

Partnerships in Care Limited

Fern Lodge Care Home

Inspection report

5 Eversley Park
Chester
Cheshire
CH2 2AJ

Tel: 01244372288

Website: www.partnershipsincare.co.uk

Date of inspection visit:
09 February 2016

Date of publication:
03 March 2016

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

We carried out an unannounced inspection of Fern Lodge on 9 of February 2016

Fern Lodge is a Victorian, three-storey semi-detached house near Chester City Centre. The home provides care and support for adults who have difficulties with their mental health.

A manager was in place but they were not registered. We saw evidence that this person had started the registration process with CQC and that this was on-going. 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 who used the service told us that they were happy living at Fern Lodge, felt safe and considered that staff cared about them. This was reinforced by observation of the care practice provided to all people who were present during our visit. Staff explained to us what they would do to keep people safe and how they protected their rights. Staff had been provided with training and showed an understanding about safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff practice was focussed completely on the needs of people and this was delivered in a friendly yet dignified manner.

People had full access to general medical services as well as more specialised support reflecting their needs when required.

There were opportunities for people to take part in group activities but they were also encouraged to develop personal interests and employment in the wider community and this was evident throughout the building and through individual discussions.

Staff protected people from the risks associated with poor nutrition and hydration as they encouraged people to eat and choose a balanced diet. People had their nutritional needs met. Records that we looked at were comprehensive and kept up to date. Support plans contained detailed information on each person and how their care and support was to be delivered. All care plans were being reviewed to enable them to become more person centred. The information was regularly reviewed with the person who used the service and significant others. People were given the opportunity to be involved in the devising of their care plans but not all chose to do so.

People were supported by staff who were trained and regularly supervised. The service was run by a manager who was undergoing the registration process with us and a registered provider who were open and transparent in their practice. They were responsive to the views of staff and people alike and monitored the quality of care in an objective and transparent manner.

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.

People told us that they felt safe with the staff team. Staff had gone through safe recruitment processes to ensure that they were suitable to work in the service.

Staff demonstrated a good understanding of types of abuse and what action they would take to protect people.

The premises were hygienic, well maintained and safe.

Is the service effective?

Good ●

The service was effective

Staff received the training they need to meet people's needs.

Staff demonstrated a good understanding of the Mental Capacity Act and how it could impact on people living at Fern Lodge.

People who used the service have their nutritional needs taken into account.

Is the service caring?

Good ●

The service was caring

People felt as though the staff team cared about their welfare. People were treated with dignity and respect

People were included in decision making about their own lives and the running of the service.

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People were able to be as independent in their daily lives as possible.

Is the service responsive?

Good ●

The service was responsive.

The Registered Provider was working towards creating care plans which were person centred.

People were able to pursue their own activities both inside their home or in the wider community.

People were aware of how to make a complaints

Is the service well-led?

Good 

The service was well led

People who used the service were happy with the support they received which suggested that the management of the service was focussed on meeting their needs and achieving with positive outcomes for them..

The staff team considered that the manager and registered provider were supportive and responsive to the needs of people.

The management of the service and the registered provider demonstrated a clear understanding of the requirements made of a registered service..

Fern Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 9 of February 2016 and was unannounced.

The inspection was carried out by an Adult Social Care inspector

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at five care plans and other records such as staff recruitment files, training records, policies and procedures and complaints files. We had not asked for a Provider Information Return (PIR) before our visit.

We checked to see if a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. No visit had yet been undertaken by Healthwatch to Fern Lodge since the new registered provider took over the service.

Prior to the inspection we contacted a number of organisations for their views on the service. These included the local authority commissioners and the safeguarding unit. Neither agency had any concerns about the service.

This was the first inspection we had undertaken since the service was taken over by a new registered provider.

During the inspection we spoke with five people who used the service. People were provided with the opportunity to speak with us but not all wanted to. We observed the interactions and support provided to those who did not wish to talk to us. Comments were positive about the standard of support provided to people by the service and in turn this enabled us to conclude that their lifestyles had been positively affected by the support provided.

We spoke to two members of staff one of which was a senior member of staff. We looked at the records of all people who used the service and also records relating to the management of the service. These included quality audits, training records, and records relating to the recruitment and support of staff. We conducted a full tour of the premises. This was done to ensure that standards of hygiene and decoration were being maintained.

