

## Key inspection report

### Care homes for adults (18-65 years)

<b>Name:</b>	Fernhill Lodge Care Home
<b>Address:</b>	5 Fernhill Road New Milton Hampshire BH25 5JZ

**The quality rating for this care home is:**

one star adequate service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Joyce Bingham	0 2 0 9 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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## Information about the care home

Name of care home:	Fernhill Lodge Care Home
Address:	5 Fernhill Road New Milton Hampshire BH25 5JZ
Telephone number:	01425622390
Fax number:	01425622390
Email address:	fernhill.lodge@craegmoor.co.uk
Provider web address:	Craegmore.co.uk

Name of registered provider(s):	Park Care Homes (No 2) Ltd
Name of registered manager (if applicable)	
Mrs Yvonne Marie Thomas	
Type of registration:	care home
Number of places registered:	13

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
learning disability	13	0						
mental disorder, excluding learning disability or dementia	13	0						
Additional conditions:								
The maximum number of service users to be accommodated is 13.								
The registered person may provide the following category/ies of service only: Care home only ? (PC) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Learning disability (LD) Mental disorder, excluding learning disability or dementia (MD)								
Date of last inspection	0	4	0	9	2	0	0	8

Brief description of the care home
Fernhill Lodge is managed by Parkcare Homes (No 2) Ltd, a subsidiary of Craegmoor, however the registered provider is Parkcare. The home is located in a residential area on the north side of New Milton, close to local amenities.
Fernhill Lodge is registered to provide care and accommodation for up to 13

#### Brief description of the care home

male/female residents with a learning disability and a mental disorder. Eight of the ten current residents are over retirement age at the time of this visit.

Accommodation is provided on the ground and first floor. The home does not have a lift and as part of the assessment process the manager ensures that only service users who are mobile are accommodated on the first floor.

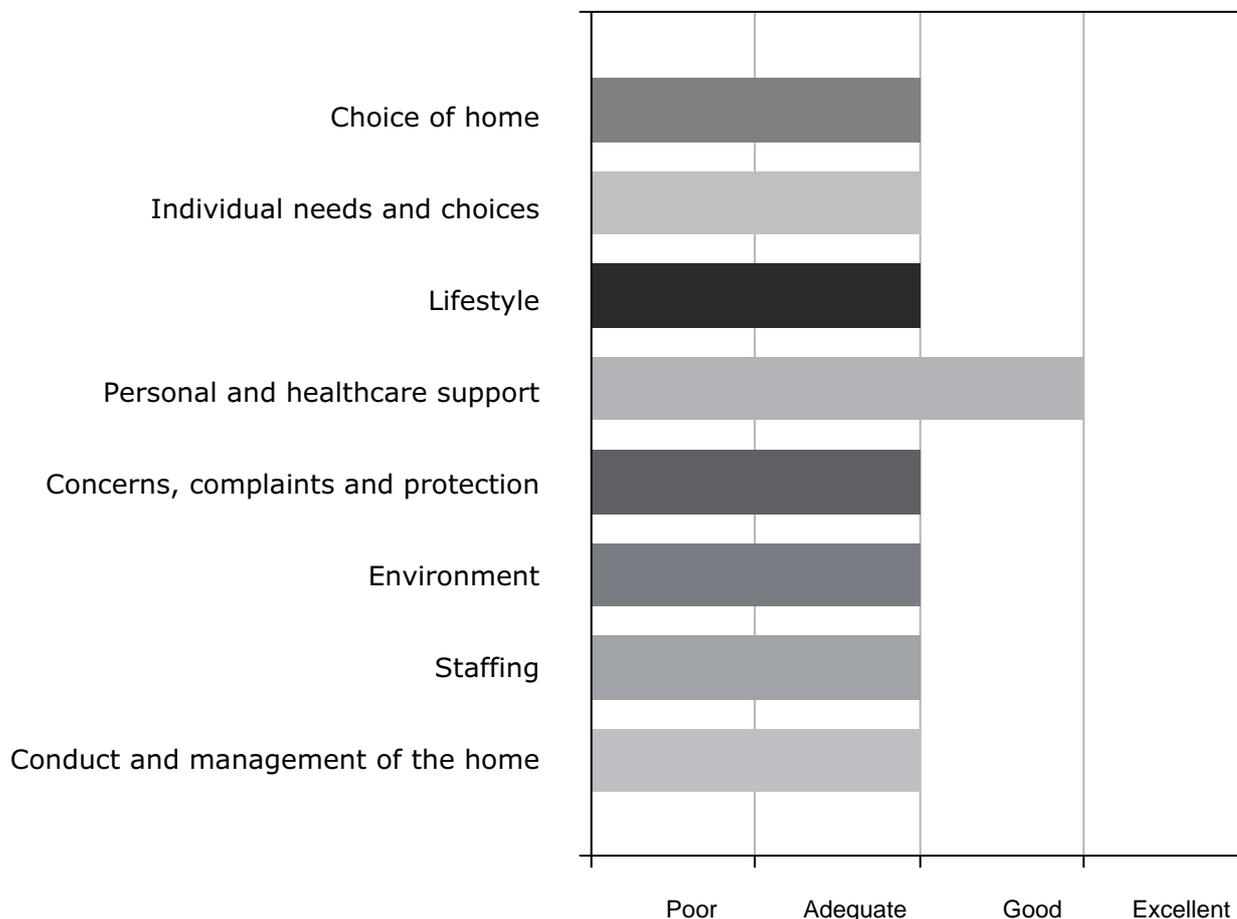
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

