Ferndale Healthcare Limited

Ferndale Nursing Home

Inspection report

124 Malthouse Road
Southgate
Crawley
RH10 6BH
Tel: 01293 520368
Website: www.ferndalenursinghome.co.uk

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Ratings

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

Overall summary

The inspection took place on the 10 and 17 March 2015 and was unannounced.

Ferndale provides accommodation and care including nursing care for up to 28 older people. The accommodation is over three floors with a dining area, small lounge and larger lounge. People living at the home had a range of health and support needs associated with living with dementia.

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. In this instance the registered manager is also the provider.

At our previous inspection in September 2013 we asked the provider to take action to make improvements to ensure there were effective systems in place to ensure people were protected by the prevention and control of

Summary of findings

infection. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection we saw that these actions had been completed.

At our previous inspection in September 2013 we asked the provider to take action to make improvements to records as the information was not adequate for staff to plan appropriate care or treatment for people. We also asked the provider to make improvements to ensure that records were kept securely. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection action had been taken to store records securely and some improvements made to records in order to provide information for staff to deliver care or treatment for people. However, information about people's care and treatment was not always recorded accurately and people and staff were not prevented from avoidable harm or risk as the relevant health and safety concerns were not included in care or treatment plans.

People were supported to eat sufficient to their needs but drinks were not always readily available and records not accurately maintained in relation to the assessment of people's risk of malnutrition or dehydration.

Relatives were positive about the home. One relative told us, "It is excellent can't fault it". They told us that the home had improved since our last visit. One relative said, "It has improved 100% since (deputy manager) came back". The provider had introduced a number of quality assurance measures since our last visit and action had been taken in response to any issues identified.

People were cared for by kind and compassionate staff who maintained their dignity, respect and privacy. Relatives told us they could visit when they wished and were always made to feel welcome. The provider employed enough trained, qualified and trained staff to keep people safe and followed safe recruitment practices when they employed new staff. Staff knew what action to take if they suspected abuse and had received training in safeguarding adults. Arrangements were in place to keep people safe in the event of an unforeseen emergency. Staff felt supported and were positive about their roles. Staff received training to meet the needs of people living at the home.

The provider had arrangements in place for the safe ordering, administration and disposal of medicines. People were supported to get the medicine they needed when they needed it. People were supported to maintain good health and access to health care services when needed./

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). People's capacity to make decisions in different areas of their life had been assessed. The registered manager had made applications to the Deprivation of Liberty Safeguards (DoLS) Team to ensure that people who could not make decisions in relation to where their care and treatment was provided had the appropriate safeguards in place.

We found a number of breaches of the Health and Social Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Some aspects of the service were not safe. Relevant health and safety concerns were not always included in people's care and treatment plans. Records of the care people received were not always accurately maintained.

People were supported by staff who understood their responsibilities in relation to safeguarding. The provider followed safe recruitment practices and there were sufficient staff to meet people's needs.

Medicines were managed, stored administered and disposed of safely.

Requires Improvement

Is the service effective?

Some aspects of the service were not effective. People had sufficient to eat but drinks were not always readily available to people. Records related to nutrition and hydration were not always accurately maintained.

People were supported to maintain good health and had access to healthcare services.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured people's rights were protected in terms of making decisions about their care and treatment.

Requires Improvement

Is the service caring?

The service was caring. People were supported by kind and caring staff.

People or their representatives were involved in the planning of their care. People made everyday choices in relation to their care and treatment.

People's privacy and dignity were respected.

Good

Is the service responsive?

The service was responsive. People's needs and preferences were documented in care records and these were respected.

People and their relatives knew how to raise complaints if they were unhappy with the service.

Good

Is the service well-led?

The service was well-led. The provider sought feedback from relatives and staff in order to improve the service.

Staff meetings were held on a regular basis and staff felt supported by the management.

There were quality assurance systems to measure and evaluate the quality of the service provided and inform future planning.

Good

Ferndale Nursing 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.

The inspection took place on the 10 and 17 March 2015 and the first visit was unannounced.

