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The Ferns

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?

Requires Improvement 

Overall summary

This inspection was unannounced and took place over three short visits 29 October and 20 November 2014. 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 providers.

The last inspection of The Ferns took place on 3 June 2013 when it was found to be meeting all the regulatory requirements.

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 6 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

Summary of findings

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.

On the first day of the inspection we spoke with two people who used the service and two support workers. We also spent time observing the care and support of a person who chose not to speak with us.

On 11 November we spent time with both the providers. We talked with the providers about their plans to make improvements to all three services that they were responsible for and looked at maintenance, recruitment and other records relating to the running of them.

We returned again on 20 November 2014 to speak with two other people who used the service and briefly with a third support worker,

We were made to feel welcome by both people who lived at the service and the staff supporting them throughout the inspection visits.

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 who used the service had the capacity to make decisions about what they did with their time. They 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.

People who used the service had access to information about who they could contact if they had concerns that they had been harmed or were at risk of being harmed. We saw that personal safety and safeguarding had been discussed with people at a residents meeting.

Medication was well managed. People who were able told us they never ran out of medication and staff gave it to them on time. One person told us about the support they received to manage a health condition. The provider told us this person was also now able to manage their condition better and this had increased the person's confidence to go out more as they felt safe.

The staff we spoke with had a good understanding of people's risks and personal preferences so that they could support people effectively.

We saw that the home was comfortable, homely, clean and tidy. The provider was aware that the home appeared tired in parts and there had been some damage caused to the second floor possibly from a neighbour's roof. On the day of our first visit we saw that a new bathroom was being fitted on the second floor. On our return visit we saw that the roof had been repaired, the new bathroom had been fitted to good effect and the hall stairs and landing to the second floor had been decorated. A person who used this bathroom told us they were "very pleased" with the new bathroom.

We spent time looking at the care and support records of two people who used the service. The records for a person who had changing health needs and risks were up to date. However more work was needed to the care records of a person who had recently moved into the home to ensure that the person could be cared for safely and effectively.

Staff had received a range of training and told us they were supported so they could deliver effective care. Staff training records confirmed that this was the case.

Staff members we spoke with said that the registered manager and the providers were very approachable and supportive. A staff member said "There is always someone available at the end of the phone." Another said that it was "A pleasure to work here" and "As long as people here are all right that's what matters to me."

We saw that quality assurance questionnaires had been sent out to people living at the home in September 2014 asking for their views and opinions of the service. However there had been no responses from the home and we saw information that this was to be looked at again by the providers. Feedback from staff who worked at the home had also been received.

Systems were in place to record and review complaints. People were encouraged to express their views about the service they received and discussion about how to make a complaint had been undertaken at recent residents meetings.

The provider was aware that they did not have all the systems they needed in place to regularly monitor and audit the quality of care provided at The Ferns. The provider was working with a local quality assurance officer and good progress had been made in addressing the outstanding issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

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. Staff had received safeguarding training and some people who used the service had been part of a discussion about personal safety and who they could contact outside the home if they thought they had been harmed or were at risk of harm.

Arrangements were in place to ensure medicines were safely administered. Infection control procedures were evident to help prevent cross infection and protect people from ill health.

Good



Is the service effective?

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.

People were supported to maintain good physical and mental health through attendance at routine appointments for example with doctors, dentists, chiropodists and opticians. Where people required additional support this had been arranged, for example district nurses.

Staff received an induction, which included shadowing established staff to get to know people. They did not work alone with people until they felt safe and competent to do so. Staff told us they had received a range of training and told us they were well supported to effectively undertake their role.

Good



Is the service caring?

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.

Good



Summary of findings

One professional commented, “Their [the staff’s] patience and understanding of [the person’s] needs were on some occasions above and beyond what might be expected of a residential care provider.

Is the service responsive?

The service was responsive.

We found people who used the service were encouraged to become as independent as possible with staff support arranged to meet their individual needs.

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.