### Our judgement for each outcome:



### How we did our inspection:

The purpose of the inspection was to find out how well the home is doing in meeting the key National Minimum Standards and Regulations. The findings of this report are based on several different sources of evidence. These include the Annual Quality Assurance Assessment (AQAA) completed by the home. This is the home's own quality assessment and it gives statistical information about aspects of the service. This was provided when we asked for it and was completed well. We also obtained confidential surveyed comments from seven out of ten residents we asked and two from among the ten staff we asked. Care professionals did not respond to the request for comments on this occasion. An unannounced visit to the home took place on 2nd September 2009, starting at 09:15 and lasting nearly eight hours. During this time we were able to walk around part of the premises, including two bedrooms, bathrooms and toilets, the television lounge, dining rooms, activity room, laundry and kitchen. The registered manager was on long term leave and the deputy was managing the home. We had private discussions with the deputy, the acting area manager for Craegmoor who called

in, two other staff, and contact with nine of the residents. We spoke specifically with three service users, supported by the staff.

We sampled staff and service user records, and policies and procedures that relate to the running of the home.

All regulatory activity since the last inspection was reviewed and taken into account including notifications sent to the Care Quality Commission (CQC).

### **What the care home does well:**

The service has over time enabled and supported the service users to engage well in sharing their views about their likes and dislikes. As we looked at the care plans the service users recognised what related to them and wanted to contribute to our understanding of their needs. One person fetched a folder from their room compiled as a life story that included pictures down the years with significant people in their life, including events and dates. Three residents wanted to describe their likes/dislikes and goals and readily contributed to the inspection process.

Some of the service users' physical and emotional needs are supported by good understanding of their needs and written strategies for specific aspects of care. They are protected by a good system of medicine administration. One resident told us that they get up when they like and always have a shower and wash their hair. 'It starts my day off right.' They manage this without staff help. The service users were well presented with cared for hands, nails and hair. They moved freely around the home and responded well with the staff team. People benefit from home-cooked meals every day which they enjoy, served in three optional locations in the home.

We were told that the majority of the staff team have been working at Fernhill Lodge for over three years ensuring a sense of consistency and stability for the service users. We observed that the conversation and interaction between the staff and residents were respectful and helpful, with kind tones of voice when giving guidance and direction. The residents said 'the staff do very well, 'the staff are good to me' The staff keep me clean and fresh.' Staff support me in my needs.' One listed what they like, 'they do my bed for me, do my washing for me, do my dinner for me, took me out.'