Two inspectors and an expert by experience with an understanding of the care of older people undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We contacted local commissioners of the service and community nursing teams to obtain their views. We used all this information to decide which areas to focus on during our inspection.

Some people were unable to verbalise their views and experience of the care they received so we spent time observing care and support in communal areas and spoke to relatives. We also spent time looking at records including seven care records, three staff records, medication administration records (MAR) sheets, staff training plans and other records relating to the management of the service.

On the day of our inspection, we spoke with two people living at the home and five relatives. We spoke with five care staff, the activities co-ordinator, the deputy manager and registered manager of the home.

The service was last inspected in September 2013 and found to be non-compliant in a number of areas.

Requires Improvement

Is the service safe?

Our findings

People's care records did not always contain the information necessary to ensure they were protected against the risk of receiving unsafe care and were prevented from avoidable harm or risk of harm. In one person's care records they were identified as being at high risk of developing pressure ulcers. The person was to be turned hourly in order to reduce this risk. Records of when they were turned had not been completed and it was not possible to demonstrate that a person's care was being delivered in such a way to mitigate the risk of them developing a pressure ulcer. We checked the charts of other people who required regular support to move in order to reduce the risk of developing a pressure ulcer and these were completed accurately. Records of a person who was identified at specific risk due to a bacterial infection did not contain an assessment of the risk or how this risk should be managed and action taken in order to mitigate the risk.

We found that the registered person had not protected people against the risk of receiving inappropriate or unsafe care or treatment because accurate records of care and treatment were not maintained. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The above regulations corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care records contained risk assessments in relation to areas such as manual handling, risk of falls and the use of bed rails and were reviewed monthly. The provider used the Waterlow pressure ulcer risk assessment/ prevention policy tool to identify if people were at risk of developing a pressure ulcer. This was reviewed monthly and where someone had been identified at being at very high risk, a referral had been made to gain specialist nursing input on how to manage the risk and the date of their planned visit recorded in the person's notes.

Risk assessments in relation to falls took account of factors that might increase the risk of falls such as trip hazards, dizziness or light headiness, previous fracture. Where increased risk had been identified measures were put in place in order to reduce the risk. Accidents and incidents were recorded and reviewed to identify any causation or trends.

Relatives told us they trusted staff to keep their relatives safe from harm. Staff were aware of their responsibilities in relation to keeping people safe and had undertaken training in safeguarding adults at risk. The provider followed safe recruitment practices. The required Disclosure and Barring Checks had been carried out to ensure that prospective new staff were suitable to deliver safe care and were not barred from working with vulnerable people. Staff records held the required documentation including two references and proof of identity. The provider ensured that people were cared for by staff who were fit to do so.

Relatives told us that they thought there were sufficient staff and there was always a member of staff in the lounge area where people were sat when they visited. We observed that people got the support they needed. Staff checked to see if people required support and responded in a timely way when they asked for assistance. Staff told us that were enough staff to carry out their roles safely and effectively. Records of when staff worked demonstrated that there was always a nurse on duty.

The home was clean and staff used personal protective equipment (PPE) such as disposable aprons when serving food or cleaning. Aprons were colour coded to avoid cross contamination and were disposed of in the appropriate containers. Where specific risks were identified in relation to the control of infection for people there were instructions for staff in the person's room and reminders on the correct procedures to use, for example which colour bags should be used for which items. There were sanitising hand gels available on each floor. Records showed staff received training in cleanliness and infection control. The provider had identified two members of care staff as Infection Control Champions. One of them explained to us the training they had received and their responsibilities in checking the home was clean and that staff used the appropriate equipment. They also assisted the provider to complete audits of cleanliness and infection control.

Cleaning rotas showed that daily cleaning tasks had been completed. Staff carried out weekly checks on people's rooms to ensure cleanliness was maintained. Records showed deep cleaning of carpets had been undertaken by an external company and improvements carried out to the

Requires Improvement

Is the service safe?

premises relating to infection control such as the replacement of carpets and redecoration. We observed the home appeared clean. The provider had systems in place and had carried out an audit of cleanliness of the homes.

