

Mr Islamuddeen Duymun

Fernhaven

Inspection report

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Ratings

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

Summary of findings

Overall summary

Fernhaven provides accommodation for up to six people, who are diagnosed with mental health needs. The home is situated in St Annes on Sea and is within easy reach of public transport, the beach and local amenities. Accommodation within the home is situated on three floors. The service has a lounge and a dining room situated on the ground floor. A designated smoking room is available on the first floor of the home. At the time of our inspection visit there were six people who lived at the home.

At the last inspection carried out on 19 November 2015 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People who lived at the home told us they were happy, felt safe and were treated with kindness at all times.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at times they needed them.

People told us they were treated as individuals and received person centred care. Staff were caring, kind and promoted people's independence.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place to live. We found equipment had been serviced and maintained as required.

The service had safe infection control procedures in place. People who lived at the home told us they were happy with the standard of hygiene in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care and support had been planned with them. People told us they had been consulted and listened to when it came to making choices about how their care would be delivered.

Care plans were organised and had identified care and support people required. We found they were informative about the support people had received.

People told us they were happy with the variety and choice of meals available to them. Staff encouraged people to prepare their own meals as far as possible.

People were supported to have access to healthcare professionals and their healthcare needs had been met. Comments from a visiting healthcare professional were complimentary about the support provided by the registered manager and the staff team.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives. People told us staff who supported them treated them with respect and dignity.

The service had information with regards to support from an external advocate should this be required by people they supported.

The service had a suitable complaints procedure. People we spoke with told us they were happy with the service and had no complaints.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek people's views about the service provided.

Further information is in the detailed findings below.

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 has improved to Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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.

Fernhaven is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 23 and 29 March 2018 and was unannounced on the first day.

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning department at Lancashire County Council. This helped us to gain a balanced overview of what people experienced accessing the service.

During the inspection visit we spoke with a range of people about the service. They included two people who lived at the home, the registered manager, care coordinator, two care staff and a cleaner. We observed care practices and how staff interacted with people in their care.

We looked at care records of two people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records related to the management of the service, recruitment and supervision arrangements of three staff members and staffing levels. We also checked the environment to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home told us they felt safe in the care of staff who supported them. Comments received included, "I am happy here. There are always enough staff, even overnight. They are good, they want to know I'm safe." And, "I feel very safe. They look after us in the best way possible. There's always enough staff."

When we last inspected the service on 19 November 2015, we made a recommendation with regard to recruitment practices and recording of important checks to ensure staff suitability for the role. During this inspection, we checked the recruitment records of three staff members and found the required information had been recorded.

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe. Additionally, the provider ensured there was always at least one member of staff on site who was trained to administer first aid.

We saw personal emergency evacuation plans (PEEPs) had been developed for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

The service continued to ensure there were sufficient numbers of staff available to meet people's needs. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. People who lived at the home were largely independent, but staff were on hand to provide support as required.

We looked at how the service managed medicines. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to ensure the proper and safe management of medicines.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

We looked at how accidents and incidents were managed by the service. Any accident or 'near miss' was reviewed by senior staff to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

People supported by the service continued to receive effective care because they were supported by staff who had a good understanding of their needs. We established through our observations and discussions people received effective, safe and appropriate care which met their needs and protected their rights. Comments we received from people included, "The staff do a very good job. They all know what they're doing." And, "I've been here 12 years and have come on leaps and bounds. This place is really beneficial." This person went on to explain they had spent a lot of time in hospital due to their condition before moving to Fernhaven, but since moving in this had reduced significantly, due to the care and support they received.

We saw evidence that the provider was referencing current legislation, standards and evidence based guidance to achieve effective outcomes.

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Senior staff, in consultation with the person, had produced a plan of care for staff to follow. The plans contained information about people's current needs as well as their wishes and preferences. Care plans had been signed by people, consenting to the support provided.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

People told us the service provided a good standard of food. They said they received varied, nutritious meals and always had plenty to eat. Menus were planned with people who lived at the home in order to accommodate people's preferences. People we spoke with told us they could choose to prepare meals themselves, assist staff or have meals prepared for them. Staff we spoke with told us they tried to encourage people to do what they were able, in order to maintain and develop life skills, such as preparing meals.

The service shared information with other professional's about people's needs on a need to know basis. For example, information was shared with professionals about how people presented and any changes in their circumstances. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

We looked around the building and found it was appropriate for the care and support provided. People were able to choose how they decorated their bedrooms and what furniture they wanted. People we spoke with told us the premises met their needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service supported this practice.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between staff and people in their care and spoke with people about their experiences. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful and kind and showed compassion to people in their care. One person told us, "I love the care team. The way the home is run is fantastic."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. Policies and procedures referred to protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information in care plans covered any support people wanted in order to retain their independence and live a meaningful life.

We spoke with the manager about access to advocacy services should people in her care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

People we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff members spoke with people in a respectful way and were kind, caring and patient. People we spoke with told us staff respected their privacy, for example, knocking on doors before entering. One person told us, "They really do treat me with respect. I have no complaints at all about the staff."

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people who lived at the home. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. One person told us, "I choose how to spend my time, I'm not forced to do anything. I sit down with [staff member] each month and go through all the paperwork to make sure everything is still right for me. It works really well." Another person told us, "I choose everything I want. What they support me with and what I do myself. We go through everything quite often and they're always asking me for my opinions."

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans we looked at identified information about whether the person had any communication needs.

The service had a complaints procedure which was made available to people when they moved into the home. The procedure was clear in explaining how a complaint could be made and reassured people any complaint would be dealt with. The service had not received any complaints since our last inspection. People who lived at the home told us they knew how to make a complaint and felt the management team would resolve any issues swiftly. One person told us, "I've never had to make a complaint or raise anything. I'd just go to [registered manager] or one of the staff and I'm sure they'd sort it out."

People's end of life wishes had been recorded so staff were aware of these. At the time of our inspection, Fernhaven did not provide end of life care to people who used the service. However, we saw an up-to-date policy covered relevant information and guided staff to important procedures.

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way in which the home was managed. Comments received included, "They run a tight ship. [Registered manager and care coordinator] are wonderful people. I consider them as family." And, "They [management team] are very nice people. They are experienced and do their best to do the job well. They are good leaders and good managers."

The service had a registered manager. 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.

We found the service had clear lines of responsibility and accountability. The manager and the staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service.

The service had systems to monitor and assess the quality of the service. Regular audits had been completed including medicines, care plans, infection control and the environment. Staff told us they were able to contribute to the way the home ran through ongoing dialogue with the registered manager who was on site daily, supervisions and daily handovers. They told us they felt supported by the registered manager and care coordinator.

Surveys completed by people who lived at the home confirmed they were happy with the standard of care, accommodation and meals organised. They also said they felt safe and the home was well managed. Visiting professionals had also been asked for their feedback.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's and district nurses. We saw feedback from one external professional who stated, 'I believe my clients are extremely well-placed and have benefitted greatly from the way that both management and staff have engaged with them and have worked in partnership with myself and my team.'

The service had on display their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.