### **What has improved since the last inspection?**

We observed a resident who had previously presented the staff team with significant continuous challenge. They were much calmer, responsive to staff and helpful to another resident.

A new controlled drug cupboard has been supplied and fitted.

Some parts of the home have been redecorated. A refurbishment programme has commenced.

### **What they could do better:**

In-house activities are not personalised and consequently the home fails to meet some individual needs at the expense of others. This year they have missed the experience of planning for and enjoying a holiday and have experienced less frequent outings due to the shortage of staff drivers.

The limited numbers of staff and high demand on their role to fulfil care, catering and domestic duties means that some residents receive support only on a hit or miss basis, which means they may not receive all the help they need. The absence of designated domestic staff meant the home was grubby in places and one bedroom had a poor

odour.

Care staff had to divert to perform ancillary duties. A low morale was noted amongst the staff team.

The absence of the registered manager and cover being provided by a number of people causes some lack of continuity for the staff, with inevitable impact on working practice.

As the home is now accommodating people mostly in the older age group, the Statement of Purpose and Service User Guide does not reflect accurately the service offered and should reflect these changes.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Potential service users are supported and protected by individual needs assessment conducted by the home's staff and using the care management assessment. As far as possible their views are heeded.

People are not enabled to form a complete and accurate view about the service from the current arrangements around the service user guide and statement of purpose.

Evidence:

On our visit to the home we saw that a Service User Guide was available amongst other magazines on a table in the entrance lobby. It was pictorial, to enable the service users to understand the home's description of the service offered. It did not include all the legal information required by legislation, such as a standard form of contract, the most recent inspection report etc. The statement of purpose was not pictorial and was displayed in frames in the entrance hall, placed at a level that was too high to reach, and this also meant they were too high for most people to read. The home is currently registered for up to thirteen persons with learning disability and/or mental disorder below 65 years. However, some people have lived at the home for so long they have moved into the elderly person's age range and are presenting with

## Evidence:

needs that are reflective of old age. Eight residents are over retirement age and two are in their fifties, so the dynamic of the home is of an older person's service. We were unable to be assured this aspect was adequately reflected in the Statement of Purpose.

The home's Aqaa states that all service users undergo a full assessment before admission to the home is organised. This is conducted by the Manager who involves relevant advocates and family members. Assessments are carried out in an environment where the prospective service user feels comfortable; usually within their current home, so that their needs can be fully understood and assessed with the help of their care workers. Prospective service users are encouraged to visit the home for a meal and overnight stay to ensure that they are compatible with the other service users in the home.

Five of the current service users indicated through confidential surveys requested before the inspection that they had been given enough information about Fernhill Lodge before they moved in and this helped them decide if it was the right place for them to live. They were involved in the decision making process. However, two expressed a negative comment about whether they were asked and that they had not been given enough information.

Two people had been admitted to Fernhill Lodge since the last inspection. We met with both service users. Due to communication limitations we spoke with only one of these people and they confirmed they had seen the home before they moved in, and they liked it. They told us they were very happy and it was one of the best places they had been to.

We saw the pre-admission information the home had obtained about both of their needs in order to inform their decision about the residents moving in. Care management assessments from social services were also kept on file. Records indicated that information required by law and around the holistic care of people including family/social contacts, specific condition-related needs, means of communication and compatibility with others living in the home had been considered.

We raised the matter with the acting manager of the home and the acting area manager of the company that one person had been admitted who was well outside the age group that the home is registered for, although their current care needs and personality means they fit in well with the other residents.

## Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users are supported by carers who attempt to follow individualised plans of care. They include risk assessments that cover a number of aspects of living to enable people to live as independently as possible. However, they are 'hit and miss' in some areas and would not be easy to use in familiarising a new staff member with someone's current needs.

Residents are supported and enabled to make some decisions about their lives with assistance from staff.

