

Almondsbury Care Limited

Ferns Nursing Home

Inspection report

141 St Michaels Avenue
Yeovil
Somerset
BA21 4LW

Tel: 01935433115
Website: www.almondsburycare.com

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Ratings

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

Summary of findings

Overall summary

Ferns Nursing Home is a care home for 39 older people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ferns Nursing home provides nursing care with trained nurses available throughout the day and night. The home specialises in the care of older people. The majority of accommodation is on the ground floor with a small number of rooms on the first floor which can be accessed by a passenger lift. At the time of the inspection there were 36 people living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated good

Since the last inspection a new manager and nominated individual had been appointed and registered with the Care Quality Commission.

The new registered manager had begun to implement changes and improvements to the home and the care people received. People and visitors felt the registered manager and staff were very approachable and keen to listen to their views and ideas.

People felt safe at the home and with the staff who supported them. There were systems in place to minimise risks to people and staff knew how to report concerns. The environment was regularly audited and well maintained which meant people lived in a pleasant and safe environment.

People received effective care and support because their health was monitored by trained nurses who made sure they received prompt treatment to meet their individual needs. All staff received training to ensure they were practising in accordance with up to date best practice guidance and legislation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by staff who were kind and friendly. Comments about staff included, "They chat with me quite pleasantly, if I want anything, they will do it" and "They make me feel comfortable, if I want something in particular, they run around for it"

Staff were responsive to people's wishes and adapted care and support to meet people's changing needs. People felt able to follow their own routines. One person told us, "It's quite relaxed. You can do what you want to."

People had access to a range of social activities which were inclusive of everyone regardless of their culture, background or abilities. Where people choose not to join in their privacy and independence were respected.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ferns Nursing Home

Detailed findings

Background to this inspection

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

This was an unannounced comprehensive inspection and took place on 13 November 2018. It was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not request that the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, tell us what the service does well and the improvements they planned to make. We reviewed the information that we had about the service including safeguarding records and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with 11 people who lived at the home, five visitors and five members of staff. The registered manager was available throughout the day.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served in the dining room and in people's rooms. We looked at a selection of records, which related to individual care and the running of the home. These included three care and support plans, three staff files, records of compliments and complaints, medication records and quality monitoring records.

Is the service safe?

Our findings

People continued to receive safe care.

People felt safe at the home and with the staff who supported them. One person said, "Very safe because they're young, able bodied to handle me." They explained a turntable was used for safe manual handling and told us, "They are very competent, it's a sturdy apparatus. No near misses, they are well trained." Another person commented, "Safe enough here, they're all good." One person told us, "I'd talk to the boss if I didn't think I felt safe. She is very caring and makes sure everything is ok."

People were protected from the risks of abuse because the provider had systems and processes which helped to keep people safe. These included a robust recruitment process which made sure new staff were thoroughly checked. Staff records showed new staff did not begin work until all checks had been undertaken.

People were further protected because all staff had received training in how to recognise and report concerns. Where concerns had been raised with the registered manager they had acted appropriately to make sure people were kept safe. This had included carrying out investigations and working in partnership with the local authorities safeguarding team. One visitor told us, "[Registered manager's name] deals with things straight away. There was an incident and she came in from her holiday and sorted it out. As a relative you need to know they are safe."

There were adequate numbers of staff to keep people safe and to meet their needs. During the inspection we saw people received support when they needed it. People who liked to spend their days in their room had access to call bells. One person told us, "They usually come quite quickly. They pop in all the time." Another person said, "I ring the bell when I want something. It works for me." During the day we did not hear call bells ringing for long periods of time showing people received help promptly when they needed it.

People received their medicines safely from trained nurses. Medication administration records were signed when medicines were administered or refused. However, we saw that prescribed creams and lotions were not always signed in accordance with the directions. This meant there was no clear records of when they had been applied so their effectiveness could not be accurately monitored. We raised this with the registered manager who immediately took action to improve recording in this area. One person told us, "They are strict on medication. On time, no mistakes. Very reassuring."

