



Making Social Care Better for People

Inspecting for better lives

# Key inspection report

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

<b>Name:</b>	Fernlea Care Home
<b>Address:</b>	Sway Road Brockenhurst Hampshire SO42 7SG

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Joyce Bingham	0 8 0 4 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

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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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
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## Information about the care home

Name of care home:	Fernlea Care Home
Address:	Sway Road Brockenhurst Hampshire SO42 7SG
Telephone number:	01905795088
Fax number:	
Email address:	fernlea@craegmoor.co.uk
Provider web address:	

Name of registered provider(s):	Park Care Homes (No 2) Ltd
Type of registration:	care home
Number of places registered:	10

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	10	0
mental disorder, excluding learning disability or dementia	10	0
Additional conditions:		
The maximum number of service users to be accommodated is 10.		
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									
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Brief description of the care home
<p>Fernlea is owned by Parkcare Homes No: 2 Ltd, which is a trading subsidiary of Craegmoor Group Ltd, a national organisation providing residential care and support to individuals within the social and health care sector.</p> <p>The house is a large detached property set in a large garden. It is located in the New Forest village of Brockenhurst, within walking distance of local amenities. Fernlea provides care for up to 10 residents with a learning disability and/or a mental disorder. All residents are accommodated in single bedrooms. The age range of the current service users (ten males) is 22-62 years.</p>

### Brief description of the care home

The current fees range from £772 to £1,005 per week. The manager provided this information on the day of the inspection visit.

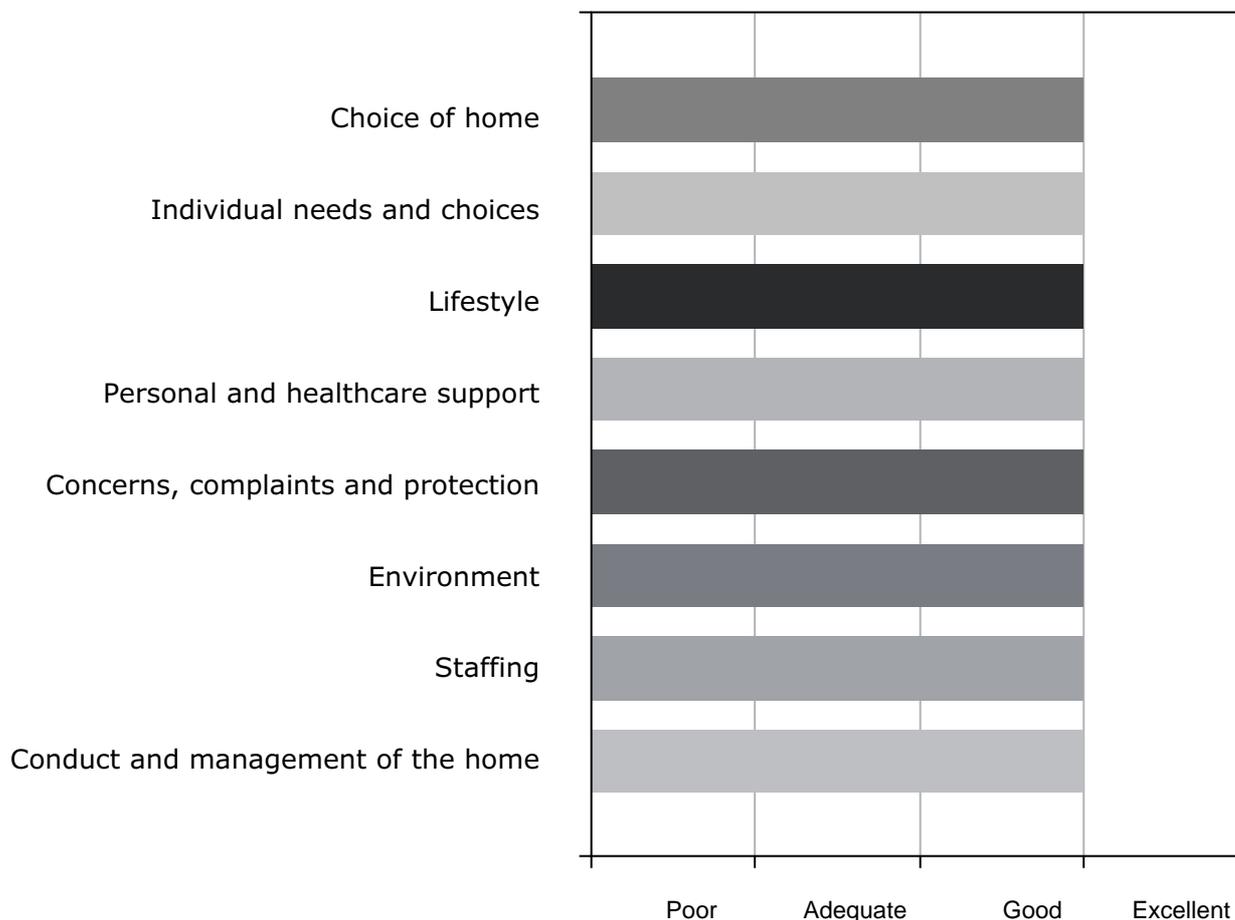
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The quality rating for this service is 2 star. This means the service users living at Fernlea experience good quality outcomes.