We provided information to visitors and other people who lived at the service who were not available on the day as to how they could have their say about the service. No comments were received at the time of this report, although any subsequent feedback will be used as part of our on-going inspection process.

Is the service safe?

Our findings

People told us that they felt safe living at Fern Lodge and felt that they had their personal safety and financial interests promoted by the staff.

People were very positive about the on-going refurbishment of the building; in particular their own living space and communal areas which they said had greatly improved. People also told us that there was always enough staff on duty to assist them with anything they needed. They told us "I feel safe", "this place is the best thing that has happened to me" and "I always get my tablets when I need them, staff deal with them and I am happy with that". Other comments included: "The home is looking much better now" and "I am happy with my room they bought new furniture and it looks great"

People told us that they always received their medications on time and were happy to let the staff team manage all aspects of their medication although they had the choice to self medicate if they wished. Most people told us that they relied on the staff to manage their medicines and they were happy with this.

Staff demonstrated a good understanding of the types of abuse that could occur in a care setting. They told us that they would report any concerns to the manager and they felt confident that action would be taken. A nursing member of staff told us that if any concerns were reported to them, they felt they had all the information they needed to report these to the Local Authority. Staff had a good understanding of the whistleblowing process and were aware of the external agencies they could contact if they had concerns. Staff had received training in safeguarding awareness. This meant that the people who used the service could be confident that their personal safety and other interests would be safeguarded. Our records did not show any safeguarding concerns connected with the service and the local authority told us that they had no concerns.

The premises were subject to a refurbishment plan and lounge and bedroom areas had been focussed on in the first instance. Communal lounges were home like in appearance and comfortable. Bedrooms had been redecorated with new furniture purchased and people told us that this had been a welcomed and positive move. Some corridors were in need of refurbishment, particularly carpets and walls yet these were to be done in the near future.

The building was clean and we did not detect any issues of poor hygiene. We saw that staff had received training in infection control. This was confirmed through training records and discussions with staff. An infection control audit was in place.

Additional audits were in place relating to the safety of the premises. There was evidence that systems within the building such as portable appliances, gas, electricity and fire systems had been serviced and checked. Windows on upper floors had all been restricted enabling ventilation but ensuring the safety of people living there. Assessments were in place relating to those risks faced by people in the home environment. These were up to date and had been reviewed. In addition to this, assessments were in place relating to individual risks faced by people in their daily lives. Again these were current and reviewed when

needed. Such risk assessments related to issues such as nutritional risks or mobility. One person told us that they had a condition which meant that occasionally they were unstable on their feet and we saw that an assessment was in place to take this into account. People told us that they were mindful of telling staff when they were leaving the building. They saw this as a positive step to ensure their safety as well as determining their whereabouts in the event of an emergency such as a fire.

Any incidents or accidents were recorded. All these were reported through a system which enabled the registered provider to identify any patterns or trends. We saw that a recent incident had been recorded with evidence suggesting that all stages of the incident had been recorded with a satisfactory outcome.

People told us that there was always enough staff on duty. Staff told us that staffing levels were maintained and at the time of our visit these met the needs of people. Staff told us that dependency levels of people had broadly remained the same and at that point there had not been a need to increase staffing levels. A staff rota was available confirming staff levels. The service had two vacancies at nursing staff level. The registered provider had advertised for new nursing staff and this was on-going. Staff on duty during our visit included a mix of nursing, care and ancillary staff.

Only one member of staff had been recruited since the registered provider took the service over in 2015. We found that appropriate checks had been carried out to determine the suitability of this person to work at Fern Lodge. Checks had included a disclosure and barring service checks (known as a DBS), references and medical assessment. Audits had been undertaken by the registered provider recently to make sure that recruitment files were up to date. Any actions needed were identified through this audit.

One person managed one item of medication and a risk assessment outlining whether this was safe had been put into place. We looked at how medicines promoted the health and well-being of people living at Fern Lodge. All medicines including controlled drugs were securely stored in purpose-built cupboards which were located within a locked room. A daily stock check was made on this medication and the amount indicated by records tallied with the stock held. All medication administration records had been appropriately signed and included codes for those occasions when medicines had not been given. All medication stock levels were checked and those medicines received recorded.

Is the service effective?

Our findings

People told us that they were happy with the food provided and that alternatives were always available if wanted. They were positive about the staff team and told us that "they know what they were doing". People told us that they were always asked for their consent with any support they were given and if they did not consent; these decisions were respected.