The ability of the staff to provide holistic care for each person is significantly limited at the present time by the demands made by a few people with very high support needs. This means that some people may not have the quality of life that they could experience.

Evidence:

We sampled four service user care plans. The plans were informed by the assessments and drawn up between the home and the service user. It was clear that as we looked at the plans the service users recognised what related to them and wanted to

## Evidence:

contribute to our understanding of their needs. One person fetched a folder from their room compiled as a life story that included pictures down the years with significant people in their life, including events and dates. Three residents wanted to describe their likes/dislikes and goals and readily contributed to the inspection process.

The care plans included relevant risk assessments, such as walking barefoot, drinking hot liquids, and support with mobility. They included specific detail about personal care, dental, opticians, hairdressing, nail care, chiropody, specialist information like seizures, and continence care. Significant information was recorded in some files that indicated detailed thought had gone into their compilation such as 'ensure gums are brushed' for someone without teeth to protect their oral hygiene. In other places it was not clear which was the current update as the person's needs had changed (the inserts were not always dated or signed). e.g reference was made in one place to medium sized continence pads and in another to maximum. One person with a significant concern around weight monitoring; their weight records could not be found at the time of the inspection. These factors mean that people's needs may not always be fully met.

One safeguarding issue has occurred recently as a result of the staff team setting up their own contingency plan of care without the process being approved and endorsed by management. This led to safeguarding action in relation to putting someone in the position of receiving restrictive care which compromised the person's freedom. A staff disciplinary investigation was conducted.

We found the quality of care planning varied from thorough and detailed to unspecific and undated. Within the files there was a lot of information, from different sources, but not in chronological order and it was not possible to easily identify what was the clear, current plan of care for each person. The acting manager and the area manager acknowledged that the home has work to do to put all the information in modular, clearly accessible format. We acknowledged that when the inspection took place a registered manager from another home within the company was visiting for two days to work with the acting manager on improving the care plans.

We noted that Fernhill Lodge has established links with a local advocacy service and we are aware, through safeguarding, that this has functioned effectively for some residents.

In relation to choices the confidential survey returns from the service users indicated that they are 'usually' enabled to do what they want at most times of the day. The same question framed differently demonstrated that of the seven responses, three felt

## Evidence:

they 'always' decided what they wanted to do, four felt they 'usually' did, the exception being cited as limited choice in what to do in the evening. We observed that during the day some individual choices were made by the residents and respected by the staff e.g. one resident liked to eat outside the house on the patio area on her own and she was supported to do so. A sing-along session was arranged in the lounge and those who did not wish to join in could elect to stay in another room. Residents told me of their choices in relation to decor in their rooms, activities they engage in, rising and retiring times, friendship outside the home and preference of baths or showers.

Information was available that residents' wishes and ability to manage their own finances had been assessed.

The home was able to demonstrate an understanding of the need for mental capacity assessment and supporting those who have the capacity and right to choose.

We saw that the home had risk assessed and supported the rights of those with capacity to travel outside the home and appropriate measures were put in place for support and personal safety if needed.

## Lifestyle

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Fernhill Lodge are provided with some opportunity for group activities, largely in-house, and occasional trips out for the more able resident to places of interest. In-house activities are not personalised and consequently the home fails to meet some individual needs at the expense of others. This year they have missed the experience of planning for and enjoying a holiday and have experienced less frequent outings due to the shortage of staff drivers.

Carers support people to maintain family and friendships outside the home where possible.

People benefit from home-cooked meals every day which they enjoy, served in three optional locations in the home. However, lack of staff at mealtimes has resulted in one person not receiving their meal when it is prepared, putting the person at increased risk with regard to an identified nutritional problem.

## Evidence:

There is an older age group accommodated at Fernhill Lodge. No-one is currently in employment or attending college. However, we were told that most of the residents access the local shops, banks and cafes. The home is well placed for easy walking into the town of New Milton, where buses and trains are available. We saw that people had been asked about attending places of worship but had declined. We learned that although the home has a people carrier leisure activities outside the home had been limited by the absence of drivers. Currently there is one driver on the bank staff. We were told that four residents had visited Marwell Zoo earlier in the year. We learned that no holidays had been organised yet for the residents this year partly due to staff shortage and the manager's absence. One resident told us she would really like to go on holiday and even had the location in mind. The acting manager agreed this could still be organised with them.

