

Graham Robert Jack

# Fernwood

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Fernwood provides residential care for up to three people with learning disabilities. There were two people living there at the time of our inspection. People needed support with communication and were not able to tell us their experiences, so we observed that they were happy and relaxed with staff. One person had physical disabilities that they needed staff support with.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The owner is also the registered manager of the home.

We carried out an unannounced inspection on 18 and 20 November 2015 where we rated the home as 'Requires Improvement' in three areas. We issued specific requirement notices in relation to safety and consent. We received an action plan from the provider that told us how they would make improvements. We carried out this comprehensive unannounced inspection 25 August 2016 to check the provider had made improvements and to confirm that legal requirements had been met. We found that improvements had been made in relation to consent and safety but additional concerns were identified in other areas.

There were enough staff to meet people's needs. However, at the time of inspection the registered manager and one staff member were on leave which meant that two staff were working back to back to provide cover for shifts during this period. Over a two week period this meant that one person was not able to attend their day centre and there was no alternative activity programme in place during this time. There was no contingency plan in place should one staff member be unwell during this period.

Staff told us they did not feel supported. They had not received a supervision or appraisal for over a year and staff meetings were held infrequently. A staff member had recently been promoted to the role of senior but there was no job description in place and they were not clear about the extent of their responsibilities.

Although a range of health and safety audits had been carried out it was not always clear what action was taken. For example, although water outlets were regulated to a safe temperature, water temperatures were not checked periodically to make sure that the regulators were operating effectively. Staff training in some areas was not up to date and this had not been identified through regular monitoring. Whilst there were procedures to review care plan documentation some areas of documentation had not been reviewed for long periods.

Staff understood what they needed to do to protect people from the risk of abuse. Staff had assessed that restrictions were required to keep people safe and where appropriate referrals had been made to the local authority for authorisation to have Deprivation of Liberty Safeguards (DoLS) in place.

Staff had worked in the home a long time and had a good understanding of people as individuals, their needs and interests. They knew how people liked to be supported. People had access to healthcare professionals when they needed specific support. This included GP's, dentists and opticians. People were asked for their permission before staff assisted them with care or support.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

There were inadequate contingency plans to ensure the safe running of the home whilst staff were on leave.

Staff were clear about what to do in the event of a fire.

People's medicines were stored, administered and disposed of safely.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff did not feel supported and did not have regular opportunities to attend supervision meetings. Some staff were out of date with some of their mandatory training.

Staff asked people for their consent before providing all aspects of care and support.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

The registered manager knew their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with warmth, kindness and respect.

Staff knew people well and displayed kindness and compassion when supporting people.

People's dignity and privacy was promoted.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People were not always supported to take part in activities of their choice.

Staff knew people well and people's support plans contained guidance to ensure staff knew how to support people.

As staff knew people well they were able to identify when people had worries and concerns and respond to them.

### **Is the service well-led?**

The service was not consistently well-led.

Record keeping did not always demonstrate that care was person centred.

Systems for monitoring and improving the service had not always been effective.

A number of policies and procedures needed to be reviewed and there were no policies on lone working, the Mental Capacity Act or Deprivation of Liberty Safeguards

**Requires Improvement** ●

# Fernwood

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 August 2016. When planning the inspection we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector without an expert by experience or specialist advisor. Experts by experience are people who have direct experience of using health and social care services. We contacted the home the evening before our visit to let them know we would be coming. We did this because staff were sometimes out of the home supporting people who use the service and we needed to be sure that they would be there.

During the inspection we reviewed the records of the home, this included staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises. There were only two people using the service and we looked at both people's support plans and risk assessments along with other relevant documentation.

During the inspection we spoke with two care staff and we observed the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living at Fernwood.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We considered information which had been shared with us by the local authority and other people and checked to see if any notifications had been submitted. A notification is information about important events which the provider is required to tell us about by law.

# Is the service safe?

## Our findings

At our last inspection in November 2015 the provider was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there was a lack of risk assessment and action to mitigate any risks to people's health and safety. Following the inspection we received an action plan that told us how improvements would be made. At this inspection we found that significant progress had been made to almost all of the actions and although other concerns were identified that could be unsafe if new staff were appointed the staff team knew people well, and therefore was not an issue at the time of inspection. .