People's medicines were managed so that they received them safely. Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medication Administration Records (MAR) were completed correctly. We observed medicines being given in line with policy and procedures. The nurse on duty administered peoples medicines. There were systems in place for reviewing the handling of medicines and a `Safe and Secure Handling of Medication Audit' had been carried out by the pharmacy. Staff recorded on the audit when actions identified had been completed. Care records contained details of the medicines people required and when they should be reviewed.

Contingency plans were in place to ensure the safety and well-being of people in the event of unforeseen circumstances. Each person's care record contained a personal evacuation plan with information for staff on what actions to take for that person in the event of an emergency. Staff had received training in fire safety.

Requires Improvement

Is the service effective?

Our findings

We observed people were supported to eat sufficient to their needs but drinks were not always available and records not accurately maintained in relation to the assessment of people's risk of dehydration. During our visit the temperature where people were sat in the lounge was very warm and drinks were not readily available. We observed people did not have drinks or jugs of water in their rooms. A relative confirmed that they had never found any drinks available in the room to be able to give the person they visited a drink. We highlighted this to the provider and when we returned on our second visit they had supplied jugs of water which were available in people's rooms and within reach of people.

We observed lunch and that no drinks were offered or given to people. There was a tea round in the afternoon where people had the drinks they preferred. Staff were unable to identify who was at risk of dehydration. They told us they would be told at handover each day each person who was at risk of dehydration. We reviewed food and fluid monitoring charts which recorded whether people had sufficient nutrition and hydration to meet their needs. On four occasions the last recorded drink for one person was given at 5.00pm and no other drink recorded until the following day at 8.00am. The provider used the Malnutrition Universal Screening Tool (MUST) to identify people who were at risk from poor nutrition and hydration. One person was identified at high risk which meant they should be weighed weekly but records showed that the person had continued to be weighed monthly. There were no drinks in the person's room or food and fluid charts to record what they had taken.

We found that the registered person had not protected people against the risk of inadequate nutrition and dehydration. This was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed lunch and saw that some of the residents sat in the small lounge, others in the dining room and some in the lounge with side tables. Some people who were nursed in bed had food taken to them and were supported to eat. People received support from staff to eat sufficient to their needs. Staff checked people were ok and encouraged them to eat addressing individuals politely by name. Dining was unhurried and people were given time to eat their meals. Some people required a specialist diet and fortified drinks and we saw that they received them. Some people had equipment such as plate surrounds to assist them to eat independently. One relative told us that the person had stopped eating for a while and staff knew to leave her dinner until she was ready to eat it which encouraged her to eat some more. People's food preferences were recorded in their files for example, how they took their tea. Menus were displayed in the dining room and information about menus shared in the newsletter. Records showed that when people were at identified at risk of poor nutrition the provider sought specialist input and advice from health professionals such as dieticians and speech and language therapists.

Relatives were positive about the approach of staff and we observed staff supported people in a polite and professional manner. They responded calmly and reassuringly when supporting someone who became upset. Training records showed that staff had completed training in areas such as moving and handling, health and safety and first aid. Staff also received training specific to the needs of people at the home such as on end of life care and how to support people living with dementia.

Staff told us they felt supported by the provider and had the skills to deliver care effectively. Records showed that staff had one to one meetings every two months where they could discuss any issues related to their role and identify any areas for development. Staff meetings took place every two months and records indicated that issues such as how to deliver care to individuals living at the home were discussed. Staff relied on handover between shifts to gain up to date information about people's needs. We observed a handover between the deputy manager and a member of staff returning from leave where they gave an individual update on each of the residents.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). People's capacity to make decisions had been assessed. The registered manager had made applications to the Deprivation of Liberty Safeguards (DoLS) Team to ensure that people who could not make decisions in relation to where there care and treatment was provided had the appropriate safeguards in place. At the time of our inspection one person had an authorised DoLS in place. Care records contained information which identified where

Requires Improvement

Is the service effective?

people had the capacity to make decisions and where they did not for example in one person's records it identified that the person had capacity to make simple day to day decisions but not larger ones such as decisions related to finances'. Care records contained information on where people had appointed a power of attorney. Power of attorney enables a person to appoint one or more people (known as `attorneys') to help them make decisions on their behalf.