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, and surveyed comments from all nine residents, six staff and a care manager. An unannounced visit to the home took place on 8 April 2009 and lasted eight hours. During this time we were able to have a partial tour of the premises, including three bedrooms, one bathroom, the television lounge, dining room, and kitchen. We had private discussions with the registered manager, the area manager who was visiting, the senior member of staff on duty and

two other staff, and contact with nearly all the residents. We spoke specifically with four service users, supported by the staff. We were kindly invited to have a light lunch with a service user who had remained at home, and the manager. 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:**

Fernlea offers homely, residential support to service users who are unable to live independently in the community. They are provided with opportunity to develop life skills, taking ownership of their own single bedrooms, personal laundry, involve in shopping, simple domestic activities and choose the interests they wish to pursue. The service users express satisfaction with living at Fernlea, and confirm they are able to contribute their views about what happens there. They are heeded and supported by a personal plan of care with goals that they own. They are encouraged all the time to make choices about things that matter to them. All nine surveys said they can choose morning, afternoon, evenings and weekends what they want to do. Choice was also evident with their meal times and whether they wished to go out. A care manager commented, 'the home respects individual choices and independence. Good communication is provided by the home at all times.'

A good level of training is provided for staff and an open ethos exists in terms of communicating concerns and ideas for improvements.

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

Requirements and recommendations made in the last inspection report related to the quality of a pre-admission assessment, the processing of registration for the manager, regular support and supervision of staff, and the importance of full staff recruitment documentation. We noted that all these have been attended to. Detailed pre-admission assessment is conducted; the manager has been registered with the Care Quality Commission; staff supervision notes were available and up-to-date; staff recruitment files were comprehensive.

The recruitment of more drivers to the staff team has meant that there is a greater flexibility for the service users in getting out by car. A good level of staff maintained more consistently has also meant more can be done with the service users and the staff morale has improved. The home itself has said that the service users are less bored and noticeably happier.

The home has improved its decor, some of the furniture, and new carpet throughout. An attractive patio has been made outside the lounge area at the rear of the premises, and a conservatory has been built but is not yet totally completed. Once it is operational the dining room can become the manager's office, and the current office become a staff sleeping facility, which will be a great development, recommended in the last report.

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

The major focus on client choice means that at times the service users still seem to be left with an amount of unstructured time that leads to watching the television, sometimes repetitively. We recommended that service users would benefit from short periods of more structured activities to engage them in learning modules that would stimulate and motivate them. The service does have this in hand and intends to develop both activities and training for all, with the possibility of moving into more independent living for some.

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

Service users' needs are assessed to ensure the home's location, facilities and service can meet their needs. They are also provided opportunity to experience life at the home to test their compatibility with current clients.