The AQAA referred to an individual activity plan being kept in each bedroom but these were not in evidence. There was however a plan for the whole group of residents available on a board in the office dining room.

We saw from an assessment that one resident enjoyed knitting and she confirmed this, but did not seem to be engaged doing any. We asked the acting manager and she said she thought they had some wool in the activity room. This activity had evidently not been actively encouraged. Another resident does jigsaw puzzles in their room and expressed satisfaction with the support they receive from the staff. We noted that one resident paced the hallway and in and out of the lounge and dining area all day, with some time spent seated in the hallway. They were not engaged with any activity all day. The staff were very occupied with essential group activity for the majority and in providing 1:1 attention to one resident.

One resident told us that they have a personal friend in another town and the home supports them in telephone contact and meeting together.

We observed that some residents from choice had been given a key to their room. The bedrooms also contained facility for them to keep items of value and money inside a lockable container.

We noted that the residents usually have unrestricted access to the home and the grounds. At times, following a risk assessment, when hot food is being prepared the door to the kitchen has to be locked because of a resident's persistent wandering. We saw that one part of the garden was cordoned off as tree branches were falling and presenting a hazard. The home had organised a tree surgeon to attend to this.

## Evidence:

Surveyed comments received by the service users caused them to identify the meals provided by the home as a particular feature of the home they enjoy. 'I like my dinners and puddings.' 'Good food!'. 'I like the food.' 'The home does nice food.' One commented 'staff take me out'. another said 'good entertainment. I am happy with everything.' 'I usually go and see my people and they take me out.' 'I like the home because they look after my fish.'

Lunch on the day was liver and bacon, mashed potatoes and carrots followed by strawberries and ice cream. Tinned pears were provided for a resident with diet controlled diabetes. We observed that staff attended to the residents who needed feeding one at a time and appropriately helped to feed them seated at the same level and engaging them with prompts and conversation. Some meals were pureed separately, and at least one was made into a soup. We noted the latter was left for a long time in the lounge waiting for a member of staff to help them. This was a concern as it was noted a reluctance to eat in their care plan and concern from the reviewing officer about weight loss.

The home's Aqaa told us that all menu choices are rotated on a four monthly basis so that the home can ensure there is a varied choice of foods available as well as maintaining a balanced diet. All menus are in a format that the service users can understand. Service users provide input on what is included in the menus by expressing their likes and dislikes.

## Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

### This is what people staying in this care home experience:

#### Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users' physical and emotional needs are supported by understanding of their needs and written strategies for specific aspects of care.

They are protected by a good system of medicine administration.

#### Evidence:

The AQAA told us that people are supported to register with a GP and dentist of their choice, and the home has regular links as needed with other support such as opticians, podiatrists, psychiatrists, occupational therapists, physiotherapists, dietitians, continence advisers, psychologists, and community nurses. All service users are supported to have annual health checks, biannual eye tests and regular visits to the dentist and podiatrist. We saw in the files there was evidence of contact with professional services.

We saw the medicine cupboard, and new controlled drugs cupboard which is secure and kept within a staff room, and we checked on the drug administration processes and records. They were found to be up-to-date and in order. Triggers for administration of medicine 'as and when needed' were recorded and available. The acting manager told us that she conducts regular medication checks and an audit is

Evidence:

carried out by the Company's own Quality Assurance Manager.

We discussed the provision of personal care and how this was followed with two of the staff. The principles of dignity, respect and choice are followed. Cross gender care is discussed and residents' wishes in this respect are heeded. We observed the interaction between the staff and the residents. Staff showed an individual approach and style of address for different people. Communication from staff was warm and encouraging. The residents responded well to staff contact. Residents were all well dressed with clean and seasonally relevant clothing, cared for hands, nails and hair. Their hair and dress style expressed something about their personalities.