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Where people were unable to express their need for these medicines, due to mental or physical frailty, the staff used a recognised tool to gauge levels of pain in individuals. This helped to promote people's comfort and well-being.

People were protected from the risks of unsafe care because the staff carried out risk assessments and put in measures to reduce risks to people. These included risks associated with the building and individual risks

to people. Care plans contained risk assessments including people's mobility, pressure damage to their skin and nutrition. Staff were working in accordance with risk assessments. For example, one person was at risk of choking and needed food and drink to be served at a specific consistency. During the inspection we saw this person received food and drink at the correct consistency to minimise risks. One person who was being nursed in bed said, "They help me to move so I don't get sore."

The registered manager analysed all accidents and incidents which occurred at the home. Following the analysis, they took action to prevent re-occurrence and therefore improve people's safety. For example, one person had a number of falls and equipment was put in place to minimise the risk of the person injuring themselves.

People lived in a clean and fresh environment. All staff had received training in minimising the risks of the spread of infection and worked in accordance with good practice guidelines. Staff had access to, and used, personal protective equipment such as disposable gloves and aprons. This all helped to minimise risks to people.

Is the service effective?

Our findings

People continued to receive effective care.

The Ferns Nursing Home was a large older style building which had been adapted to meet the needs of people using the service. The majority of bedrooms were on the ground floor and there were a small number of rooms upstairs which could be accessed by a passenger lift. There was sufficient equipment to safely and effectively support people.

People had their needs assessed before they moved into the home. This helped to make sure the home had the staff and facilities to meet people's needs and expectations. From the initial assessments, care plans were created to give staff guidance about how to effectively support people. Care plans we saw were basic. They gave information about people's physical needs but did not always give good information about people's preferred routines, likes or dislikes. The registered manager told us they had plans to change care plans to make them more person centred.

People were supported by staff who had the skills and experience to effectively care for them and meet their needs. Staff had access to a range of training in health and safety issues and other topics relevant to people's needs. People told us they had confidence in the staff who supported them. One person said, "Staff here are brilliant. So caring."

There were always trained nurses available to monitor and respond to people's health needs. Trained nurses had opportunities to keep their skills up to date by attending training courses. This helped to make sure trained nurses had the knowledge required to support people in accordance with current best practice guidance.

Where people's healthcare needs could not be met by trained nurses at the home staff arranged for people to be seen by specialists according to their specific needs. One person, praised the actions of the staff when they had been unwell. They said, "They got the paramedics to me but I didn't want to go to hospital and they have handled it brilliantly here." Trained nurses told us that care staff were very vigilant when providing personal care to people and reported any concerns to them. One person told us, "If there is anything wrong, they will notice, like a blister they get a nurse." This helped to make sure that any concerns were quickly addressed and people received treatment promptly.

People's nutritional needs were assessed and met. Where concerns were expressed about a person's food or fluid intake, or their weight, the staff took action to address this. Some people received prescribed food supplements and others had meals fortified to increase their calorie intake. Records we saw showed people were maintaining stable weights which demonstrated the measures in place to increase what people ate were effective.

Since the last inspection the registered manager had implemented a new menu. Following feedback from people more choices had been made available at lunch time. One person told us, "Food is reasonable."

Always a choice."

People were asked for their consent and staff acted in accordance with people's wishes. One person said, "I tell them what I want, I can't do it by myself." We asked people if they thought staff listened to them and took time to ask them about what they wanted. One person replied, "Very good listeners, no force from any of them." Another person told us, "We have a little natter."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found people's legal rights were being respected because staff were acting in accordance with the principles of the MCA.

Since the last inspection the registered manager had introduced clearer recording systems to show how people's capacity to make specific decisions had been assessed. Records seen showed that where people lacked the capacity to make a decision a best interests decision was made. One member of staff said, "We talk to family about what they think the person would want." One visiting relative told us, "They ask them and check with me that I'm happy. I don't ever think they would make a decision without consulting with me."