People were supported to maintain good health and had access to healthcare services. A GP visited the home on a weekly basis to attend to the health needs of people living at the home. The home sought specialist nursing input and records contained reports from the tissue viability nurse for advice on wound care. The tissue viability nurse confirmed that people were referred when required and care staff followed recommendations (await confirmation). Care records contained a summary record of any clinical consultations and people's medical history.

Good

Is the service caring?

Our findings

Relatives told us staff were kind. One told us, “The staff are so nice, second to none”. Another told us, “The staff are very careful with residents, using the hoists to move them. They treat visitors as if they are all one family, kind and welcoming”. Another relative referred to one member of care staff and said, “She’s brilliant with aunty, takes her for a walk”. They also named another member of care staff and said, “He is also very good with her”. Relatives we spoke to knew the names of the care staff that supported their family member.

People were treated with respect. We observed that staff were kind and caring in their approach and communicated with people in a polite and friendly way. Staff asked people if they were okay and addressed people individually by name. At lunch staff supported people to eat and offered encouragement without rushing them.

We observed staff offered care discreetly. Care staff supported one person to transfer from a wheelchair into a lounge chair. The person became upset at being hoisted. Staff encouraged them to hold on and reassured her. Once safely in the chair she settled quickly. Staff respected people’s privacy and dignity. People were supported to make sure they were appropriately dressed and their clothing was arranged to promote their dignity. A relative confirmed that when they visited the person was always dressed appropriately.

Staff assumed people had the ability to make their own decisions about their daily lives and presented people with choices in a way that they could understand. Staff gave people time to express their wishes and respected the decisions they made. Staff encouraged people to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

Relatives visited their relatives frequently and at different times and whenever they came they were always made to feel welcome. Relatives told us that they felt able to address any issues with the registered manager and deputy manager and that action would be taken. The complaints procedure was on display and included details of organisations people could complain too such as the CQC.

Some people had `Do not attempt cardiopulmonary resuscitation’ forms in place. These forms record a person’s wishes in relation to whether they wish CPR to be performed in the event of cardiorespiratory arrest. These had been signed by the GP and showed that the decisions had been discussed with the person’s family, where family was present. Care records contained further information about people’s end of life wishes including where they wished to be cared for. For example, one person did not like hospitals so wished to remain at the home if possible.

Good

Is the service responsive?

Our findings

Due to living with dementia people were not able to tell us directly if they were involved in the planning of their care. Relatives told us that they were involved in the planning of their care. One relative old us, "I review the care plan every few months with the Manager and Deputy Manager and Mum's key worker and discuss if she's eating enough." Other relatives told us that the home contacted them if there were any changes in their relative's condition.

Care records contained an assessment of people's needs and care plans. We saw that care plans were reviewed on a regular basis. Care records contained information on people's preferences and wishes. For example one person preferred care to be delivered by female staff and another person liked to wear aftershave. There was information on people's food preferences such as one person, `loved cream and milk'. There was information about people for example, 'I like to talk about my husband'. We observed that people's preferences and choices were respected. Daily care records were up to date and contained information about people's health and well-being. At the staff shift handover the deputy manager gave an update about each person's needs.

There was an activities co-ordinator. Relatives told us that the co-ordinator often provided pictures for their relative and others to look at and to initiate conversation. When we arrived the co-ordinator was working with two people making chocolate chip cookies and chatting with them. The co-coordinator was compiling information about people in folders called `Book of Life'. They explained that they used these to prompt memories when talking with residents. They advised that the folders could be used by staff also. The co-coordinator told us that they spent time with each person during their shift. They also took two residents out for a walk each day

A relative expressed concern that their family member spent a lot of time asleep in the chair and another felt there should be more activities or entertainment. Relatives told us there was sometimes a person who visited on a Tuesday afternoon to play music and a poster confirming this was displayed on the noticeboard. Other relatives said they enjoyed the summer barbeque and that events such as Mother's Day and Christmas were celebrated.