Staff told us that they had received training in health and safety topics as well as training relating to mental health, mental capacity, the Mental Health Act and equality and diversity. Staff told us that the training had moved to an online system and that the registered provider was keen to expand training and look for new opportunities for staff. All training received was confirmed through certificates and training records. Staff said the training they received assisted them with their practice. They were looking to receive training in de-escalation techniques. This is a method whereby those people displaying challenging behaviours could be managed through staff talking to them, reassuring them and ensuring that they were not placed in vulnerable situations to begin with. The need for physical restraint was not applicable to people living at Fern Lodge at present yet staff felt that this skill would be of use to them.

Staff had received supervision recently. Nursing staff had received supervision from a registered manager who was employed in another service operated by the registered provider. One member of staff confirmed that they had received an appraisal of their work while the other person stated that this had not yet happened. Our visit coincided with the anniversary of the registered provider becoming registered with us so it was anticipated that annual appraisals would be completed in the near future.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

No-one living at Fern Lodge at the time of our visit was subject to a deprivation of liberty safeguard. The capacity of people to make decisions had been taken into account and was included within their plan of care. Discussions with nursing and care staff noted that they had received training in the Mental Capacity Act and were able to give a good account of the issues involved and how these would impact of the people living there.

The preferred communication of people was included within care plans. All people living at Fern Lodge were able to communicate verbally. Attention had been paid by the staff in determining which people did not express views readily to ensure that their voice and preferences were heard.

All people had a nutritional risk assessment to determine the risks associated in preventing potential

malnutrition. People were weighed regularly so that weight could be closely monitored. Where people were potentially at risk, the weights of these people were monitored more regularly. We observed lunchtime during our visit. No-one needed assistance with eating or close supervision. A menu was on display indicating which meals were on offer for the day as well as alternatives. Hot and cold drinks were available throughout the day.

The kitchen was well equipped and contained all those appliances needed to prepare meals. The registered provider employed a cook who was able to direct us to cleaning schedules for the kitchen as well as the monitoring of food temperatures as well as records indicating the temperatures of refrigerators and freezers. Meals were served in a dining room which was pleasantly decorated. We saw that people who used the service took it in turns to assist with laying tables in readiness for the meal. Everyone we spoke with were complimentary about the standards of the food provided and told us that the cook was "very good". Care plans outlined people's likes and dislikes in relation to meals.

Care plans and our observations indicated that no one had significant mobility issues which needed the environment to be significantly adapted. All people were able to mobilise around the building freely and independently. Two people we spoke with did have some limited mobility and had been provided with aids to assist them. Both told us that they were able to move around unhindered and both had bedrooms on the ground floor to assist them. All outside areas such as the main entrance and route to the rear garden was accessible to all.

Is the service caring?

Our findings

People told us that they felt cared for and that the staff team did everything to ensure that they had a fulfilling life. They told us "they are the best thing that ever happened to me, I think the world of them", "They really care about me" and "I am happy with the way the staff are and so are my family". People told us that they were generally well although when health issues arose, they were supported by the service to make appointments and felt that the staff sorted things out "straight away"

We observed a staff approach that was centred on the needs of people and that this was done in a friendly and supportive manner. When people had issues to discuss with staff this was always done in private and during other times, interactions between staff and people was relaxed, positive and light hearted. Staff practice was geared to ensuring that people were treated equally and this had been enhanced by the staff team receiving equality and diversity training. We saw many examples of the staff team included people in decisions about their own routines and staff were a significant point of contact for people living at Fern Lodge. People told us that they had a monthly meeting with the staff team. This provided them with the opportunity to make suggestions as well as keeping them up to date with developments within the service.

Records indicated that the health needs of people were taken into account. Routine visits to doctors, dentists and opticians were recorded and arranged when needed. The needs of people in the service meant that some specialist services were required. At times these were routine appointments although some were in response to a specific event. We saw examples of appointments with psychiatrists and community psychiatric nurses. When significant health issues arose, we saw examples of staff responded to them ensured that people got the right treatment. This included gaining assistance and advice from local hospitals. Where people had been admitted into hospital for various reasons, the staff team sought to maintain contact to gain an idea of how the person's health was progressing.

The registered provider had made arrangements for independent advocates to visit the service each week. This had stopped temporarily because of recruitment issues. We were told that when these occurred they had been positive for people who may wish to talk about their own needs and experiences to people independent from the staff team.

