

Mr & Mrs T Leek

Fernbank House

Inspection report

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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

About the service:

Fernbank House is a small residential care home that was providing personal and nursing care to ten people at the time of this inspection. 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.

People's experience of using this service:

People enjoyed living at Fernbank House, they felt safe and well cared for. One person said "Its home from home here. I really love it."

Care and support was well planned and promoted people's independence, choice and diversity. This was because prior to a new person being admitted, the registered manager or senior member of staff completed a pre- admission assessment.

Staff understood what was important for each person and how best to deliver safe and effective care. Staff had good training to ensure their competencies and help them understand the needs of people who were frail, elderly and living with dementia. Staff felt they were well supported to do their job.

Detailed risk assessments were in place to support people to take positive risks and remain safe. Staff understood how to safeguard people from abuse. Recruitment processes had improved since the last inspection to ensure only staff who were suitable to work with vulnerable people were employed.

People were supported to maintain good health through ensuring regular check-ups and good liaison between the community nurse team and GP's. People had access to podiatry, opticians and other allied health professionals as needed.

People enjoyed a good variety and choice of meals. Drinks and snacks were offered throughout the day. People were complimentary about the meals available. One person said "The food is five stars, you really couldn't ask for better. If you don't like what's on offer you can ask for something else."

Staffing levels were sufficient to meet people's needs and staff had the right skills and support to deliver high quality care and support. Since the last inspection, night staffing had increased to two waking night care workers.

There was effective leadership. The registered manager was also the registered provider. They spent several days per week at the service, but had delegated the day to day running of the service to a home manager. They worked together to ensure everyone understood their role and responsibilities.

Medicines were being safely managed. People confirmed they had their medicines on time and were asked about whether they needed any additional pain relief.

The staff said there was good team working. The staff team were stable and they did not have to rely on agency staff to fill gaps or sickness in the rotas.

People's views were sought and actions taken to improve where possible, such as changes to menu choices. The ethos and values of the service were embedded into everyday practice. People were treated with kindness and respect. Their privacy and dignity was upheld and their diverse needs were fully considered.

Good governance ensured records and the environment were well maintained. There was learning from any accident and incidents, although the service would benefit from completing monthly audits on these. We have made a recommendation in respect of this.

Improvements had been made to ensure environmental and fire safety checks were being completed and recorded regularly. Recruitment processes had improved so that new staff were only employed once checks and references had been received.

We have made one recommendation in respect of how accident and incidents are reviewed.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good". More information is in the full report.

Rating at last inspection: REQUIRES IMPROVEMENT (January 2018)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Fernbank House

Detailed findings

Background to this inspection

The inspection:

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

This was a planned inspection based on the rating at the last inspection.

Inspection team:

The inspection was completed by one adult social care inspector.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service is a registered care home providing personal care without nursing for up to 12 people who had conditions associated with frailty, old age and dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The first day was unannounced and the second day was agreed with the registered manager.

What we did:

Before the inspection we used information the provider sent us in the Provider Information Return. (PIR) Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection we;

- Spoke with six people living at the service.
- Spoke with two staff, the home manager and the registered manager.
- Spoke with three visiting relatives.
- Reviewed three care plans and daily records, including records relating to medicines.
- Checked records of accidents, incidents, complaints and compliments.
- Reviewed three training and personnel records.
- Checked a sample of audits and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met. When we last inspected this service, this key question was rated requires improvement. This was because improvements were needed to ensure all fire safety checks were completed. We also found recruitment was not robust and people were not therefore fully protected. Also, one person had not had all their risks assessed. Improvements had been made all these areas.

Learning lessons when things go wrong

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed individually but not audited to see if there were any trends or if lessons could be learned.

We recommend the service follows best practice in ensuring accident and incidents are reviewed and audited to check for any trends.

The home manager told us they were due to have a meeting with the falls risk assessor and was looking to adopt some of their records, which included a monthly audit tool.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and processes which staff understood how to follow and felt confident in alerting any concerns
- Staff received regular training to help them understand the types of abuse and who they should report any concerns to

Assessing risk, safety monitoring and management

- Since the last inspection a full fire risk assessment had been completed by an independent professional. The service has updated personal emergency evacuation plans for each person. They have purchased sledges for quick evaluation from stairs if needed. All doors had also been fitted with new fire closures. The service had been advised by Devon and Somerset fire and rescue service they should remain at the maximum of ten people living at the service until they can replace their fire access panel to an addressable system. The service had agreed to stay at ten people until this can be replaced.
- People said they felt safe and well cared for at Frenbank House. One person said "I have come for a short stay because I am recovering from an operation. I love it here. I feel very safe because staff are always around. I don't want to go home. I think they look after us well"
- Risks associated with people's care and their environment were assessed and recorded so staff could provide consistent and safe care to people. These included risk of falls, pressure damage, poor nutritional intake. Staff were aware of the risk associated with each person and how to mitigate these where possible. The home manager said they always tried to complete all risk assessments within the first week of a new person being admitted.
- Emergencies had been well planned for and checks on equipment and fire safety were recorded and up to date. This was an improvement since the last inspection.

Staffing and recruitment

- There were sufficient staff available throughout the day and evening to meet people's needs. This had recently been reduced so care and support for one person who required two staff to safely move them needed to be planned to ensure there were staff available.
- People were confident staff had the right skills and understood their needs.
- Recruitment processes ensured people were protected from the risk of unsuitable staff being employed. This was an improvement since the last inspection.