Evidence:

The service user guide was available at the entrance of the home with reference to the inspection report which is located in the office. We talked about its the content and the manager confirmed that the Company is developing the service user guide to include all the elements of the statement of purpose, and by using a camcorder the intention is to present visual aids to assist prospective service users.

All of the nine residents at Fernlea have been living at the home for some time. They are not recent admissions.

The home currently has one vacancy. We were told that a potential client who has been already assessed by another Craegmoor home, and has been resident there for a time, has been visiting recently to see whether he liked the home and to assess whether he would be compatible with the current clients.

Evidence:

All the written assessments for current service users were available and we sampled three assessments of residents who had been living at the home for some time. Both their specialist needs and any treatment programmes had been identified and formed into a written and comprehensive plan of care.

Surveys from all nine residents indicated that eight of the nine residents wanted to move into the home; seven out of nine felt that they had had enough information about the home to enable them to reach that decision.

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

The service users know the home keeps record of their needs, and comprehensive personal information. They are aware of their personal care plan and contribute actively to the decisions about their goals and the way these can be achieved. They are supported to take risks to enable them to lead as independent a lifestyle as possible.

Evidence:

Care plans were available for each of the service users and we sampled three in detail. We found them to be very comprehensive, covering all aspects of personal care, special health care needs and communication. The service users had been involved at each stage and had signed agreement with their daily plan. In addition the home had consulted them about who this information could be shared with. Their agreements extended to which aspects of personal care they wished to be assisted by male/female staff, and included touch and sensitivity assessments, dates that are important to them, important people in their lives, a brief life story indicating relationships and

## Evidence:

social contacts, road safety, smoking, response to fire alarms/evacuation, hearing and communication, sexual health issues, ability and understanding in relation to finances. Risk assessments were produced for each element. There was evidence of input from relevant professionals. Key workers had been allocated for each service user. The home's AQAA informed us that staff record choices made in the daily entries and handover sheets, and record outcomes. Service users files are confidential and the staff respect this and they are audited to make sure that they are factual and relevant on a monthly basis. Staff are aware of when to share confidential information e.g health issues, abuse etc. Two service users have full control of their own money holding their own bank accounts and they are supported on all financial issues. The remaining service users have bank accounts and are supported fully with withdrawals from these accounts as laid out in their financial care plans. Care plans are reviewed with social services when they are available to attend reviews. A care manager commented, 'The staff at the home have a consistent approach and are very aware of the service users' situation and support needs.' 'There is a good balance in making choices. Staff are aware of the effect of choices for other residents, i.e. safety.' We saw that risk assessments are in place to minimise harm and the 'Your Voice' project is an effective means of ensuring service user views and opinions are listened to and acted upon where possible. A range of communication aids are used to enable service users to make an informed choice about various aspects of their day to day lives. The preferred method of communication used by each service user is care planned and all staff are made aware of the method and encouraged to use it where ever possible. Communication aids currently used in the home are verbal, pictorial, body/sign language that is recognised by service users who live in the home. We found that the documentation was very comprehensive and consequently time consuming and complex for each member of staff to engage with on a daily basis. We talked with the manager about this and recommended simplifying the essential information for staff's daily use.

We saw and were told that reviews(evaluations) of the care plans are normally conducted on a monthly basis. One was slightly out of date. Another had received critical comment from a care manager who had conducted a review who felt the home had not adjusted the care plan in the light of a resident's deteriorating condition.

We spoke with three service users, who had limited engagement in conversation, but who indicated they were aware that the home kept records about their care and were happy they had a say in what happened. Surveys indicated a 95% agreement that staff listen and heed what they say.

The home was able to demonstrate on the day that service users made decisions about the activities they wished to engage with. Some went out for a drive, a walk in

## Evidence:

the forest and lunch, either taking sandwiches or going to a pub; some stayed at home in the lounge or in their rooms. The homes' records also indicated the diversity of choice. In their interactions with the residents the care staff asked them what they wanted for lunch and what they wanted to do. Examples were given when staff had supported or encouraged residents to use/save their money in a different way and think about goals for planning purposes. Staff support and management were operative where the residents were unable to independently access the community. However, the home demonstrated by example given from a resident, that an open and supportive attitude to independence was more prevalent than an overly protective and paternalistic one.