The privacy of people was taken into account and people told us that their privacy was respected at all times. People who preferred to stay in their own rooms for significant periods of time were enabled to do so however the staff team were mindful of their duty of care to make sure that people remained safe. Staff knocked on people's doors before they entered and adopted a dignified approach with people at all times. They were non-judgmental and supportive. When people wished to speak to someone in private, discussions could take place in the main office with the door closed to ensure that confidentiality was maintained. When we spoke with the nurse on duty, again any confidential information provided to us was only done once the office door was closed again to ensure that the information shared was protected.

People told us that they were independent to come and go as they pleased. The staff were mindful of the rights of people to access the community but also the requirement to strike a balance between rights and

safety. Safeguards had been put into place whereby people would tell staff where they were going and a rough time for them to return. People who relied on the use of mobility aids were able to do so effectively and independently.

Is the service responsive?

Our findings

People told us that they felt that they were treated as individuals by the staff team. Some were aware of their care plans while others told us that they were not involved in it through personal choice. People told us that they were able to pursue their own interests as well as access the wider community when they wished. People had not had to make a complaint yet knew who to speak to and felt confident that their concerns would be listened to and acted upon.

The manager was in the process of reviewing and revising care plans. It had been recognised that care plans had contained the information needed to support people yet there was potential for them to be more person centred. We saw examples of old care plans and the new system that was gradually being put into place. Older care plans outlined basic needs of people in their daily lives and indicated whether they wished to be involved in reviews. Newer care plans provided a more individualised focus for each person indicating the more significant issues faced by people and details of how positive goals could be achieved. We looked at two revised care plans and saw that an emphasis was on how the individual could be more involved in independently meeting their needs or meeting them with differing levels of staff support. Much of the needs of people in care plans focussed on promoting and maintaining positive mental health. All care plans had been reviewed and covered the main needs of people. Where health or other events had arisen, we saw that new care plans had been devised to take these into account.

Some people had only come to live at Fern Lodge within the past few months. We saw that relevant assessments had been gained from other agencies involved in their care and this information had then been transferred to form the basis of a care plan.

Some people were employed whilst others had their own routines and activities which involved them accessing the local community. For those who were not able to do this an activities programme was available with the service. Information was available indicating what activities would be available but people told us that this was flexible. Included in the programme was the opportunity for people to make suggestions about what activities they wanted to pursue in house.

People we spoke with told us that they never felt isolated within the service and that while at times they enjoyed their own company, staff did come to see them from time to time to "make sure I am alright". Assessments had been completed offering an idea of how independent people could be in certain household tasks. These included assessments on making a drink, dealing with their laundry or cleaning their room. We saw staff encouraging people to carry out these tasks during our visit. One person was able to independently manage parts of their own prescribed medication yet risk assessments were in place to ensure that this was done safely.

A complaints procedure was available and this outlined how a complaint could be made and the timescales involved in investigating concerns. No complaints had been received by the service and our records suggested that no complaints had been made about the service to us.

Is the service well-led?

Our findings

People told us that they were involved in the running of the service and always received up to date information about progress within the home. They told us that their views about the quality of the service were sought. This included individual conversations with staff as well as more formal surveys and questionnaires. People told us that they were very happy with the support that they received and that this was done in a well-managed way.

The service had a manager who had not yet completed the registration process with CQC . An application had been made and the assessment process was underway.

The manager was seeking to improve systems within the service such as care planning and auditing.. A process of reviewing care planning was in place and new care plans indicated that the manager was seeking to promote a more personalised service for people. The revision of care plans was a gradual process and was being given priority by the management team. We saw that audits were in place for recruitment, care plans and health and safety..

Staff told us that they considered the manager to be approachable and fair and that the service was well managed. While the service had been taken over by a new registered provider in 2015, the staffing of the service remained the same as under the previous provider. The new registered provider was seen as supportive and responsive to requests by the management team despite some initial teething problems.

We saw that surveys had been devised by the provider for circulation to people who used the service, their families and other professionals. These had yet to be circulated. The management team had identified that these may need to be adapted in order to better reflect the community- based service offered by Fern Lodge. This process was on-going.

Our own records indicated that when needed, the registered provider had informed us of adverse incidents which affected the wellbeing of people who used the service. We saw that a registration certificate had been put on display and that other information relating to the Care Quality Commission was available.

All records were securely stored when not in use and were accurate and up to date.