One resident told us that they get up when they like and always have a shower and wash their hair. 'It starts my day off right.' They manage this without staff help. We observed another resident who had previously presented the staff team with significant continuous challenge. They were much calmer, and helpful to another resident. They interacted in a reasonable way with the staff, although shouting and very mobile around the home.

## Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users feel they are listened to and their opinions and views matter.

Records of complaints lack detail of the outcome of complaints, including the trail to demonstrate the steps and timescales involved, so that residents are not assured all complaints are brought to resolution.

Serious concerns around safeguarding arrangements have been expressed. Measures to ensure residents' safeguarding from potential abuse are improving.

Evidence:

The confidential survey returns told us that the residents all knew who to speak with if they were unhappy, and all except two knew how to make a formal complaint.

The home has communicated some incidents/events, though not all, to the Care Quality Commission regularly and has co-operated with a number of safeguarding issues that have arisen. One serious matter has led to an internal investigation of a disciplinary nature and is not yet concluded. We identified one significant event which had not been notified and drew this to the deputy's attention.

The home has a complaints procedure that has been developed in a format that helps people raise any concerns they have. The AQAA told us that service users are made aware of the complaints procedure in their monthly meetings, and it is presented in a

## Evidence:

format that they can fully comprehend. These meetings also give them an opportunity to raise any concerns they may have about their care, the home or staff. The AQAA states that all complaints are listened to and measures are put in place to resolve the issues where possible. All service users are made aware of what constitutes abuse and we reinforce their right to complain and say 'no'. All service users are informed of the complaints procedure which has been given to them in pictorial format, and is displayed on the notice board in the hall. They have had the procedure explained to them and each has said they understand it (where capacity is sufficient). They are given opportunity and encouragement to voice any complaint in the weekly meetings.

We saw the current complaints log that contained two recent complaints from the residents. We noted that residents are encouraged to communicate concerns and in both cases the staff had noted the nature of the complaint and we were able to confirm by discussion this had been dealt with. However, the log did not refer to the action taken by staff and the timescales involved.

The staff we spoke with during the day expressed good values in relation to care practices and were familiar with the process of whistle blowing. We were unable to access up-to-date information about the training conducted in adult protection.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service users are provided with a place that is comfortable, and familiar to them, and has a worn and homely feel. The level of cleanliness and quality of decor in some areas is to a poor standard.

Evidence:

Fernhill Lodge is located in a residential area on the north side of New Milton within walking distance from the town centre. It is a large two-story house, provided with some off street parking, and although close to neighbours, it has a large and private garden. The home has a large ground floor lounge, two dining areas, and an activity room. It has a central small office for records that acts like a staff hub, and there is a first floor office as well. Ten residents were accommodated at the time. We saw that in the afternoon three or four residents seemed to gather in the hallway, possibly to observe the lounge and also the office area and front door.

The survey returns from the residents told us they consider the home is always fresh and clean. They told us that they like living at Fernhill Lodge. One resident was particularly keen to show us their bedroom with the facilities inside it. Each room is laid out as the resident wishes and is personalised with items they enjoy.

## Evidence:

The entrance to the home signposted as the front door meant we had to pass a huge number of pieces of discarded furniture and items waiting to be tipped. Staff explained this was part of the refurbishment of the rooms. The front door was covered in cobwebs and the paintwork inside the home was very grubby. In places the doors and walls were badly chipped from wheelchair damage. Many of the carpets were worn and soiled and the furniture jaded. The bathroom and toilet floors were tacky and one of the rooms we visited had a poor odour.

We sampled the maintenance book and certificates for servicing. We drew the deputy manager's attention to the out-of date certificate of electric circuitry that made urgent requirements dating back a long period.

During conversation with two service users we were told that sometimes 'the water runs out' or is 'not hot' and they have to use a bathroom in a different part of the house. Staff confirmed there were problems with one of the home's two boilers but they were not sure which one was causing the malfunction.