We saw that complaints were appropriately handled. Records indicated people had been satisfied with the way their concerns had been dealt with.

Good



Is the service well-led?

The service was not always well led.

Systems were not in place to regularly assess and monitor the service provided.

People who used the service and staff reported the registered manager and the providers were approachable and supportive.

Requires Improvement



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. The inspection 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 had contact with the local authority safeguarding team and the commissioners of the service to obtain their views about the service.

On the 29 October 2014 we spoke with two people who used the service and members of staff. We also spent time observing the care and support of a person who chose not to speak with us.

On 10 November we spent time with the providers or owners at another of their homes. We talked with the providers about their plans to make improvements to the services and looked at maintenance, recruitment and other records relating to the running of the service.

We returned again on 20 November 2014 to speak with two other people who used the service and briefly to a third member of the staff team.

During the inspection we spent time with people who used the service and support workers. This enabled us to observe how people's care and support was provided. We also looked at a range of records relating to how the service was managed; these included two care plans and medication records.

We also contacted six community based social care professionals who had connections with people who lived at the home for their views and opinions on the service people received. We received two responses from them.

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.

We saw in resident's meetings that personal safety and safeguarding had been discussed with the people who attended a resident's meeting earlier in the year. 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 visit and physical intervention techniques were not used. Staff told us they had received training in the safeguarding of vulnerable adults. This was confirmed by staff training records we looked at.

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 there were robust recruitment and selection procedures in place which met the requirements of the current regulations.

Records we saw showed that a thorough interview took place to ensure the potential employee had the right qualities and motivation to work with vulnerable people. The provider told us that part of the interview included candidates spending time with people to check they were able to communicate effectively with them and also gave people who used the service an opportunity to comment on the candidate's performance.

During our visits to the home we saw that there was one staff member on duty at all times and this was confirmed on the staff rotas we saw for the home. We saw on two occasions that additional staff had been provided to support people who used the service to attend doctors appointments.

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 ongoing issues so they could provide appropriate support to people. Where a person had a high level of physical support needs risk assessments were in place.

Staff were responsible for the administration of people's medicines and we saw systems were in place to record what medication people had taken. Medication was seen to be securely held in a locked cupboard which was only accessible by the person responsible for the administration of medicines on each shift.

We looked at the Medication Administration Record sheets (MARs) for all the people who received medication from staff and found these were fully completed. We saw that there was a photograph of all but one person who required support from staff to administer medication. The photograph is needed as a means of identification to help ensure that the medication being administered is given to the right person.

We talked with two people who used the service about their medication. They confirmed that they never ran out of their medication and always received their medication on time. The staff we spoke with told us they had received medication training and the staff team training records confirmed this.

People showed us around the communal areas of the house. We saw that whilst the house was comfortable and homely, it was tired in appearance in parts. Before our visit we received a Provider Information Request (PIR) form which indicated that the providers were aware that improvements were needed to the home.

On the day of our first visit we saw that a new bathroom was being fitted on the second floor. On our return visit we saw that the roof had been repaired, the new bathroom had been fitted to good effect and the hall stairs and landing to the second floor had been decorated. A person who used this bathroom told us they were "really pleased" with it. They said they had asked for a grab rail to be fitted to help them get in and out of the bath safely and this had been fitted.

Is the service safe?

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.

Staff members were responsible for cooking and cleaning as well as supporting people with daily living skills. A staff member showed us the weekly cleaning rota that was completed by them. Wherever possible and with support as necessary, people who used the service took responsibility for household tasks such as preparing meals, washing and drying after meals, washing their clothes, vacuuming and general cleaning.

We saw that there were systems in place to prevent the spread of infection which could lead to people becoming unwell. Disposable wipes, gloves and aprons were available for staff to use when supporting people with personal care. Liquid soap and paper towels were available in communal areas of the home such as the bathroom and kitchen.