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

Service users' rights and responsibilities are recognised in their relationships, activities and daily routines.

They are offered nutritious meals, with opportunities to choose at every stage, and mealtimes are positive and enjoyable.

Evidence:

We talked with the staff about the opportunities that the residents have to engage in work and learning/training. One member of staff said positively, 'it's all about what they want to do now'. 'Most go out every day. It's their choice if they don't.' 'It's made a big difference having staff who can drive.' We were told that two residents attend the Fernmount garden project one day each week, and that one attends the Gateway club. An activities organiser in crafts (member of staff) comes twice a week to Fernlea, using the outside workroom and residents engage with these sessions readily and from

## Evidence:

choice. One day each week the residents have designated time to commit to cleaning their own rooms, undertaking personal laundry, and engaging in a 1:1 activity of their choice. Each of the residents have their particular hobbies/interests that range from jewellery making, to football/cars. We were told that one resident sometimes goes to a local church on a Sunday. When we said at the home that our sense from the inspection day is of a holiday, relaxed but slightly purposeless atmosphere, where residents are asked what they wanted to do, when we felt the service users would benefit from a little more structure in their time, we were told that a member of staff, recently recruited from another Craegmoor house, is on the point of developing more in-house learning modules. We observed quite a number of entries in the daily log for people who frequently and over several days spend time in the lounge watching the television. We recommended that the occupational aspect of the care service could be further developed. Assessments indicate that none of the service users currently have the capacity and/or desire to commit to paid or voluntary work. The manager told us that with their agreement, the home is reviewing the possibility of equipping and enabling one or two of the residents to move towards more independent living.

It was pleasing to note that at least three of the residents have developed noticeably and significantly since the last inspection in their communication skills, engagement with people and domestic activities, positive weight loss, and general wellbeing (use of humour, dress, physical appearance/expression).

The menus were seen and we talked with residents about the food they are given. We were told that menus are planned, together with the residents, a month in advance. Dietary likes and dislikes are heeded, and an alternative is always available. One resident will only eat the same meal with minor variation and this is respected although we were told encouragement is given to widen his range of nourishment. Two residents confirmed that the meals are good and they have no complaints. Where possible some residents assist the staff with meal preparation. One does cooking sessions at Brockenhurst college.

## 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 receive personal support and care in ways they prefer, including self medication, where appropriate.

Service users are supported by a staff team who are trained in the home's comprehensive policies and procedures.

Evidence:

It was evident on the day at 9am that residents were getting up, breakfasting and being supported by staff at different times and in different ways, and joining in the lounge in an unhurried way. Care plans detailed specific support needs. They also demonstrated the link with primary medical care, specialist services and paramedical support. Files of residents with a particular medical condition contained some helpful print out information for the staff to help them understand about symptoms, treatment and side effects.

One of the weaknesses identified in discussion and by observation, in the behaviour management of one service user is that although there is a keyworker system, an agreed strategy of care may not always be followed consistently by every member of

## Evidence:

staff, and this can give a conflicting message to the resident concerned. However, it was acknowledged that any area of inconsistency can be raised by any member of staff through a number of channels (handovers, supervision, staff meetings) and these matters are always taken seriously by management and adjusted once they are identified.

In each case a local General Practice is accessed, and residents are registered with dentists and opticians. Files indicated support for residents to make and attend hospital and specialist appointments. While present in the home a local GP telephoned to make the home aware that they were starting a special clinic for people with a learning disability who may wish to have a thorough health check/review.

The medication cupboard was seen. A monitored dosage system is followed. Medication administration records were available and were up-to-date. The controlled drugs and records were also checked and found to be in order. Medication to be taken 'as and when needed' was also well documented with photographs of service users and the reason for the medication was clearly stated. The home's drug policies were seen. The lunchtime medication administration was observed as residents came into the dining room for their medicines. They were communicative and interacted well with the staff. One resident had been assessed as able to self medicate and he told us he had a locked case in his room in which to keep his medicine safe. He explained the process the home followed for obtaining his repeat medicine.