The owner had been trying to recruit to a vacant post since the beginning of the year. Records showed that the registered manager worked occasional shifts at Fernwood. We were told they supported and collected one person to and from their day centre daily. In addition they attended the home to do record keeping some days, but these hours were not recorded. In addition to the registered manager, there were three other staff employed to work at the home. At the time of our inspection the registered manager and one of the staff members was on leave.

The decision to have two staff on leave at the same time meant that two staff worked back to back over a twenty four hour period for almost two weeks. This meant that on the week of our inspection one staff member worked 42.5 hours and three sleep in duties and the other worked 53.5 hours and three sleep in duties. Staff told us they regularly worked 55 hours a week. Included in these hours, the rota showed that one staff member also worked a late shift, a sleep in shift and four hours the following morning, at a sister home. We were told that this shift was carried out weekly by one staff member from Fernwood. We asked if staff from the sister home could have assisted in an emergency but were told that they were in similar position with staff leave and that the staff there did not know the people living at Fernwood. One staff member told us, "It's not a hard job but there is no time between shifts to unwind." They said, "I never get a proper night's sleep when I'm on a sleep in, so to do so many is tiring." It was not good practice that staff worked back to back with no contingency plan should either of them have been unwell. A good rota allows for emergency situations and ensures that people's needs continue to be met whatever happens.

We recommend the provider reviews their processes for recruitment and rota's following guidance from a reputable source.

A staff member told us that one person's medicine was prescribed in the form of capsules and as they had difficulty swallowing the capsules, they were broken and the contents were placed on their dinner. Whilst this was not done covertly there was no protocol in place to ensure the medicine was given safely. Within the medicines' audit it was clear that GP/Pharmacist advice should be sought if opening capsules but this had been recorded as 'not applicable'. Not giving medicines as prescribed can change the effect of the medicine and it was not evident that this had been checked with the person's GP or pharmacist. This could leave the person at risk of harm.

With the exception of the above, medicines were stored, administered, recorded and disposed of safely.

People's medicines were stored in a cupboard in a locked room. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they experienced pain or were agitated. The temperature at which medicines were stored in the medicine's cupboard were recorded daily to ensure medicines were stored at safe temperatures. Although the recorded temperatures were all within safe ranges, we noted that during the day of our inspection the temperature rose to 27°C. When this was noted staff took appropriate action to reduce the temperature.

We were told that one person required close supervision when in the kitchen area. One staff member told us that they locked one of the kitchen doors when they were cooking so that they could monitor the person's whereabouts more closely as they were at risk of harm if they touched something hot. There was no risk assessment in the person's care plan about safety when they were in the kitchen or reference to the door being locked. The home's generic risk assessment referred to people using the kitchen, but again there was no reference to the door being locked. This left a potential risk of accidents if staff did not act consistently to ensure the person's safety.

Risk assessment documentation in care plans had been updated at regular intervals and where new risks to people had been identified, assessments had been carried out to manage the risks whilst protecting people's freedom and maintaining their independence. However, there was a risk assessment for one person that related to their weekly horse riding activity. The person required staff support to complete this activity but although the assessment stated the risk of accidents and incidents there was no information about the role of staff to assist in the reduction of the risk of accidents and incidents. Staff were able to tell us how they supported the person but should a new staff member be employed, the information they would need to safeguard the person was not documented and could leave people at risk of accidents.

All staff had received fire safety training and people had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Monthly evacuation drills were carried out to ensure that people and staff knew what to do in the event of an emergency.

At the last inspection there was no business contingency plan that addressed possible emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data. This had been addressed at this inspection. The rear of the document that included space to record staff contact details and where to evacuate in the event of a fire had not been completed. There was no immediate impact in relation to this as staff knew each other well and were clear where people would be evacuated in such an emergency.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. Two of the three staff did not have up to date training in safeguarding but they were able to tell us that if an incident occurred they reported it to the manager who was responsible for referring the matter to the local safeguarding authority.

Staff recruitment records contained information to help ensure the provider employed people who were suitable to work at the home. Staff files included a range of documentation that included application forms, photo identification and written references.