The registered manager had discussed the need for DoLS applications with appropriate staff at the local authority and made applications in accordance with their advice.

Is the service caring?

Our findings

People continued to receive a caring service.

The registered manager expected everyone to be treated with kindness and compassion. When standards had fallen short of their expectations they had dealt with the situation immediately which reinforced that everyone should always be treated with kindness and respect.

People told us, and we saw, staff were friendly and polite in all their interactions with people. We heard staff talking to people about day to day issues. Some staff complimented people on their dress and others talked about family members or friends. Ancillary staff, such as kitchen assistants and domestic staff, were extremely friendly to people and we heard lots of friendly chatter when they visited people in their bedrooms. This all helped to create a happy and relaxed environment for people to live in. One person said, "I quite like it really, there's a nice atmosphere."

People were complimentary about the staff who supported them. Comments included; "They chat with me quite pleasantly, if I want anything, they will do it," "They make me feel comfortable, if I want something in particular, they run around for it" and "They're kind enough, they're respectful. They call me by name and ask what I want and do their best to get it."

People looked comfortable and relaxed with staff who supported them. People who were unable to express their views smiled as staff approached them. People accepted support from staff, such as help with meals and drinks, and seemed very comfortable. One person told us, "Staff are very good, if there was a bad one it would stick out like a sore thumb."

People were supported by staff in a kind and unhurried manner. For example, when people needed help to move using a mechanical hoist staff offered reassurance and did not rush them. At lunch time staff assisted people to eat at the person's pace and chatted to the people they were helping.

People's privacy and dignity was respected. When people required assistance with personal care this was provided in private. One person said, "They help me to wash. They are kind and respectful with that sort of thing." Some people chose to stay in their bedrooms and their privacy was respected. One person told us, "I like the peace and quiet. Staff offer various things but I'm quite content."

A number of people were being cared for in bed. When we visited people in their rooms, they were all clean and comfortable. People had clean nightclothes and their hair had been brushed. This demonstrated staff took time to assist people with personal care.

Staff supported people to maintain relationships with friends and family. Visitors told us they were always made welcome. One visitor said, "I can visit anytime I feel like part of the furniture now."

People were involved in decisions about their care and the running of the home as far as they were able.

There were separate meetings for people and their relatives to enable them to share their views and make suggestions. One person said, "It's nice that meetings are separate as you might want to say something different than your family." Where suggestions had been made these had been put into practice if practicable, such as more choice of food at lunch time. Meetings were also an opportunity to be kept informed about any changes occurring at the home.

People's care needs were regularly reviewed and staff involved people and their representatives to make sure care continued to reflect people's wishes and needs. Some care plans showed who had been involved in the review. One visitor told us, "Any changes and a new care plan is set up. They will update possibly with the GP, give it me to read and ask if I'm happy and I sign it."

Is the service responsive?

Our findings

People continued to receive responsive care.

People received care and support which was personalised to them. Although care plans did not contain comprehensive information about people's wishes or preferred routines, staff knew people well and respected their wishes. One person said, "I like to get up but I don't want to be up all day. So, when I want to go back to bed I just ring my bell and they help me." Another person told us, "It's quite relaxed. You can do what you want to."

People's health and well-being was monitored by staff and changes to their care were made as their needs changed. For example, where a person was having difficulty eating staff contacted a speech and language therapist for advice. Following the advice, they changed the texture of the food given to the person and made sure they had a specialist plate which kept their food warmer for longer. One visitor told us, "I would say now that care is good. Their needs are being met as they're rapidly changing, they are aware of that and adaptable."

People could be sure that at the end of their lives they would be cared for with kindness and professionalism. One relative had written to the staff following a person's death. They wrote, "Thank you for making their last days/weeks as enjoyable as possible. Showing them kindness and caring."