The fire log book was available and up-to-date. The Environmental Health report was also available and we were told the items detailed had been attended to.

The small laundry is sited on the ground floor and has a sink, commercial washing machine and tumble dryer with limited space for storing soiled incoming and clean outgoing laundry. At least one of the residents is supported in doing their own laundry. We were told that all staff have received training in infection control.

The AQAA told us that Parkcare Ltd is planning a refurbishment of the entire home. The company property team have visited and are in the process of drawing up the plans for the entire ground floor of the building.

## Staffing

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service users are supported by a kind and caring staff team comprising some carers with substantial experience and training in this field of care, and some very newly recruited people. However, the limited numbers of staff and high demand on their role to fulfil care, catering and domestic duties means that some residents receive support only on a hit or miss basis.

Evidence:

The home's AQAA informed us that they normally have a staff team of twelve which consists of the registered manager and deputy manager, four senior support workers, five support workers and one cook. All senior staff members have achieved their National Vocational Qualification (NVQ) level 2 and the deputy manager has her NVQ 3. There is always a minimum of four members of staff on duty at any one time and one to one support is provided for two service users in the home. We were told that the majority of the staff team have been working at Fernhill Lodge for over three years ensuring a level of consistency and stability for the service users.

We saw the duty roster at the time of this inspection. The registered manager was on an extended period of leave, and the deputy was acting as manager. Also present was a senior carer, a recently recruited care assistant, and an experienced carer functioning as cook. There were no ancillary staff rostered for duty. Visiting the home

## Evidence:

for two days to support the acting manager with revision of the care plans was an experienced registered manager from another of the company's homes in another county. During the morning a member of the bank staff was invited in to assist with a sing-along session and with lunch, leading into a rostered afternoon shift.

The staff were all very helpful, contributing and co-operating with the inspection process where possible. Two staff as well as the acting manager were spoken with in private and the views of staff were also collated from the confidential survey returns.

We observed that the conversation and times of interaction between the staff and residents were respectful and helpful, with kind tones of voice when giving guidance and direction. The residents said 'the staff do very well, 'the staff are good to me' The staff keep me clean and fresh.' Staff support me in my needs.' One listed what they like, 'they do my bed for me, do my washing for me, do my dinner for me, took me out.' No negative comment about any staff member or the support received by the staff was made by a service user.

We noted that the needs of one resident absorbed the total attention of one member of staff as they moved around the home. This was built into the roster as 1:1 support. Another two residents had high needs, requiring constant supervision. Another two residents were physically dependent on regular support from staff. This inevitably meant that throughout the day the amount of individual attention by staff was very limited for several of the other residents. One paced throughout the day up and down the hallway and expressed repetitive behaviour. They did not engage in any planned activity all day other than mealtimes. They remained surprisingly calm and nonreactive to a number of provocations from another resident.

The staff expressed good values and motivation in relation to resident care but were distracted with the amount of physical work they had to do; there was no cook, cleaner or laundry assistant on duty which meant they were required to divert to complete essential domestic tasks. One survey comment was, 'although it is a friendly, convenient and comfortable home with caring staff, there is not enough staff to meet the needs of each service user.' To the question what the home could do better we were told 'meet individual need of care' and 'assist and support each individual.' One survey told us there are 'never' enough staff on duty. Another said only 'sometimes'. 'We cant do what we would like with the residents. They deserve better'.

We sampled staff employment records and confirmed that all recruitment checks had been completed in a satisfactory way. Staff training records were not easily accessible

Evidence:

and we asked if a summary matrix of accomplished and projected training could be forwarded to the CQC. This has not yet been forthcoming. We saw evidence of supervision records and planned supervision to take place shortly.

## Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home's service is currently maintained by involving a group of people who are contributing their management skills, some on a part time basis. This fragmented management has led to some confusion and lowered morale for both the staff and the service users, and affected the quality of outcomes for people.

Some staff policies and procedures are in need of updating and some need to be set up for the first time to ensure that staff all work to the same protocols.