## Is the service effective?

### Our findings

At our last inspection in November 2015 the provider was in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the provider had not acted in accordance with legal requirements in relation to people who did not have capacity to give consent. Following the inspection we received an action plan that told us how improvements would be made. At this inspection improvements had been made in relation to this. However there were other areas that were not effective.

Staff had not received appropriate supervision and appraisal. A staff member told us that they did not feel supported or valued. Another when asked said, "It could be better," and then said, "No I don't feel supported." Both staff had an appraisal in January 2015 and their last supervision was in May 2015. They said that when they raised issues informally they did not get any answers. For example, on the issue of staffing, they had been told that the home was actively recruiting but this had been the case since the beginning of the year. This had affected staff morale and had the potential to affect the quality of people's lives.

We asked staff if they had received training to meet the specific needs of the people living at Fernwood. Only one of the three staff had attended training on epilepsy awareness but this was dated 2011. There had been a previous serious incident in the home related to epilepsy. Staff regularly worked on their own supporting people and although there were guidelines for the management of epilepsy, and the person had been seen by a professional regularly, there was no evidence that the guidelines for the management of seizures had been reviewed or agreed with them. This meant that staff could not be sure that they would provide up to date support to the person should they experience a seizure and this could leave them at risk of harm.

These issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were certificates in staff files that demonstrated that staff had attended a variety of training courses. Staff told us they received training which included first aid, medicine's awareness and fire safety. Some staff's training was out of date in some areas for example in relation to moving and handling but as they had worked in the home a long time they were clear about how to assist people with their mobility. However, it is recommended that all staff have up to date training in moving and handling so that they don't injure themselves or the people they support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Areas of the property were kept locked when food was prepared and we were told that the freezer was also kept locked. This was not documented on the health and safety risk assessment or in people's individual risk assessments but it was clear that this was done in people's best interests. We recommended that these areas be risk assessed and if assessed as appropriate, added to the DoLS applications. Referrals had been made for standard authorisations for those who required them.

Staff asked people's consent before providing support. Staff had assessed people's abilities to make decisions but the documentation for this was not located in people's care plans and could not be found. The provider sent this information to us after the inspection. Staff were clear that should complex decisions need to be made, a 'best interests' meeting would be held. This was to ensure care was provided in line with people's assessed needs and wishes.

People were supported to maintain good health and received on-going healthcare support. Health action plans contained important information about each person's health needs. All health appointments were recorded. There was clear guidance for staff on how to support people with their health needs.

Menus were decided on a daily basis. Staff told us that they used pictorial cards to help people make a selection. One person needed to have regular snacks throughout the day and menus showed that this was provided. People's likes and dislikes were clearly recorded in their care plans. Staff regularly offered people drinks during our inspection. People's weight was regularly monitored and documented in their care plan.

## Is the service caring?

### Our findings

People were supported by staff who knew them well as individuals and staff were passionate about providing care that met people's needs. All of the staff had worked in the home for a long time and they were able to tell us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. They communicated well with people and in a way they could understand and people responded warmly to them. A staff member told us that people, "Are healthy, they eat well and they are our priority." We observed that when people needed support there was always a staff presence to provide reassurance and guidance.

Staff gave us examples of how they maintained people's dignity. They said they knocked on people's doors and waited for a response before they entered the room. They told us they maintained people's privacy and dignity by always ensuring doors were closed when personal care was given. When food was served to people this was done in a way that met their individual needs and maintained their dignity. Whilst staff did not sit with people at lunchtime, they observed discreetly from a distance and were available for assistance as and when needed.

People's bedrooms reflected their personalities and interests and had been decorated in a way that suited them. People chose where they wanted to spend their time and they had access to all areas on the ground floor and garden.

Staff communicated effectively with people. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. We observed staff chatting with people throughout the day. When one person helped themselves to a banana, staff supported them to open it and gave it to them in way they could manage. People could indicate when they wanted a drink and staff supported them to have one. When one person pointed outside the window, a staff member understood that the person was asking when would they go out and told the person that they would go out in the afternoon.

People's care plans, daily records and charts were stored safely within the locked office to ensure confidentiality was maintained. People's care plans gave advice on how people liked to be supported, their individual likes and dislikes, their dreams and aspirations and information about how staff should support them to maintain their dignity.