Using medicines safely

- Medicines were managed safely. Each person had their own medicines locked cabinet in their room. People said they received their medicines as needed. Records were accurate and showed there were protocols for as needed medicines to ensure these were given consistently.
- Staff were trained in medicine administration and their competencies were checked annually to ensure they followed company policies and procedures.

Preventing and controlling infection

- Staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.
- The laundry area was clean and there were systems for managing soiled linen to help prevent the risk of cross infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this. One person said, "I love it here, I have really improved in all aspects since being here."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff ensured that people were involved in decisions about their care and making everyday decisions.
- Capacity assessments had been completed for people and decisions made in their best interests were recorded. This included use of bedrails and senior mats.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People underwent a pre-admission assessment which included their needs and wishes.
- Care plans were being updated. They were person-centred and gave some detail about what was important to the individual. Records were reviewed and updated when a change in need was identified for the person.

Staff support: induction, training, skills and experience

- Staff spoken with confirmed they believed they had enough training, support and supervision to do their job effectively. Training covered all aspects of health and safety.
- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Specialist training was provided to ensure staff understood the complexities of working with people with conditions associated with old age, frailty and dementia. People said staff understood their needs. One person said "Some people here need a lot more support. The staff have a great deal of patience and look after them well"

Supporting people to eat and drink enough to maintain a balanced diet

- People said they enjoyed the menu options offered and there was always plenty of choice.
- Staff were aware of people's special dietary requirements. There was always a choice of two meals and regular snacks and drinks were offered throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- People's needs were well met because staff worked closely with other professionals to ensure all aspects of their care were being met. The community nurse team confirmed the service made timely referrals and listened to their advice and support.

Adapting service, design, decoration to meet people's needs

- The design and layout of the service had been adapted to meet people's needs. For example, stair lifts to all floors. There was however, no passenger lift so this was always considered when assessing a potential new person to move into the home.
- Specialist equipment was available to ensure safe moving and handling. Space was tight to store this equipment, but staff ensured this was kept out of the way of people's pathways.

Supporting people to live healthier lives, access healthcare services and support

- People had access to community healthcare professionals when required. Advice given by health professionals was followed.
- People confirmed they were supported to attend GP and hospital appointments when needed.
- Healthy eating and some light exercise was promoted to help people stay healthy.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said they enjoyed living at Fernbank House. One person said, "This is the only home I would consider." Another said about the staff "Very caring, very lovely staff."
- Relatives said people were treated as individuals, staff understood what was important to them and their family members. One said "They are caring and helpful. They keep us up to date with everything, this gives us piece of mind."
- Staff spoke about people's individual needs, likes and dislikes. They understood what and who was important to each person.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to personalise their own bedrooms and were consulted on any changes to communal areas. Regular one to one meetings were held with each person to check their wellbeing and whether they had any suggestions for improving the service.
- We observed staff asking people if they were ready and happy to receive support at a particular time.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence as much as possible. This was not always the case with visiting professionals. Some podiatry treatments were completed in communal areas. People had agreed to this but the registered manager agreed this was not best practice and would make sure this did not happen in the future.
- Plans were written to show what support people needed and what they could do for themselves.
- People confirmed their privacy and dignity was upheld at all times. For example, staff knocking on their door before entering.
- Staff interacted with people in a kind and caring manner. When someone became distressed and anxious, they acted promptly and showed patience and understanding.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support was well planned because people were asked about their preferences and interests. This was then included within their support plans.
- Staff understood what and who was important to people. They supported them to maintain contact with family and friends. Staff spent time with people finding out what they wished to do so they could plan for this. For example, one staff member said, "We know (name of person) loves a lay in so we offer to support them later in the morning."
- People said they had choice and control over their lives. One person said, "I can choose when I get up and I like to spend some time in the conservatory because its quieter"
- People were supported to engage in a variety of activities to suit their personal interests. This included accessing the local community when the weather permitted. Group activities were offered each afternoon and were flexible to suit people's wishes.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. The manager said they could offer information in larger print if needed, but found reading information to people and asking if they understood it was more effective.

Improving care quality in response to complaints or concerns

- People had access to a complaints process and said they would feel confident to make any concerns known to staff. One person said, "I don't think we have anything to complain about but if we did, they would put it right."
- The registered manager said they had regular discussions with people to check whether they were happy with all aspects of their care and support, that this check helped to ensure people's concerns did not get missed.

End of life care and support

- People had the option to record their end of life wishes. Some plans included this detail. Staff said they had supported several people at the end of their life. They worked with the community nurse team to ensure good pain relief and comfort in the final days.
- Staff were offered training through national vocational qualifications, which covered end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service ensured person centred, quality care because they promoted the ethos of a caring and supportive environment which was homely. Staff delivered care showing this ethos was embedded within their practice.
- Staff were skilled and experienced which ensured good quality care and support was provided.
- People, staff and visiting relatives had confidence in the registered manager and home manager. Staff said the management team had an open and inclusive approach.
- Staff felt valued and listened to. They said there was good team work within the service.
- The registered manager understood their role and responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of how the service is provided. Staff and people living at the service had a high level of confidence in the registered manager.
- All aspects of the service were audited and monitored. Some improvements in recording of this had been implemented since the last inspection.
- The provider had displayed their assessment rating at the service.

Notifications were submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.

Links with outside services and key organisations in the local community were well maintained to promote independence and wellbeing for people.

Continuous learning and improving care

- Staff were focused in developing their skills. Supervisions included how to support staff with their continuous learning.
- Good communication was maintained within the staff team via regular handovers, team meetings where learning was key to the agenda.