Some service users are confident in giving their opinions, demonstrating they are used to being heard and giving feedback about the service they receive.

Evidence:

The registered manager is an experienced trained nurse who has obtained NVQ Level 4 and the Registered Manager's award. She is currently on long term leave and her role is being temporarily filled by the newly appointed deputy, supported by registered managers who are employed by the company in services in other parts of the country. Between them these two managers visit and spend two to three days at a time at the

## Evidence:

home. The oversight and support of management has been further weakened by the departure of the area manager. This post is also being filled by someone acting up. Staff spoken with expressed that a low level of morale exists amongst the staff team. One member of staff said in a confidential survey, 'different instructions from different people who are coming in has made staff confused about which one to follow.'

In relation to internal quality assurance the AQAA told us that the provider organises regular collection and collation of user views through a variety of channels including regular house meetings, user forums and surveyed comments. The home also has a comments and complaints box that can be used to draw attention to issues in an anonymous way if preferred. It was evident during the inspection that service users felt they were able to engage and speak freely with the inspector. They spoke readily of their likes and dislikes, whether staff were present, within earshot or not. They indicated they were used to being heard and giving feedback on what happens in the home.

We saw that the office had a set of policies and procedures. The Aqaa informed us that some of these had not been reviewed since 2005 including the policy on fire safety. We noted there is no policy on continence management (which is an issue for the home), working with volunteers and in relation to gifts to members of staff. With the changing needs of the service users and implications for evacuation we recommended that priority be given to updating and where appropriate establishing new and relevant procedures.

The fire log book was available and up-to-date. The accident book was seen. We saw that not all entries had been countersigned by the person in charge and we recommended this should be done as routine practice to evidence important issues had been noted and any remedial action taken to avoid repeated accidents. We noted that not all notifiable incidents/accident had been reported to the CQC and drew this to the deputy manager's attention.

Monthly visits are conducted by the representative of the company and reports are produced on what they review on their visits.

We sampled the file of servicing certificates and noted that an unsatisfactory electrical certificate had been filed without any apparent action being taken and queried this with the deputy, who agreed to follow this up.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	1	5	<p>the registered person must make available a complete Service User Guide detailing all aspects of the service currently offered</p> <p>to ensure current and potential service users and their advocates have the opportunity to know what they can expect from the service.</p>	30/11/2009
2	1	6	<p>the registered person must keep under review and update the statement of purpose</p> <p>so that service users and their advocates understand the service that is currently offered.</p>	30/11/2009
3	6	15	<p>the registered person must ensure that care plans are clear, changes are noted and be kept under regular review</p>	30/11/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			to demonstrate how the service users' needs in respect of health and welfare are to be met.	
4	22	22	the registered person must keep a record and detail the action taken to resolve a complaint and its outcome  in order to demonstrate the service has responded appropriately.	30/11/2009
5	23	37	the registered person must inform the CQC of all notifiable events and incidents  in order to safeguard all service users from harm.	30/11/2009
6	24	23	the registered person must evidence that the electrical circuitry is serviced and maintained to the required standard. Gas boilers must be kept in good working order  to provide a safe and comfortable environment for the service users.	30/11/2009
7	30	23	the registered person is required to keep the premises clean throughout, free from offensive odours and well maintained	30/11/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			to provide service users with a clean and hygienic environment in which they can thrive.	
8	33	18	<p>the registered person must ensure that staff are rostered in sufficient numbers with appropriate roles and competencies</p> <p>to meet the individual assessed needs of all residents.</p>	30/11/2009
9	40	18	<p>the registered person must ensure the provision of relevant codes of practice and procedures for staff appropriate to the needs of the residents</p> <p>so that all staff work to accepted guidelines, providing consistent and continuous care for residents.</p>	30/11/2009
10	42	37	<p>The registered person must notify the CQC of all accidents, injuries, incidents occurring in the service</p> <p>in order to provide safeguards for the service users.</p>	30/11/2009

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

## Helpline:

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