People needed support with communication and could not tell us their experiences of the care provided. However, a staff member told us that people had relatives who visited the home and acted as advocates for them when decisions needed to be taken.

## Is the service responsive?

### Our findings

One person was supported to have an annual holiday the week after our inspection and there were also plans to ensure that the second person also had a holiday. One person normally attended a day centre five days a week which meant that there was a staff member available throughout the day to support the second person in their activities. Whilst this normally worked well this was not the case at the time of our inspection.

People were not always given the opportunity to take part in activities to meet their assessed needs. At the time of our inspection, due to staff annual leave, one person had not attended their day centre for a week and they were going to miss the following week also. There was no alternative activity plan in place to cover this period. Records regularly stated that they, 'spent time in the lounge' or, 'spent time in their room.' On the day of our inspection this person sat in the same seat all morning. They moved to the dining chair for their lunchtime meal and went back to the same seat after lunch. Whilst staff engaged verbally with them, and the television was on, no other activities were provided.

Another person's routine was to take long walks daily. Staff told us that this was important to them. However, as the other person did not like long walks this meant that both had to compromise when there was only one staff member on duty, and a short walk was taken around the locality. Whilst daily walks had been provided, records were basic, sometimes it stated where they went and other times not. No other information was provided, for example about whether the person had enjoyed their walk. On the day of our inspection this person made full use of the house and garden and whilst they appeared happy and content there were no activities offered.

Staff were unhappy at the time of inspection as they felt they were not meeting either person's occupational needs but they recognised this was a temporary measure. Whilst people had not indicated that they were unhappy with the arrangement it was still the first week of the temporary staffing arrangement. Whilst we recognised this was a temporary situation, on the day of our announced inspection, there were no planned activities for people. The service had not enabled people to carry out person centred activities during a period of planned staff leave.

There was information in care plans about people's goals and dreams. One person's goals referred to having opportunities to ride on different trains, to partake in more activities, day trips out and regular horse riding. Records showed that the horse riding was achieved weekly. There was also evidence that the person went out daily. It was not clear if the person had been given opportunities to take part in more activities or to ride on different trains. Staff told us that it was difficult to support this person in activities and that they had tried a number of activities in the past but with very little success. They also stated that due to the person's inability to remain still, they were not able to use cafes or restaurants. However, at the person's annual review in June 2016, it had stated that progress had been made and that they could go into shops or cafes without getting distressed. There was no plan or guidance for staff on how to support the person to achieve their goals and apart from taking regular walks, staff were not able to tell of any new activities that they had tried in recent weeks.

These issues are a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a complaint's policy in place. Records showed that the last complaint was received in 2010. We were told that the home had good relationships with people's relatives and that they visited regularly and attended people's reviews. There was a complaint procedure with symbols to assist people if they wanted to make a complaint. We asked a staff member if the people would be able to understand the tool in place. They felt they would not, but said that generally if a person was unhappy or in pain this would be shown through agitation. As staff knew people well they would use a process of elimination to try to identify what was wrong. For example, to take someone for a walk, or offer a drink or food, or to give pain relief. They felt that this worked well and people generally settled.

There was a range of documentation held for each person related to their care needs. This included information about their medical needs and support needs. They contained detailed information and guidance about people's routines, and the support they required to meet their individual needs. If someone required specific support to meet a health need or if they displayed behaviours that challenged, there was advice and guidance for staff to follow. This included advice on known triggers and actions staff could take to recognise these and strategies to use to minimise the risk of incidents occurring. Staff told us they had plenty of time to read through care plans.

## Is the service well-led?

### Our findings

On the day of our inspection the registered manager was on annual leave. Staff were not sure where some of the required documentation was located. We left a list of documentation required with the senior care worker on duty. Following their annual leave the registered manager supported one person to take their annual holiday so this meant a further delay in obtaining the required documentation. Required documentation was received on 20 and 21 September 2016.

