnerable people from staff who may be unsuitable to work with them. Staff knew people well, and there were enough staff on duty to meet people's needs.

There were procedures in place to ensure people received the appropriate support to manage their medicines. People were cared for in a safe and clean environment.

We saw that the home was comfortable, homely, clean and tidy. Some areas of the home had recently been decorated and the provider was aware that the home appeared tired in parts of the hall and stairways.

People who used the service had the capacity to make decisions about what they did and the choices they made. The staff we spoke with had a good understanding of people's risks and personal preferences so that they could support people safely and effectively.

People had been asked about what they wanted to eat and were involved in menu planning and shopping

for food to help promote choice and independence.

Everyone who used the service had the capacity to make decisions about what they did and how they spent their time.

Staff received the training and support from the providers to help support people safely and effectively.

People had access to the healthcare professionals that they needed, and were supported to attend routine appointments to help maintain their wellbeing.

The relationships we saw between people who used the service and support workers were warm, frequent and friendly. The atmosphere was calm and relaxed.

People were involved in developing their own person centred care plan, which included their personal preferences and wishes.

People chose which individual activities they wanted to be involved in and were able to take part in group activities if they wanted to, both in the home and in the community.

Systems were in place to record and review complaints. People no longer attend residents meetings and this was at their request. We saw people were encouraged to express their views about the service and we saw that they did so freely and openly.

Staff members we spoke with said that the registered manager and the providers were very approachable and supportive and they enjoyed working at The Ferns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff told us they had received safeguarding training and they knew what action to take if they suspected people were at risk of harm or from poor practice by colleagues.

We saw that procedures were in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people not all.

Staff we spoke with knew people and their individual needs and risks well and what action needed to be taken to keep people who used the service safe.

Medicines were appropriately managed and infection control procedures were in place.

### Is the service effective?

Good ●

The service was effective.

All the people who lived at the home had the capacity to freely express their views and opinions about the service they received and what they wanted to do in their day to day lives.

Staff received an induction, which included shadowing established staff to help them get to know people. They did not work alone with people until they felt safe and competent to do so.

People were happy with the food they received and were involved in deciding on the menu.

People were supported to maintain wellbeing by attending routine appointments with doctors, dentists, chiropodists and opticians as appropriate.

### Is the service caring?

Good ●

The service was caring.

The relationships we saw between people who used the service and support workers were warm, frequent and friendly. The atmosphere was calm and relaxed.

People we talked with told us that they were able to make their own choices about daily activities and that they could choose what to do, where to spend their time and with whom.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Information about people was person centred. People had been involved in the planning of their support and signed so confirm their agreement with it.

People were involved in a range of different activities both inside and outside the home depending on their individual needs and personal wishes. People had contact with their families and friends as appropriate.

People were encouraged to maintain their independence as far as possible with staff support arranged to meet their individual needs.

### **Is the service well-led?**

**Good** ●

The service was well led.

Systems were in place to regularly assess and monitor the health and safety of the service provided.

People who used the service and staff told us the registered manager and the providers were very approachable and supportive.

# The Ferns

## **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 and to provide a rating for the service under the Care Act 2014.

One inspector carried out this inspection, which was unannounced.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us and the Provider Information Record (PIR) that they had completed. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We made contact with the local authority safeguarding team and the commissioners of the service to obtain their views about the service. They raised no concerns with us about The Ferns.

On 31 January 2017 we spoke with two people who used the service, two members of staff and one of the provider responsible for the administration of the home. We returned on 13 February 2017 when spoke with two more people who used the service and in the absence of the provider responsible for people's care and support the provider responsible for the administration of the home.

We also looked at a range of records relating to how the service was managed; these included a care plan, medication records and other records about how the service was managed.

# Is the service safe?

## Our findings

People we spoke with who were able to tell us said that they felt safe at the home and raised no concerns, worries or problems with us. People told us they could speak to any member of the staff or gave us a name of someone on the team if they had any concerns. They were confident that they would be listened to and the staff member would take action to resolve the matter. People told us, "I feel safe. If I have worries I can talk with staff" and "I don't like going out at night." Staff said that they felt safe and comfortable to work at the home. They said that they were encouraged to contact the providers or the registered manager at anytime and they were confident they would respond.