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

Service users have a number of avenues to express their feelings and their views are heeded.

They are protected by the home's recruitment practices, policies and procedures.

Evidence:

The home's complaints log was inspected. One complaint, made since the last inspection, about items thrown over the neighbour's hedge, had been resolved. One safeguarding meeting had been called by the manager to ensure that all were in agreement with the care package and the home's strategy for handling the needs of one resident. No other complaints, concerns or allegations have been made about the service. The complaints and safeguarding policies are in place and staff are aware of adult protection procedures.

Surveys indicated that each resident knows who to talk with if they are unhappy with anything, and six out of nine were clear about how to make a formal complaint. We asked three residents if they were happy living at Fernlea and if everyone was kind, and received positive responses. The home has a number of avenues residents and their advocates can follow for communicating concerns, including the manager's open door, residents' meetings, 'Your Voice' forum, confidential suggestions box, monthly visits by the representative of Craegmoor's Responsible Person.

Fernlea's staff recruitment practices involves the checking of potential care employees against the POVA (Protection of Vulnerable Adults) Register, and also the CRB

Evidence:

(Criminal Records Bureau). Individual staff records were random sampled and this was found to be the case. References are taken up from previous employers; application details and identities are checked.

We spoke with two staff and the manager during the inspection and all upheld good values in relation to identifying and reporting on unsafe or abusive practices. Records showed that 82% of staff had received training in POVA and this percentage was augmented by further training that had been completed the day before the inspection, but had not yet been added to the computerised records.

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

Service users live in a comfortable, safe and homely environment, which is clean and hygienic and fit for purpose.

Evidence:

The appearance of Fernlea is in keeping with the surrounding neighbourhood, and is free from stigmatising signposting. It is intended for long-stay accommodation, providing all single rooms with ensuite toilets. Two bedrooms have baths and one has a shower facility. It was found to be clean, bright and orderly. It is airy and largely free from offensive odours apart from one bedroom where a strategy of behaviour management for one resident is underway. New furniture has been supplied to the lounge and a large new flat screen. Much of the house has new carpeting and some parts have been tastefully redecorated. Other parts are in process of redecoration. A large conservatory has recently been added to the lounge which we were told will eventually function as the home's dining room, once the method of drainage from the surplus rainfall in the rear garden is resolved. The plans are for the current dining room to convert to the office, and the small manager's office, to a staff sleeping room. The need for staff to be provided with an adequate, dedicated sleeping facility was recommended in the last inspection report. The exterior rear patio has been upgraded, and we were told the garden path, which is uneven and leads to the rear workshops, is

## Evidence:

about to be resurfaced. The home employs a maintenance person who keeps on top of minor works and engages in the redecoration process.

In the confidential survey returns six residents said the home is 'always' fresh and clean, and two said it is 'usually' so. A staff member said 'the manager has done a lot to upgrade the home', and 'I love coming to work at Fernlea'.

The location of Fernlea makes it a walk from the village centre. Some residents often walk in and out, and others are supported to the village or other venues by staff using the home's vehicle. Outings have become more frequent since the home recruited a number of drivers onto the staff team.

The file of maintenance certificates for gas boilers, electrical certificates, appliance testing, fire appliance servicing etc was inspected and was found to be up-to-date. The fire report and environmental health report looking at kitchen and laundry facilities and policies were good. Computer records showed 94% of staff are trained in infection control, and 88% in COSHH (control of substances hazardous to health). Protective clothing and gloves are available for staff when dealing with spillages etc.

## 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 **good** 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 competent and trained staff who work effectively as a team.

The service users also benefit from a service from staff who are well trained and supported by regular supervision.