We observed that most people sat in the main lounge. One relative told us that this was the person's choice as when the person had been unable to sit in the lounge due to ill health they were unhappy with this. Another relative said, "The staff and carers make it that the residents are not left all the time in their rooms" and another told us, "Mum can't walk anymore but what I like here, unless they are really really sick, they get them up every day".

When people took part in activities this was recorded in care records for example we saw that one person had taken part in activities such as, `sing along, remembrance day, ball game, a manicure and had enjoyed a dvd of 1950'. In another person's records it noted, ` We sat and looked through a book of classic cars while listening to Glenn Millar'. We noted that this was in line with the person's interests as an interest in cars was recorded in their notes. When people requested not to take part in activities this was respected and recorded. For example ` (name) said he was not in the mood today'.

We looked at how people's concerns, comments and complaints were encouraged and responded to. We saw that where a complaint had been raised by a relative, that action had been taken in response and feedback given. A copy of the complaints policy was displayed in the entrance of the home. The policy told people where they could follow up the compliant if they were unhappy with how the home had dealt with it. Relatives told us if they had a concern about their relative they were able to approach the registered manager or deputy manager and were confident their concerns would always be answered.

Good

Is the service well-led?

Our findings

Relatives were positive about the management of the home. They told us that either the deputy manager or registered manager were always available and relatives felt they could approach them if they had any concerns about the care of their family member. They were confident that any concerns they had would be answered. One relative thought the home deserved "five stars" for the care they gave her mother. Another said they had jokingly asked them to, "Save me a room" They were so impressed with the, "friendly, happy and comfortable atmosphere of the home".

The home is family run and the provider is also the registered manager. The registered manager told us that they appointed a deputy manager who was now responsible for the majority of the day to day running of the service and that they worked closely together. A relative told us, "It has improved 100% since (deputy manager) came back. Most of the staff changed at that point. (Named Registered Manager and Deputy Manager) are running it now. I am more than happy now".

Staff told us they felt very supported by the registered manager and deputy manager. Minutes of staff meetings showed that staff gave feedback about the service, raised any concerns or issues they had and that these were responded to by the provider.

The provider sought feedback in a number of ways. Relatives told us they had been asked for feedback via a questionnaire and another told us there was a suggestion box in the entrance to the home. The provider took action in response to feedback received via the quality assurance surveys. The provider had sent a letter out following the survey as the survey had identified that not all residents' families were aware that the home retained the services of a GP who visited the home weekly. The letter advised of the regular GP visit and also informed that the deputy manager would set aside time once a month where they would be available for to discuss any matters or issues. The deputy manager told us they were available at other times but that it was helpful for people to know there was a set time every month where they could drop in and know that they could meet with the deputy manager to discuss any issues they had.

There was a regular newsletter which kept relatives informed of activities that had taken place at the home. People were reminded that information was sought for the `book of life' and relatives were invited to join in the scheduled activities. The newsletter also added, `We appreciate any comments you make, good or bad. From comments given we aim to create a positive caring environment and welcome any suggestions you wish to make'.

The provider and registered manager ensured the correct notifications such as notifications of accidents or emergencies and any statutory notifications were sent to the CQC. Accidents and incidents were recorded and reviewed to identify any causation or trends.

Following our last inspection the provider had introduced a number of quality assurance systems and introduced audits in areas such as health and safety, quality and safety of care and medicines. There was evidence to prove that the provider had taken action in response to issues identified.

We reviewed the quality assurance systems of the provider. Since our last inspection the provider had conducted a number of audits including external audits of medicine and the quality of safety and care. Action was taken in response to issues identified for example, an action from the audit of quality and safety was the risk assessments should be completed in relation to the use of bed rails. These had been completed and were held in people's care records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not maintain an accurate and complete record in respect of each service user, including a record of care and treatment provided to the service user. 17(2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs How the regulation was not being met: The provider did not ensure receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health, that service users nutritional and hydration needs were met. The provider did not ensure water was available and accessible to people at all times. Other drinks were not made available periodically throughout the day and night and people encouraged and supported to drink. Regulation 14(4)(a)