Information about who to contact outside the home about safeguarding concerns was available on the notice board for people to view at any time. The term safeguarding is a word used to describe the processes that are in place in each local authority that people can use to help ensure people are protected from abuse, neglect or exploitation.

Staff told us that there were no behavioural management concerns at the time of our inspection and physical intervention techniques were not used. Staff told us they had received training in the safeguarding of vulnerable adults. A staff member said, "I know the process and my reporting responsibilities.

We looked at the recruitment files held for two staff who were employed within the organisation. Recruitment and selection procedures of staff are important to help ensure that people who use the service are protected from people who may be unsuitable to work with vulnerable people. We saw that most of the required information was on the staff files. Information held elsewhere was supplied to us following the inspection.

Records we saw showed that an interview took place to ensure the potential employee had the right qualities and motivation to work with vulnerable people. Staff we spoke with confirmed that this was the case.

During our visits to the home we saw that there was one staff member on duty at all times. This was confirmed on the staff rotas we saw for the home. We saw that additional staff were provided to support people who used the service to attend doctors appointments and these were usually undertaken by the registered manager.

We were aware that two new staff members had come to work at the home since our last inspection and were told by the provider that they had settled in well. The provider said, "The staff here are fantastic and enthusiastic."

No agency staff were used by the home. Members of the staff team told us that they covered with each other were they could. If not a member of staff from one of the other two homes came. This meant that people were supported by staff who knew them well.

A person told us that they were at risk of scalds from using the kettle. They staff, "The staff do that for me now." We saw on a care record that there were risk assessments in place which included a personal emergency evacuation plan (PEEP). The last fire drill at the service took place on 28 January 2017. We saw that there was a fire risk assessment in place. The provider told us that they had recently arranged a contract with a new provider to update the risk assessment. We saw that the checks had been carried out on the fire alarm and the fire extinguishers were in date.

We looked around parts of the home which was comfortable and homely, however it was tired in appearance in communal areas such as the hall and stairs. We saw that the dining room had recently been decorated and some furniture had been purchased. A person also told us they had a new carpet fitted and curtains in their bedroom.

We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate to ensure they were safe to use. The PIR informed us that a test was carried out annually of the home water supply to ensure that there was no Legionella bacteria present that could potentially harm people.

Staff members were responsible for cooking and cleaning as well as supporting people with daily living skills. A cleaning rota was seen to be in place. The kitchen was seen to be clean, tidy and well organised. Colour coded chopping boards were available for people to use to help prevent the spread of food related infections. Fridge and freezers temperatures were all checked and recorded to help ensure that food was kept at safe temperatures. The service used colour coded mops and buckets in different areas of the home such as the bathrooms and the kitchen to minimise the risk of cross contamination.

We saw that there were systems in place to prevent the spread of infection which could lead to people becoming unwell. Staff told us they had access to personal protective equipment such as disposable wipes, gloves and aprons that they used when supporting people with personal care. Red bags were also used to separate any items that needed to be washed separately. It was however noted that although there was liquid hand wash there were no paper towels available in the bathroom on the second day of our inspection.

Two people received medicines from staff. One person we asked confirmed that they never ran out of their medication and always received their medication on time. No one was taking their medicines independently. We saw that a community learning disability nurse was involved in supporting and monitoring a person to reduce their long standing medicines.

Medicines were securely held and the key to the medicines was handed from staff member to staff member at each staff change. No controlled drugs, "as required" medicines to support people's behaviours or medicines given without a person's knowledge were being used. Authorisation from the person's doctor was sought for the use of regular over the counter medicines used, for example, indigestion.

One person was receiving insulin and this was being stored in a locked box in the fridge. All staff administering insulin had received training from the diabetes nurse at a local hospital.

A staff member told us that the service's relationship with the supplying pharmacist was good and any issues that occurred were resolved quickly. We looked at the Medication Administration Record sheets (MARs) for all the people who received medication from staff and found these were fully completed. Two signatures were in place on records to confirm the medicines were correct when they received them from the pharmacy. The staff we spoke with told us they had received medication training as part of their induction training to ensure they were competent to administer medicines safely.



# Is the service effective?

## Our findings

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). There were no DoLS in place at the time of our inspection.

All the people who lived at the home had the capacity to freely express their views and opinions about the service they received and what they wanted to do in their day to day lives. A staff member said, "Everyone makes there own decisions here."