Evidence:

Due to the current good level of staff the home is able to maintain three staff on morning, afternoon and evening shifts, rising to four support staff at times. At night there is one 'awake' member of staff and one sleeping in. Six survey returns indicated that all staff have had appropriate checks undertaken before they were recruited; they were given relevant training that equipped them to meet the needs of the residents and kept them up-to-date with new ways of working. All knew what to do if they had concerns about anything. 'I feel confident to support any individual, due to my experience and a lot of training that the manager has provided for us.' To the question about whether there was sufficient staff on duty three said 'always', two said 'usually' and one said 'sometimes'.

In response to the question about the way information is passed between staff about the people who use the service three said it is 'always' done well, and three said 'usually' well. About what the home does well staff volunteered:

Evidence:

--'training is now very good'

--'things have improved but still work can be done to meet service users' needs'.

--'we treat service users as equals and give a friendly environment'.

We noted that cultural and sexual diversity was recognised within the staff team. We were told that some rostering adjustments are put in place in recognition of staff's religious and cultural festivals.

We noted from the staff files that a number of staff have moved to Fernlea from other Craegmoor homes. A couple of questions were raised from a paper review of staff files and we emphasised to the manager the importance of her vetting the information that comes with them in order to be satisfied that each staff member meets her requirements as the registered manager of Fernlea.

Following the trail of induction for new staff we found that a helpful period of shadowing is offered to enable service users to familiarise with a new face and for the new team member to feel comfortable in their role. Policies and procedures are read and signed for and a staff information pack is provided. Although much is covered at early stages the certified employee pack is not always completed, so staff knowledge in some areas is not guaranteed. We recommended that the manager ensures the staff induction pack is routinely completed with each new member of staff.

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

The service users benefit from a well run home where the leadership works hard to create and maintain a positive, open ethos, and where the significance of teamwork is recognised.

People living and working at Fernlea are aware that their views contribute to what happens at the home and what is organised for the service users.

The health and safety of service users is promoted and protected.

Evidence:

Since the last inspection the manager has submitted application and been registered with the Care Quality Commission. We saw from the records that she undertakes periodic training along with her staff to ensure she is updated in all aspects of care practice. Her job description and role is clear and she is regularly supported and supervised by the Area Manager for Craegmoor who visited the home to complete a routine monitoring visit during the inspection. She has obtained the Registered Manager's Award and is half way through the NVQ, National Vocational Qualification level 4. The staff responses to questions in the confidential CQC surveys about the

## Evidence:

home's management were: --'my manager is always there if I need her regarding the support to all the service users'. --'the manager helped me through my weaknesses and now I am very confident in giving support to our service users'. --'I am happy working here'. --'My manager is very approachable, helping me a lot in this home'.

The AQAA informed us that questionnaires to review the care service are given out twice yearly by Craegmoor to service users and their family members. The provider also gives staff a questionnaire annually to complete. An overview audit is completed by the manager bi-monthly and quarterly audits on infection control, food hygiene, financial, health and safety. Craegmoor organise a clinical governance auditor twice yearly to also complete an audit. Service users' meetings are held every fortnight to collect any comments and views from the people living in the home.

In relation to health and safety matters the AQAA informed us that Fernlea complies with relevant legislation where reasonably practical to ensure the health, safety and welfare of service users and staff. Fire risk assessments are in place and regular fire checks of doors, alarms, extinguishers, access routes, emergency lighting are completed either weekly or monthly. Fire drills are completed and all were recorded in the fire logbook. Contractors undertake the required checks and annual inspections. All staff have fire training, and all persons present within the home know how to evacuate the building, and the procedures to follow. First aid training is provided for all staff. The first aid box is kept in the office and dining room and is checked monthly. All staff are aware of filling out accident reports, and there is at least one member of staff qualified in first aid on duty at all times. Food hygiene training is provided; annual inspections by environmental health are completed. The boiler is serviced annually and certificated; electrical equipment is tested annually; fixed wiring is five yearly. Water temperatures are taken every week by staff and recorded (hot and cold). Annual checks are conducted for legionella and water temperatures.

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
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## 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
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### 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
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### 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
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## Helpline:

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**Textphone:** or

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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