Other arrangements included, for example colour coded mops and buckets were used in different areas of the home such as the bathrooms and the kitchen. We were told that colour coded clothes were not used. The provider told us they would make sure that these clothes were purchased. A test had been carried out on the water at the home to ensure that there was no Legionella bacteria present that could potentially harm people. A valid certificate had been in place to confirm this.

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.

Is the service effective?

Our findings

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. One person actively chose not to make their views and opinions known but would indicate their agreement or not about their care and support.

The provider had recently attended Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training delivered by a barrister who was a specialist in this area. We saw that the provider had put together a file for the home which covered information from the training with information about safeguarding procedures that could be used by staff. We saw information that showed staff had signed to confirm they had seen this updated information.

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 saw that appointments with and visits to the home by health care professionals, such as doctors, dentists, chiropodists and district nurses were recorded so staff members would know when these visits had taken place and why. One person told us about the support they were receiving from a healthcare professional that was specific to their current circumstances. They said they had found this intervention useful.

There was a six week rotational menu in place. The menu made reference to the importance of offering people who used the service a healthy diet. There was only one main

meal identified, however people we spoke with said they could have something different if they wanted. Staff had access to a record of people's likes and dislikes in relation to food.

People spoke positively about the food they received. One person said they would like to have a takeaway meal more often and they did not like salad. We saw that there was plenty of food available in the home. A jug of juice was available for people to drink and where able people could make hot drinks as and when they wanted to. Fresh fruit was available for people to eat at all times. We saw that one person was encouraged and offered minimal supported to eat their meals to help maintain their independence and ensure they had enough to eat.

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 and felt they received training which enabled them to be effective in their role.

We spoke briefly with a new member of staff. They said that they had been made to feel welcome at the home by people who used the service and other members of the staff team. They confirmed they had received induction training that had included 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.

Training records showed that the staff team had received the basic training they needed for example, manual handling, health and safety, infection control, safeguarding, medication, food hygiene, first aid and fire safety. One staff member needed to undertake training in infection prevention and control and also health and safety. This training had been undertaken through the local authority training partnership.

Is the service caring?

Our findings

We saw that the people who lived at The Ferns looked clean and well cared for. 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 we spoke with told us they generally got on well together as a group.

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. They said, “I am happy not doing anything much. It suits me. I do not like going out when it is cold. It’s up to me.” A staff member we spoke with said that, “As long as the people here are alright that is what matters most to me.”

During our visit we saw a person being supported to come downstairs. This was a lengthy process and the staff member supporting the person was seen to be patient and offered words of encouragement to the person.

We talked with a person who had lived at the home for the past two years. They had been through a difficult period in

their life but were now in the process of moving on to independent living. They said that people at the home had helped them “through a very difficult time,” “it has been really good here and I will miss everyone; they are like my family.”

We received two responses from community based professionals who supported people who had used the home. One professional commented, “Their [the staff’s] patience and understanding of [the person’s] needs were on some occasions above and beyond what might be expected of a residential care provider.

They also commented that “When I visit, I often get a sense that the service offers a very homely environment, which is really positive, however I also feel that perhaps an area for further improvement is getting the right balance of “professionalism” and having that “personal touch”, both of which I believe are important.” This comment was supported by another community based professional.

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

Is the service responsive?

Our findings

We found people who used the service were encouraged to become as independent as possible with staff support arranged to meet their individual needs. People were involved in different activities for example one person went out to do voluntary work and another person had retired. Another person told us they went out every day to an outreach centre which they said they enjoyed and another told us about their preparation to set up their new home.

Most people had contact with either their families and/or friends. Some people were looking forward to a coach trip out to see Blackpool Illuminations.

We looked at the care plans of two people to see what support they needed and how this was recorded. The care plans we reviewed included those relating to a person who was new to the service. 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. More work was needed to be undertaken to further develop the home's care plan to help ensure that the person was safely and effectively supported by staff.

The second care plan we looked at was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable staff reading it to have a good idea of what help and assistance the person needed at a particular time. The plan was well maintained and up to date.