People had care plans which gave information about the care they would like at the end of their lives. This helped to make sure people were cared for in accordance with their wishes, culture and religion. Trained nurses made sure appropriate medicines were available to maintain people's comfort and dignity.

People had access to a range of activities. One of the activities worker told us they had a programme each week which everyone received a copy of. but they asked people on a daily basis what they would like to do. One person told us, "We have different activities going on. Recently we have a knitting class I used to knit a lot and I want to start again, we are knitting squares for blankets. They are open to suggestions, they say is there anything you would like to do." Another person said, "They work very hard with activities. Christmas, they do so much."

There was an inclusive culture in the home and people were supported with activities regardless of their abilities. On the morning of the inspection people were working together to prepare the lounge for a tea party. People were happily chatting to staff and each other and one person helped to wrap a bouquet. In the afternoon a large number of people attended the tea party with singers.

People felt their religious and cultural needs were catered for. People said there was a regular service at the home which they could attend if they wished to. One visitor told us their relative had regular visits from a representative of their church.

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given

information they can understand, and the communication support they need. People's communication needs were assessed and care plans were in place to show how these needs would be met. We noted that the activities programme contained pictures but other information, such as the complaints procedure, was only on display in a written format.

People we asked said they would be comfortable to make a complaint if they were not happy with any aspect of their care. One person said, "I would tell someone if I wasn't happy. [Registered manager's name] comes up to see me." Another person said, "I've sorted things out with the manager when I have needed to."

Records showed that all complaints made were fully investigated and action was taken to address any issues raised. Visitors told us they felt the registered manager was open to complaints and was committed to talking to people and resolving issues raised.

Is the service well-led?

Our findings

People continued to live in a home which was well led.

Since the last inspection a new registered manager and nominated individual had been appointed and registered with the Care Quality Commission. 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.

A new management team had been created but at the time of the inspection roles and responsibilities were still in the early stages. The registered manager was supported by a clinical lead and a head of care. The plan was that the registered manager would have overall responsibility for the standards provided in the home but the clinical lead would take day to day responsibility for nursing and clinical care. The head of care would be responsible for the care staff.

The registered manager had only been in post for few months but had already made clear they expected people to receive a high standard of care in a relaxed and safe environment. When they began work they had carried out individual supervisions with each member of staff to help them to get to know the staff, but also to make their expectations clear. This had helped to ensure that all staff were familiar with the values of the home and the expectations. People told us they felt well cared for. One person said, "It's all lovely. I couldn't wish for better." A visitor said, "Very good, they always have a joke, they are very caring. They know them well."

People benefitted from a management team who kept up to date with best practice and shared their knowledge with other staff by team meetings and supervision of staff. New staff training packages were being introduced for staff to make sure they were able to up date their knowledge and attain qualifications in care.

All members of the management team were very visible in the home and worked alongside other staff. This helped them to constantly monitor standards within the home. It also enabled them to seek people's views on an informal basis. People knew who the manager was and we noted people were comfortable and relaxed with them. One person said, "We see her frequently, definitely I feel confident with her." Another person commented, "We have just newly changed management. She's made herself known. You could go to [registered manager's name] about anything, she's that type of person."

People lived in a home where there was a commitment to ongoing improvements. The registered manager had strengthened the audits at the home to enable them to monitor standards and plan improvements where shortfalls were identified. For example, audits of care plans had highlighted they needed to include better documentation regarding people's capacity and be more person centred. Work to achieve this was on-going at the time of the inspection.

At the time of the inspection the provider did not have robust systems to monitor quality but was reliant on the registered manager's in-house audits. However, the registered manager told us they felt well supported and had regular contact with a representative of the provider group.

People lived in a home which was well maintained and safe. There were regular checks on the building including the fire detection system and water temperatures and safety. Audits of all rooms identified where redecoration and maintenance was required and this work was on-going to make sure people lived in a pleasant environment."

The registered manager was aware of their legal responsibilities and worked in partnership with other organisations such as commissioners and the local authority to share information appropriately. The registered manager has notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.