We found a number of issues that related to the management of records in the home. There were no policies in place on mental capacity or DoLS. This had been raised at the last inspection of the home. There was no policy on duty of candour and staff did not have an understanding of the subject. This meant that if an incident occurred they would not have been aware of the need to report it. There was no lone working. The training plan showed that one staff member had received training on lone working in March 2016. Within the last two health and safety audits carried out by the manager in July and August 2016, there was reference to the need for a lone working policy but this had not been addressed. The home's whistle blowing policy included an address for CQC that was incorrect. This also had been raised at the last inspection. A number of the policies had last been reviewed in 2012, others were signed as having been reviewed but no date was given. This meant staff could not be sure that they had relevant and up to date information and guidance to base their practice on.

Health and safety audits were not always adequately completed. For example, although water temperatures were regulated, the health and safety audit showed 'not applicable' in relation to having a thermometer available to test water and in relation to regular checking of water temperatures. At the last inspection the hot water supply accessible to people had not been checked to ensure it was supplied at a safe temperature at all times so that people did not run the risk of scalding themselves. This remained the case at this inspection. There was no system to monitor that safety valves were checked periodically to ensure they still worked. Staff told us that they did not use a thermometer to check water temperatures. This meant that there was no safeguard in place to monitor water temperatures should the safety valves fail and this could lead to a risk of scalding. This should have been identified through regular monitoring of the service.

There was a lack of monitoring in relation to care plans. One person had a daily exercise programme in place since 2012 that had been recommended by a professional. We asked when the exercise programme had last been reviewed but staff did not know and there was no documentation in place to clarify this. Staff recorded that the exercises were carried out daily. However, as there was no review documentation, it was not clear if the exercises were still appropriate.

There was no effective system to seek people's views on the support they received. Service user satisfaction surveys were carried out annually. A pictorial easy read format was used to seek people's opinions on the quality of the care and environment provided. However, the views expressed were those of the care workers. For example, in response to a question about cleanliness the response was, 'depends on who is on shift' and in relation to a question about the garden, the response was, 'needs attention.' When asked, a staff member confirmed that the views expressed would have been those of a staff member as the person would not have

been able to make their view known. At the time of the inspection there were no concerns identified about the cleanliness of people's accommodation or of the garden area. However, it had not been identified the views expressed had been staff views and not the person's. Equally it had not been identified that the tool used to gather the person's views was not an appropriate format for them and this meant that people had not been supported to share their views in a way that suited them.

Within care plans there was a service user feedback and choice form. Records stated that this should be completed monthly at people's one to one sessions. For one person there was a form dated 20 July 2016 and the previous form was dated 4 December 2015. There was also documentation that asked what choices the person had made with or without prompting each day, but these had not been completed. Regular monitoring had not identified that this form had not been completed regularly and it was not evident from records that people had been given opportunities to make choices and decisions.

Staff did not feel they had a say on the running of the home. The registered manager told us that staff surveys were not carried out. A staff meeting had been held on 11 April 2016 and this was attended by the registered manager and two staff. There were three brief instructions for staff and one update on staff recruitment. There was no reference to any discussion having been held or staff involvement. We asked a staff member about the last meeting but they couldn't remember it. We asked if they had opportunities to share their views with the registered manager about the running of the home. They responded, "Communication is not too bad but it's hard to pin him down for an answer on anything, we have to keep asking."

A staff member told us they had recently been promoted to the post of senior care worker. We asked if they had a revised job description but were told no. We asked what they had been told their duties were, over and above that of a care staff member, but they were not sure, they said, "I've no additional responsibilities other than what I take on myself."

These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of inspection there were no records that any surveys had been carried out to seek the views of people's relatives or any visiting professionals. Following the inspection the registered manager sent us a copy of a survey carried out in April 2015 with one relative. They said that relatives visited the home regularly and therefore had regular opportunities to raise any concerns they might have. As the home has only two people living there it is appropriate to have a less formal system in place.

Following our inspection we were given a copy of the audits carried out by the registered manager on a monthly basis. These included audits of people's finances, infection control in the home, medicines, catering and health and safety. Health and safety checks included checks on the electrical servicing and portable appliance testing. With the exception of matters listed above the audits were thorough and demonstrated the provider monitored the home.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not always ensure that people received care and support in line with their individual needs and wishes.  9(1)(3)(a)(b)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems in place to assess, monitor or improve the quality of services provided.  17 (1)(2)(a)(b)(c)(d)(e)(f)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured there were sufficient, suitably qualified and competent skilled staff.  18 (1)(2)(a)(b)