We noted two people needed more support time from staff. One person was coming to terms with a life changing event and was receiving additional professional health care support to help to move on. It was their intention to move

back into independent living but they said they were under no pressure to do this at this time. This meant they were getting the support they needed to help them move forward with their life.

We saw that, where a person's needs had changed the provider had applied for and received additional funding for them so that their needs could still be met by the home. We also saw that as the person's needs had changed their needs had been assessed by healthcare professionals and any necessary equipment that they needed had been acquired, for example pressure relieving equipment and a bath seat.

We saw that regular residents meetings were held. Residents from all three homes gathered together to meet at one of the homes to hold the meetings. We saw that at recent meetings people had talked about the arrangements for food, activities, personal safety and safeguarding and how to make a complaint.

The provider had recently developed a compliments, comments and complaints file which was accessible to both people who used the service and members of staff. The file contained forms that covered these areas and also a quality assurance form and a staff feedback form. Envelopes were provided for people to use if they wanted to provide anonymous feedback. This showed that people were encouraged to raise any issues of concern that they had.

We saw a record of where a person who used the service had made a complaint. We noted this had been investigated by the provider and action had been taken to resolve the issue. When the investigation had been completed the record had been signed off by the provider and the person who had made the complaint.

Is the service well-led?

Our findings

The role of registered manager was shared between two people one of whom was one of the providers [owner] of the home. 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.

Services which are registered are required to notify the Care Quality Commission of any safeguarding incidents that arise. We checked our records and saw that the registered managers for this service had done this appropriately when required.

The provider told us about the training they had undertaken recently to ensure their continued professional development. This included attending a fire awareness training session for registered providers, which was held at the local Fire Station. The training covered provider's responsibilities under the Fire Regulations and Personal Emergency Evacuation Plans (PEEPs) for people who used the service. They had also undertaken medication audit training and Mental Capacity Act and Deprivation of Liberty training.

They registered provider told us they were involved in attending local partnership meetings. This help them to keep up to date with changing legislation and guidance for example ensuring that home cooked food was allergen free and changes to the Control of Substances Hazardous to Health (COSHH) such as cleaning materials.

The provider told us that this was information was shared with staff at team meetings and people who used the service at resident's meetings.

The provider was 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.

People who used the service and staff told us the registered manager and both owners were approachable and supportive. Support workers told us they were encouraged to raise any concerns they had with the registered manager and the providers. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

We saw that quality assurance questionnaires had been sent out to people living at the home in September 2014 asking for their views and opinions of the service. However there had been no responses from the people living at the home. Feedback from staff who worked at the home had been received.

Prior to our visit 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.

The provider was open with us both on the PIR and during our discussion with them that improvements were needed to ensure that effective quality assurance systems were always in place at The Ferns. The provider told us they were working hard to make sure that the necessary improvements were in place as soon as possible. This included consideration of purchasing an electronic system to help support them to manage the homes within the group with person centred planning, policy and procedures, auditing and quality assurance.

Monitoring of the standard of care provided to people funded by the local authority was also undertaken by the local contract and the quality assurance teams. This was an external monitoring process to ensure the service met its contractual obligations to the council. We were informed by the local authority before our visit that they had carried out a quality assurance monitoring visit and shortfalls had been found, particularly around the lack of policies and procedures.

Before our visit we received a copy of the local authority action plan that was in the process of being completed by the provider. We discussed the action plan with the provider and found that around 50% of the action plan had been completed and further progress was on-going.

Is the service well-led?

Outstanding action areas included for example, the development of audits for control of infection as well as the need for policies and procedures to be put in place to cover data protection and confidentiality.

This was a breach of Regulation 10

The provider told us they met regularly with the quality assurance officer and they had been very supportive in helping them to make improvements to their auditing tools and paperwork and meeting regularly to monitor progress and developing systems.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Systems were not in place to regularly assess and monitor the service provided.