We saw a person care records that consent to care and treatment including the administration of medicines was in place.

Discussion with people who used the service and the staff who supported them showed that people who lived at the home were treated as individuals in order to meet their diverse needs. We were told that people who used the service did not display behaviours that could challenge others.

We spoke with two of the support workers on duty on the day of our inspection. They told us they enjoyed working at The Ferns. We spoke with a new member of staff. They said, "Everybody made me feel welcome." They confirmed they had received induction training from an established member of staff to enable them to get to know people who lived at the home, their personal preferences, care and support needs and risk before working at the home alone with them.

A support worker told us that they were undertaking a Level 5 in Leadership and Management as part of the personal development. This was to help them to undertake more responsibility in the running of the home in the future. The PIR confirmed this and stated that plans were in place to enrol staff on level 3 of the National Vocational Qualification (NVQ) in care to develop the staff team further. Training records on the staff files we saw showed they had received the basic training they needed for example, manual handling, health and safety, infection control, safeguarding, medication, food hygiene, first aid, fire safety and the MCA and DoLS.

A staff member confirmed that they received supervision from either the provider responsible for care or the senior support worker every month. They told us they could speak to the registered manager or providers at any time for help and advice.

People we spoke with told us that they were happy with the food that was provided. On the first day of the inspection there were two members of staff on duty. One staff member was going with two people to do the weekly shop for the home. A person who was going with the staff member said they enjoyed going shopping with the staff member. The support worker said there was always plenty of food available for people to eat which included fresh fruit and vegetables which we saw. The staff were also preparing for a birthday party for one of the people who used the service.

There was a six week rotational menu in place that showed the main meal of the day. A support worker told us that the menus had recently been reviewed by people who used the service to help ensure it was what they wanted to eat. The menu was seen to be varied and include a range of different meals, which included, Spanish omelette, chicken green curry, Sunday roasts and BBQ spare ribs. People's likes and dislikes in relation to food were recorded on the care records. People told us they also enjoyed having a takeaway meal and going out to eat.

A nutritional risk assessment was seen on a person's records and information that they were weighed regularly. Where appropriate a speech and language therapist (SALT) assessment was in place. A jug of juice was available for people to drink and where able people could make hot drinks as and when they wanted to unless they were at risk of doing so. Fresh fruit was available for people to eat.

Staff told us that they supported some people with their health and wellbeing where encouragement was needed. For example, by encouraging health eating and supporting people to attend BEATs to see a personal trainer and use toning tables for exercise. One of the people that this related to confirmed this was the case, and they were trying hard to lose weight. They said, "I am trying to lose weight and staff are helping me. I am going to Castle Knights to do more sports."

We saw that appointments with and visits to the home by health care professionals, such as doctors, dentists, chiropodists and community learning disability nurses were recorded so staff members would know when these visits had taken place and why.

People had health action plans in place and also a 'Traffic Light' forms in place. This was a form that the person took with them if they were admitted to hospital. The information gave hospital staff information they needed to have about the person so they could support them effectively during their admission.

## Is the service caring?

### Our findings

We saw that the people who lived at The Ferns looked well cared for. Two new people had come to live at the home since our last inspection. People we spoke with told us they generally got on well together as a group. People said, "Everyone gets on okay as far as I know" and "I get on with everyone."

The atmosphere at the home was calm and relaxed. We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. People told us, "The staff are easy to talk to. I am happy with everything" and "I was ready to move. Its quieter here. My life's improved. I like it here its less stressful."

Staff said, "There is a good atmosphere here and lots of laughter," "I am really happy here. I love the job and the people," "I enjoy sitting and chatting with people" and "We have fun."

People we talked with told us that they were able to make their own choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. A new person said, "Its my first time [in a care home]. I am doing more things here."

People told us they liked their bedrooms, which were highly personalised with their belongings. Two people had modern four poster beds that they said they really liked. Two people shared an attic bedroom and had done so for many years. One of these people confirmed that they were happy with the arrangement. They had a screen which they could use if they wanted to.

People told us about the Christmas Party they had attended with people from all three homes that the providers owned. People told us they enjoyed the party and people's relatives were also invited to them to celebrate. One person told us that they regularly went to church and that this was important to them. They also had many friends at church. Another person said, "I like to see my friend."

During our inspection one person had a birthday and a party had been arranged to celebrate. The person told us that they had invited only the people they wanted to attend.

We saw that personal information about people who lived at The Ferns was stored securely which meant that they could be sure that information about them was kept confidentially. Details about advocacy services were also available for people to use.

## Is the service responsive?

### Our findings

It was clear from discussions with support workers that they had a good understanding of people's individual needs and risks. Staff members were kept up to date with any day to day changes during the verbal handovers that took place at every staff change. This helped to ensure they were aware of any on-going issues so they could provide appropriate support to people. We saw that staff also had access to people's care records for information about how they were to be supported.

We looked at the care plans of a new person to see what support they needed and how this was recorded. We saw records that showed a community based social care professional had assessed the person's needs and produced a care plan for the person before they moved into the home. The care plan we looked at was personalised and reflected the needs of the individual. The person had signed the plan to confirm they were included in developing it and their agreement with it.

We saw that there was personal information which was person centred, which included a document called, 'All About Me'. The information included information about the people who important to them, what was important to them and their likes and dislikes in a format that they could understand. There was also information about keeping safe and raising concerns. People's records were reviewed every six months or whenever their needs changed.

A staff member confirmed, "People are doing activities." Another staff member told that they participated in activities with people, which they really enjoyed. For example, going to the Lowry theatre and also local drop in facilities like the Green café and the Jubilee Centre.

People were involved in different activities, for example, one person went out to do voluntary work for elderly people, three people went to college and outreach centres whilst another person had retired. Most people had contact with either their families and friends and this was supported and encouraged.

People told us about their hobbies and interests, for example, using their ipads so play music, watching 'soaps' on television and adult colouring books. One person said, "I like writing stories and [staff member] helps me."

We found people who used the service were encouraged to become as independent as possible with staff support arranged to meet their individual needs. Wherever possible and with support as necessary, people who used the service took responsibility for household tasks such as preparing snack meals, washing and drying after meals, washing their clothes, vacuuming and general cleaning of their rooms. One person told us, "I like to help in the kitchen. I do the salads." Another said, "I am going to [local college] to learn how to cook."

Staff told us that residents meetings were no longer held and this was at the request of people who preferred to be asked individually. We saw that people were able to openly and freely express their views and opinions about the service. People we spoke with told us they had no worries or concerns.

People said, "I have no complaints. Everything is alright here" and "If I had a worry. I would speak to [staff member] who helps me look up words." The service had a compliments, comments and complaints file which was accessible to both people who used the service and members of staff. No recent complaints had been made at the service and we had not received any complaints about the service. We saw that compliments were recorded, for example, a family had said about a party that they had a good time and enjoyed the cake.

## Is the service well-led?

### Our findings

At our last comprehensive inspection on 29 October 2014 we found that The Ferns was not meeting the regulatory requirement to ensure that effective systems were in place to monitor and assess the quality of the home. We returned to the home on 15 October 2015 and found that improvements had been made and the regulatory requirement had been met.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. A quality assurance satisfaction was carried out with people who used the service following our visit. The PIR informed us that an external assessor carried out a health and safety assessment at the home. Although systems were in place to regularly monitor health and safety at the home, for example, the health and safety and building audits carried out by staff, they did not always evidence what action the provider had taken to address any issues found.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe. We also contacted the local authority safeguarding and quality assurance teams who raised no concerns with us about the location.

Prior to our inspection we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We noted that this was more detailed than the last PIR and gave more information about the service. Information on the PIR informed us that the service would concentrate on staff development and training in the coming year, consider ways of supporting people at the home as they became older and increase staffing levels to increase flexibility and ensure people have more one to one time with staff.

The registered provider told us they were involved in attending local partnership meetings and received newsletters from health and social care organisations. This help them to keep up to date with changing legislation and guidance. The service had a computerised system had been set up in each of the providers three homes and included audit information and all the homes policies and procedures. Plans were still in place to add person centred planning documents for people who used the service into the new system. This system could be monitored remotely by the providers.

The providers were clear about the need to ensure the service was run in a way that supported people's individual needs and promoted their right to lead their own life as much as possible. People were supported to maintain links with family and friends within the wider community. We saw that people were able to speak openly and freely with the registered manager and the providers in order to express their views and opinions.

Staff spoke positively about the support they received from the registered manager and the providers. They said, "If you need them they are always there and always have time to talk."